

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only		1. <input type="checkbox"/> Electronically filed cost report	Date: 05/31/2017	Time: 11:51
		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	6. Date Received: _____	10. NPR Date: _____	
	(1) As Submitted	7. Contractor No.: _____	11. Contractor's Vendor Code: ____	
	(2) Settled without audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4:	
	(3) Settled with audit	9. <input type="checkbox"/> Final Report for this Provider CCN	Enter number of times reopened = 0-9.	
	(4) Reopened			
	(5) Amended			

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 01/01/2016 and ending 12/31/2016, 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)

ROGER RUSSEL, VICE PRESIDENT OF FINANCE
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					TITLE XIX	
		TITLE V	PART A	PART B	HIT			
		1	2	3	4	5		
1	HOSPITAL		357,331	121,792	53,956	13,640	1	
2	SUBPROVIDER - IPF		19,616			763	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			6,941			9	
10	HEALTH CLINIC - RHC						10	
11	HEALTH CLINIC - FQHC						11	
12	OUTPATIENT REHABILITATION PROVIDER						12	
200	TOTAL		376,947	128,733	53,956	14,403	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 OLTC									11
12	Hospital-Based HHA	PALOS COMMUNITY HOSPITAL HHA	14-7470	16974		10 / 27 / 1987	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	PALOS COMMUNITY HOSPITAL HOSPICE	14-1591	16974		06 / 06 / 1997				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01 / 01 / 2016	To: 12 / 31 / 2016								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.	7,603	209			5,100		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 is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	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)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
65	1	2	3	4	5

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
67	1	2	3	4	5

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	Y		0.00	122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.25			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2016	12 / 31 / 2016		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

KPMG LLP Compu-Max 2552-10

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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

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

Financial Data and Reports		Y/N	Type	Date	
		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

Approved Educational Activities		Y/N	Y/N	
		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	Y		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

Bad Debts		Y/N	
		1	2
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

Bed Complement		Y/N	
		1	2
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
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	05/08/2017	Y	05/08/2017
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: SUSAN	Last name: TRYCHTA	Title: DIRECTOR	41
42	Employer: PALOS COMMUNITY HOSPITAL			42
43	Phone number: 078-923-4253	E-mail Address: STRYCHTA@PALOSHEALTH.COM		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	293	107,238			47,660	1,892	75,502	1
2	HMO and other (see instructions)						6,436	5,100		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)		293	107,238			47,660	1,892	75,502	7
8	Intensive Care Unit	31	24	8,784			3,892	184	6,388	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						154	1,233	13
14	Total (see instructions)		317	116,022			51,552	2,230	83,123	14
15	CAH Visits									15
16	Subprovider - IPF	40	34	12,444			1,889	636	6,492	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					72,871	665	92,808	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)		351							27
28	Observation Bed Days							1,543	12,086	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							2	224	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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)					10,568	698	18,278	1
2	HMO and other (see instructions)					1,238	1,028		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)		2,143.86			10,568	698	18,278	14
15	CAH Visits								15
16	Subprovider - IPF		52.55			251		1,631	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		116.41						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		34.66						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,347.48						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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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	
SALARIES							
1	200	157,803,404		157,803,404	4,928,000.00	32.02	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		15,136,489	5,846	15,142,335	472,776.00	32.03	10
OTHER WAGES & RELATED COSTS							
11		292,735		292,735	6,372.00	45.94	11
12							12
13		581,684		581,684	5,267.00	110.44	13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		36,575,615		36,575,615			17
18							18
19		3,898,988		3,898,988			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		997,187		997,187	40,050.00	24.90	26
27		28,630,417		28,630,417	884,234.00	32.38	27
28		1,474,480		1,474,480	4,036.35	365.30	28
29		2,687,837		2,687,837	82,740.00	32.49	29
30							30
31		83,730		83,730	4,295.00	19.49	31
32		2,963,138		2,963,138	157,621.00	18.80	32
33							33
34		3,137,269	-1,545,033	1,592,236	74,463.00	21.38	34
35							35
36			1,545,033	1,545,033	71,483.00	21.61	36
37							37
38		936,673		936,673	23,703.00	39.52	38
39		2,199,510		2,199,510	105,837.00	20.78	39
40		4,306,559		4,306,559	102,174.00	42.15	40
41		3,379,944		3,379,944	116,001.00	29.14	41
42		958,184		958,184	29,330.00	32.67	42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	159,277,884		159,277,884	4,932,036.35	32.29	1
2	Excluded area salaries (see instructions)	15,136,489	5,846	15,142,335	472,776.00	32.03	2
3	Subtotal salaries (line 1 minus line 2)	144,141,395	-5,846	144,135,549	4,459,260.35	32.32	3
4	Subtotal other wages & related costs (see instructions)	874,419		874,419	11,639.00	75.13	4
5	Subtotal wage-related costs (see instructions)	36,575,615		36,575,615		25.38%	5
6	Total (sum of lines 3 through 5)	181,591,429	-5,846	181,585,583	4,470,899.35	40.62	6
7	Total overhead cost (see instructions)	51,754,928		51,754,928	1,695,967.35	30.52	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	8,954,761	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan	28,350	6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,605,058	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	570,073	10
11	Life Insurance (If employee is owner or beneficiary)	251,675	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	517,736	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,352,226	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	12,216,013	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	86,827	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	129,538	23
24	Total Wage Related cost (Sum of lines 1-23)	40,712,257	24

Part B - Other Than Core Related Cost

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

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost	2,193,969		1
2	Hospital	292,735		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	1,901,234		11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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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		11,094		1,380	12,474	1
2	Unduplicated Census Count (see instructions)		3,137.00	55.00	1,086.00	4,278.00	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)		0.75		0.75
5	Other Administrative Personnel		31.80		31.80
6	Direct Nursing Service		46.23		46.23
7	Nursing Supervisor		3.53		3.53
8	Physical Therapy Service		7.00	8.23	15.23
9	Physical Therapy Supervisor		0.99		0.99
10	Occupational Therapy Service		0.94	1.48	2.42
11	Occupational Therapy Supervisor				
12	Speech Pathology Service			0.60	0.60
13	Speech Pathology Supervisor				
14	Medical Social Service		1.05		1.05
15	Medical Social Service Supervisor				
16	Home Health Aide		13.92		13.92
17	Home Health Aide Supervisor				
18	REGISTERED DIETICIAN		0.84		0.84

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	31,558	4,953	1,011	495	38,017	21
22	Skilled Nursing Visit Charges	5,647,945	908,698	180,918	88,450	6,826,011	22
23	Physical Therapy Visits	17,362	1,212	242	315	19,131	23
24	Physical Therapy Visit Charges	3,389,880	236,340	45,240	61,425	3,732,885	24
25	Occupational Therapy Visits	2,704	380	15	74	3,173	25
26	Occupational Therapy Visit Charges	527,670	74,100	2,925	14,625	619,320	26
27	Speech Pathology Visits	780	147	15	26	968	27
28	Speech Pathology Visit Charges	152,295	28,665	2,925	5,070	188,955	28
29	Medical Social Service Visits	402	75	4	7	488	29
30	Medical Social Service Visit Charges	114,570	21,375	1,140	1,995	139,080	30
31	Home Health Aide Visits	8,480	2,484	21	109	11,094	31
32	Home Health Aide Visit Charges	908,323	266,002	2,247	11,663	1,188,235	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	61,286	9,251	1,308	1,026	72,871	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	10,740,683	1,535,180	235,395	183,228	12,694,486	35
36	Total Number of Episodes (standard/non-outlier)	3,451		470	62	3,983	36
37	Total Number of Ourlier Episodes		209		8	217	37
38	Total Non-Routine Medical Supply Charges	65,886	26,265	1,474	577	94,202	38

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1591

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

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

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

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

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

		Unduplicated Days			Total	
		Title XVIII	Title XIX	Other	(sum of cols. 1 through 3)	
		1	2	3	4	
10	Hospice Continuous Home Care	1		1	2	10
11	Hospice Routine Home Care	31,198	65	443	31,706	11
12	Hospice Inpatient Respite Care	67			67	12
13	Hospice General Inpatient Care	1,056	23	82	1,161	13
14	Total Hospice Days	32,322	88	526	32,936	14

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

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

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

KPMG LLP Compu-Max 2552-10

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.225228	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		13,325,341	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		118,082,198	6
7	Medicaid cost (line 1 times line 6)		26,595,417	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.		13,270,076	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)			13,270,076	19
		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	7,615,234	1,178,557	8,793,791	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,715,164	265,444	1,980,608	21
22	Partial payment by patients approved for charity care	42,127	210,917	253,044	22
23	Cost of charity care (line 21 minus line 22)	1,673,037	54,527	1,727,564	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)			19,086,705	26
27	Medicare bad debts for the entire hospital complex (see instructions)			589,579	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			18,497,126	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,166,071	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			5,893,635	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,163,711	31

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	Cap Rel Costs-Bldg & Fixt		13,939,546	13,939,546	10,588,345	24,527,891	-11,064,878	13,463,013	1
2	00200	Cap Rel Costs-Mvble Equip		14,608,227	14,608,227		14,608,227	365,974	14,974,201	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	997,187	38,763,575	39,760,762		39,760,762	-64,400	39,696,362	4
5.01	00540	COMMUNICATIONS	400,096	257,094	657,190		657,190	-149,671	507,519	5.01
5.02	00550	DATA PROCESSING	5,779,708	6,024,128	11,803,836		11,803,836	-258,659	11,545,177	5.02
5.03	00560	PURCHASING & STORES	445,632	21,963	467,595		467,595	-13,800	453,795	5.03
5.04	00570	ADMITTING	2,499,513	68,949	2,568,462		2,568,462		2,568,462	5.04
5.05	00580	CASHIERING	2,714,157	2,959,785	5,673,942		5,673,942	-350,400	5,323,542	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	16,791,311	29,297,319	46,088,630	-420,605	45,668,025	-4,618,464	41,049,561	5.06
6	00600	Maintenance & Repairs	2,102,142	4,573,451	6,675,593		6,675,593	-34,444	6,641,149	6
6.01	00601	CLINICAL ENGINEERING	585,695	147,355	733,050		733,050		733,050	6.01
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	83,730	1,121,928	1,205,658		1,205,658		1,205,658	8
9	00900	Housekeeping	2,963,138	1,259,854	4,222,992		4,222,992		4,222,992	9
10	01000	Dietary	3,137,269	2,109,936	5,247,205	-2,571,305	2,675,900	-89,809	2,586,091	10
11	01100	Cafeteria				2,584,128	2,584,128	-1,412,895	1,171,233	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	936,673	73,985	1,010,658		1,010,658	-13,831	996,827	13
14	01400	Central Services & Supply	2,199,510	1,264,733	3,464,243	-313,160	3,151,083		3,151,083	14
15	01500	Pharmacy	4,306,559	13,673,097	17,979,656	-13,402,698	4,576,958		4,576,958	15
16	01600	Medical Records & Library	3,379,944	545,711	3,925,655		3,925,655	-47,382	3,878,273	16
17	01700	Social Service	958,184	40,868	999,052		999,052		999,052	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	166,900	11,234	178,134		178,134		178,134	23
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	38,853,639	3,571,581	42,425,220	233,885	42,659,105	-245,798	42,413,307	30
31	03100	Intensive Care Unit	6,230,963	891,166	7,122,129		7,122,129		7,122,129	31
40	04000	Subprovider - IPF	3,811,000	61,174	3,872,174		3,872,174		3,872,174	40
43	04300	Nursery								43
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	8,986,419	13,870,385	22,856,804	47,335	22,904,139	-1,396,701	21,507,438	50
51	05100	Recovery Room	1,425,653	121,543	1,547,196		1,547,196		1,547,196	51
53	05300	Anesthesiology		850,680	850,680		850,680	-265,614	585,066	53
54	05400	Radiology-Diagnostic	6,171,161	3,254,819	9,425,980	80,924	9,506,904	-13,124	9,493,780	54
54.01	03630	ULTRASOUND	1,366,353	140,840	1,507,193		1,507,193		1,507,193	54.01
57	05700	CT Scan	1,303,200	1,342,547	2,645,747		2,645,747		2,645,747	57
58	05800	MRI	531,695	293,302	824,997		824,997		824,997	58
59	05900	Cardiac Catheterization	1,937,202	3,471,637	5,408,839	-375,882	5,032,957	-67,285	4,965,672	59
60	06000	Laboratory	5,215,128	5,476,097	10,691,225	19,909	10,711,134		10,711,134	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	428,739	1,962,065	2,390,804		2,390,804		2,390,804	63
64	06400	Intravenous Therapy	1,278,388	419,166	1,697,554		1,697,554		1,697,554	64
65	06500	Respiratory Therapy	2,277,839	525,834	2,803,673		2,803,673		2,803,673	65
66	06600	Physical Therapy	3,189,777	1,091,196	4,280,973	72,969	4,353,942		4,353,942	66
68	06800	Speech Pathology	255,512	4,065	259,577		259,577		259,577	68
69	06900	Electrocardiology	1,570,481	304,625	1,875,106	63,498	1,938,604		1,938,604	69
70	07000	Electroencephalography	120,972	3,637	124,609		124,609		124,609	70
70.01	03290	EMG	85,730	10,576	96,306		96,306		96,306	70.01
70.03	03030	ANGIOGRAPHY	1,177,148	1,465,816	2,642,964	15,278	2,658,242		2,658,242	70.03
71	07100	Medical Supplies Charged to Patients				313,160	313,160		313,160	71
72	07200	Impl. Dev. Charged to Patients		17,584,222	17,584,222		17,584,222		17,584,222	72
73	07300	Drugs Charged to Patients				13,402,698	13,402,698		13,402,698	73
74	07400	Renal Dialysis		740,450	740,450		740,450		740,450	74
76.97	07697	CARDIAC REHABILITATION	613,756	25,479	639,235	90,387	729,622		729,622	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
90.01	09001	OUTPATIENT PSYCHE SERVICES	1,098,317	27,318	1,125,635	76,490	1,202,125		1,202,125	90.01
91	09100	Emergency	6,638,624	1,852,490	8,491,114		8,491,114	-30,600	8,460,514	91
91.01	09101	PCC	1,629,771	1,898,138	3,527,909	-687,107	2,840,802	-589,700	2,251,102	91.01
92	09200	Observation Beds (Non-Distinct Part)								92
OTHER REIMBURSABLE COST CENTERS										
101	10100	Home Health Agency	8,073,431	2,902,604	10,976,035	13,624	10,989,659	-2,190	10,987,469	101
SPECIAL PURPOSE COST CENTERS										
113	11300	Interest Expense		10,580,017	10,580,017	-10,580,017				113
116	11600	Hospice	2,289,090	890,337	3,179,427	2,056	3,181,483	-702	3,180,781	116
118		SUBTOTALS (sum of lines 1-117)	157,007,336	206,396,544	363,403,880	-746,088	362,657,792	-20,364,373	342,293,419	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	
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	44,898	645,636	690,534	745,574	1,436,108	-101,488	1,334,620	192
194	07950	NEW DIRECTION								194
194.01	07951	PRIVATE DUTY NURSING	751,170	18,981	770,151	514	770,665		770,665	194.01
194.02	07952	PHYSICIAN REFERRAL CENTER		36	36		36		36	194.02
200		TOTAL (sum of lines 118-199)	157,803,404	207,061,197	364,864,601		364,864,601	-20,465,861	344,398,740	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	INTEREST	A	Cap Rel Costs-Bldg & Fixt	1		10,580,017	1
500	Total reclassifications					10,580,017	500
	Code Letter - A						
1	CHARGEABLE SUPPLIES	B	Medical Supplies Charged to P	71		313,160	1
500	Total reclassifications					313,160	500
	Code Letter - B						
1	SHARED NFS COST	C	Cafeteria	11	1,545,033	1,039,095	1
500	Total reclassifications				1,545,033	1,039,095	500
	Code Letter - C						
1	PCC DEPRECIATION	D	Laboratory	60		5,087	1
2			Radiology-Diagnostic	54		20,677	2
3			Physical Therapy	66		18,644	3
4			CARDIAC REHABILITATION	76.97		20,546	4
5			PCC	91.01		106,433	5
6			Physicians' Private Offices	192		190,499	6
7			Dietary	10		3,276	7
8			OUTPATIENT PSYCHE SERVICES	90.01		19,544	8
500	Total reclassifications					384,706	500
	Code Letter - D						
1	PCC OPERATING EXPENSES	E	Laboratory	60		14,593	1
2			Radiology-Diagnostic	54		59,318	2
3			Physical Therapy	66		53,487	3
4			CARDIAC REHABILITATION	76.97		58,945	4
5			PCC	91.01		305,342	5
6			Physicians' Private Offices	192		546,513	6
7			Dietary	10		9,400	7
8			OUTPATIENT PSYCHE SERVICES	90.01		56,068	8
500	Total reclassifications					1,103,666	500
	Code Letter - E						
1	INSURANCE EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		420,605	1
500	Total reclassifications					420,605	500
	Code Letter - F						
1	PCC/LEMONT BUILDING INSURANCE	G	Laboratory	60		229	1
2			Radiology-Diagnostic	54		929	2
3			Physical Therapy	66		838	3
4			CARDIAC REHABILITATION	76.97		923	4
5			PCC	91.01		4,784	5
6			Physicians' Private Offices	192		8,562	6
7			Dietary	10		147	7
8			OUTPATIENT PSYCHE SERVICES	90.01		878	8
9			Home Health Agency	101		836	9
10			Hospice	116		223	10
11			PRIVATE DUTY NURSING	194.01		56	11
500	Total reclassifications					18,405	500
	Code Letter - G						
1	CHARGEABLE DRUGS	H	Drugs Charged to Patients	73		13,402,698	1
500	Total reclassifications					13,402,698	500
	Code Letter - H						
1	HHA DEPRECIATION	I	Home Health Agency	101		6,875	1
2			Hospice	116		1,833	2
3			PRIVATE DUTY NURSING	194.01		458	3
500	Total reclassifications					9,166	500
	Code Letter - I						
1	ALLOCATE CV ADMINISTRATION	J	Adults & Pediatrics	30	196,224	37,661	1
2			Operating Room	50	17,547	29,788	2
3			Electrocardiology	69	62,777	721	3
4			ANGIOGRAPHY	70.03	13,874	1,404	4
5			CARDIAC REHABILITATION	76.97	9,860	113	5
6			Home Health Agency	101	5,846	67	6
500	Total reclassifications				306,128	69,754	500
	Code Letter - J						
	GRAND TOTAL (Increases)				1,851,161	27,341,272	

(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.

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	

KPMG LLP Compu-Max 2552-10

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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		10,580,017	11	1
500	Total reclassifications					10,580,017		500
	Code letter - A							
1	CHARGEABLE SUPPLIES	B	Central Services & Supply	14		313,160		1
500	Total reclassifications					313,160		500
	Code letter - B							
1	SHARED NFS COST	C	Dietary	10	1,545,033	1,039,095		1
500	Total reclassifications				1,545,033	1,039,095		500
	Code letter - C							
1	PCC DEPRECIATION	D	Cap Rel Costs-Bldg & Fixt	1		384,706	9	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
500	Total reclassifications					384,706		500
	Code letter - D							
1	PCC OPERATING EXPENSES	E	PCC	91.01		1,103,666		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
500	Total reclassifications					1,103,666		500
	Code letter - E							
1	INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		420,605	12	1
500	Total reclassifications					420,605		500
	Code letter - F							
1	PCC/LEMONT BUILDING INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		18,405	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					18,405		500
	Code letter - G							
1	CHARGEABLE DRUGS	H	Pharmacy	15		13,402,698		1
500	Total reclassifications					13,402,698		500
	Code letter - H							
1	HHA DEPRECIATION	I	Cap Rel Costs-Bldg & Fixt	1		9,166	9	1
2								2
3								3
500	Total reclassifications					9,166		500
	Code letter - I							
1	ALLOCATE CV ADMINISTRATION	J	Cardiac Catheterization	59	306,128	69,754		1
2								2
3								3
4								4
5								5
6								6
500	Total reclassifications				306,128	69,754		500
	Code letter - J							
	GRAND TOTAL (Decreases)				1,851,161	27,341,272		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

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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		

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,365,265					7,365,265		1
2	Land Improvements	6,965,364	85,284		85,284		7,050,648	4,232,777	2
3	Buildings and Fixtures	491,837,722	13,119,023		13,119,023	8,414,830	496,541,915	46,690,390	3
4	Building Improvements								4
5	Fixed Equipment	44,851,079					44,851,079		5
6	Movable Equipment	169,232,450	49,416,260		49,416,260	15,505,144	203,143,566	55,791,277	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	720,251,880	62,620,567		62,620,567	23,919,974	758,952,473	106,714,444	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	720,251,880	62,620,567		62,620,567	23,919,974	758,952,473	106,714,444	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	13,939,546						13,939,546	1
2	Cap Rel Costs-Mvble Equip	14,608,227						14,608,227	2
3	Total (sum of lines 1-2)	28,547,773						28,547,773	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	510,957,826	2,337,000	508,620,826	0.672232				
2	Cap Rel Costs-Mvble Equip	247,994,647		247,994,647	0.327768				
3	Total (sum of lines 1-2)	758,952,473	2,337,000	756,615,473	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	13,060,813			402,200			13,463,013	1
2	Cap Rel Costs-Mvble Equip	14,974,201						14,974,201	2
3	Total (sum of lines 1-2)	28,035,014			402,200			28,437,214	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-149,671	COMMUNICATIONS	5.01	7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-2,310,707			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-1,412,895	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	-47,382	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-484,861	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	438,476	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	-67,375	Cap Rel Costs-Mvble Equip	2	9 33
34	INTEREST EXPENSE	A	-10,580,017	Cap Rel Costs-Bldg & Fixt	1	11 34
35	LIFELINE	B	-5,127	Cap Rel Costs-Mvble Equip	2	9 35
36	LIFELINE	B	-32,948	ADMINISTRATIVE & GENERAL	5.06	36
37	MISCELLANEOUS INCOME	B	-789,657	ADMINISTRATIVE & GENERAL	5.06	37
38	MISCELLANEOUS INCOME	B	-13,831	Nursing Administration	13	38
39	DISCOUNTS	B	-42,805	ADMINISTRATIVE & GENERAL	5.06	39
40	SELF INSURANCE FUND INCOME	B	-133,472	ADMINISTRATIVE & GENERAL	5.06	40
41	VISITOR MEAL COST	A	-44,958	Dietary	10	41
42						42
43						43
44						44
45	AHA/IHA LOBBYING EXPENSE	A	-46,919	ADMINISTRATIVE & GENERAL	5.06	45
45.01	NAHC/IHHC LOBBYING EXPENSE	A	-2,190	Home Health Agency	101	45.01
45.02	NHPCO LOBBYING EXPENSE	A	-702	Hospice	116	45.02
46	CABLE TV	A	-976	Radiology-Diagnostic	54	46
46.01	CABLE TV	A	-2,709	PCC	91.01	46.01
47						47
47.01	REAL ESTATE TAXES	A	-101,488	Physicians' Private Offices	192	47.01
47.02	REAL ESTATE TAXES	A	-586,991	PCC	91.01	47.02
47.04	FUNDRAISING DONATIONS	A	-13,000	ADMINISTRATIVE & GENERAL	5.06	47.04
47.05	ADVERTISING EXPENSE	A	-592,224	ADMINISTRATIVE & GENERAL	5.06	47.05
47.07	NON-ALLOWABLE EXPENSE - LIQUOR	A	-2,090	ADMINISTRATIVE & GENERAL	5.06	47.07
47.11	HOME DELIVERED MEALS REVENUE	B	-44,851	Dietary	10	47.11
47.12	BABY PHOTO REVENUE	B	-2,528	ADMINISTRATIVE & GENERAL	5.06	47.12
47.15	FALL GALA	A	-161,618	ADMINISTRATIVE & GENERAL	5.06	47.15
48	REIMB OF INTERCOMPANY EXPENSES	B	-64,400	Employee Benefits Department	4	48
48.01	REIMB OF INTERCOMPANY EXPENSES	B	-232,184	DATA PROCESSING	5.02	48.01
48.02	REIMB OF INTERCOMPANY EXPENSES	B	-13,800	PURCHASING & STORES	5.03	48.02
48.03	REIMB OF INTERCOMPANY EXPENSES	B	-350,400	CASHIERING	5.05	48.03
48.04	REIMB OF INTERCOMPANY EXPENSES	B	-771,168	ADMINISTRATIVE & GENERAL	5.06	48.04
48.05	REIMB OF INTERCOMPANY EXPENSES	B	-34,444	Maintenance & Repairs	6	48.05
48.06	REIMB OF INTERCOMPANY EXPENSES	B	-12,148	Radiology-Diagnostic	54	48.06

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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	
48.50	ADJUST TO NET PROVIDER TAX	A	-1,751,801	ADMINISTRATIVE & GENERAL	5.06		48.50
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-20,465,861				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	5.02	DATA PROCESSING EPIC CONSULTANT	26,475	26,475						1
2	5.06	ADMINISTRATIVE & GEN INFECTION CONTR	15,000		15,000	211,500	50	5,084	254	2
3	5.06	ADMINISTRATIVE & GEN ADMIN SALARIES	265,509		265,509	211,500	1,263	128,425	6,421	3
4	5.06	ADMINISTRATIVE & GEN EPIC PRODUCTION	93,270	93,270						4
5	5.06	ADMINISTRATIVE & GEN INFORMATICS AND	37,964	37,964						5
6	30	Adults & Pediatrics SPECIAL CARE NU	225,000	225,000						6
7	50	Operating Room CVOR	297,701	297,701						7
8	50	Operating Room OR	349,000	349,000						8
9	53	Anesthesiology ANESTHESIA	200,004	200,004						9
10	53	Anesthesiology ANESTHESIA MANA	125,000		125,000	239,400	516	59,390	2,970	10
11	59	Cardiac Catheterizat CV ADMIN	27,000	2,700						11
12	91	Emergency ENT ON-CALL	30,600	30,600						12
13	50	Operating Room CVOR-ANESTHESIA	750,000	750,000						13
14	30	Adults & Pediatrics CARDIOTHORACIC	33,000		33,000	211,500	120	12,202	610	14
15	59	Cardiac Catheterizat CATH LAB	25,000		25,000	211,500	233	23,692	1,185	15
16	59	Cardiac Catheterizat CV ADMIN	58,500		58,500	211,500	192	19,523	976	16
17	60	Laboratory LAB ADMINISTRAT	59,675		59,675	260,300	2,893	362,042	18,102	17
18										18
19										19
20										20
200		TOTAL	2,618,698	2,012,714	581,684		5,267	610,358	30,518	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.02	DATA PROCESSING EPIC CONSULTANT							26,475	1
2	5.06	ADMINISTRATIVE & GEN INFECTION CONTR					5,084	9,916	9,916	2
3	5.06	ADMINISTRATIVE & GEN ADMIN SALARIES					128,425	137,084	137,084	3
4	5.06	ADMINISTRATIVE & GEN EPIC PRODUCTION							93,270	4
5	5.06	ADMINISTRATIVE & GEN INFORMATICS AND							37,964	5
6	30	Adults & Pediatrics SPECIAL CARE NU							225,000	6
7	50	Operating Room CVOR							297,701	7
8	50	Operating Room OR							349,000	8
9	53	Anesthesiology ANESTHESIA							200,004	9
10	53	Anesthesiology ANESTHESIA MANA					59,390	65,610	65,610	10
11	59	Cardiac Catheterizat CV ADMIN							27,000	11
12	91	Emergency ENT ON-CALL							30,600	12
13	50	Operating Room CVOR-ANESTHESIA							750,000	13
14	30	Adults & Pediatrics CARDIOTHORACIC					12,202	20,798	20,798	14
15	59	Cardiac Catheterizat CATH LAB					23,692	1,308	1,308	15
16	59	Cardiac Catheterizat CV ADMIN					19,523	38,977	38,977	16
17	60	Laboratory LAB ADMINISTRAT					362,042			17
18										18
19										19
20										20
200		TOTAL					610,358	273,693	2,310,707	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	13,463,013	13,463,013					1
2	Cap Rel Costs-Mvble Equip	14,974,201		14,974,201				2
4	Employee Benefits Department	39,696,362	55,986	6,172	39,758,520			4
5.01	COMMUNICATIONS	507,519		124,016	153,310	784,845		5.01
5.02	DATA PROCESSING	11,545,177	112,696	3,699,561	1,243,518	37,854	16,638,806	5.02
5.03	PURCHASING & STORES	453,795	85,104	18,839	136,276	3,645	130,194	5.03
5.04	ADMITTING	2,568,462		1,566	936,897	8,692	820,223	5.04
5.05	CASHIERING	5,323,542	400,570	4,014	868,759	33,929	1,093,630	5.05
5.06	ADMINISTRATIVE & GENERAL	41,049,561	1,275,969	4,462,982	3,849,797	61,128	3,795,159	5.06
6	Maintenance & Repairs	6,641,149	1,513,888	1,820,582	528,069	16,263		6
6.01	CLINICAL ENGINEERING	733,050	16,242	78,688	136,276	3,084	13,019	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,205,658	56,115	551	34,069			8
9	Housekeeping	4,222,992	21,548	64,425	1,277,587	5,047		9
10	Dietary	2,586,091	378,220	58,095	1,192,415	10,375	13,019	10
11	Cafeteria	1,171,233						11
12	Maintenance of Personnel							12
13	Nursing Administration	996,827	54,355	17,062	187,379	10,375	175,762	13
14	Central Services & Supply	3,151,083	784,768	577,439	817,656	15,703	305,956	14
15	Pharmacy	4,576,958	258,600	180,417	868,759	18,787	820,223	15
16	Medical Records & Library	3,878,273	84,755	9,097	936,897	17,946	937,398	16
17	Social Service	999,052		40	238,483	4,486	39,058	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	178,134	932		51,103	280		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	42,413,307	3,844,626	382,364	9,420,087	159,270	1,093,630	30
31	Intensive Care Unit	7,122,129	395,678	132,328	1,362,760	19,628		31
40	Subprovider - IPF	3,872,174	232,471	3,623	902,828	13,740	39,058	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	21,507,438	1,316,321	950,600	2,112,278	63,651	2,245,848	50
51	Recovery Room	1,547,196	105,319	18,621	323,655	7,010	488,228	51
53	Anesthesiology	585,066		83,268		3,926		53
54	Radiology-Diagnostic	9,493,780	314,870	700,938	1,805,657	28,601	833,242	54
54.01	ULTRASOUND	1,507,193	41,284	39,851	272,552			54.01
57	CT Scan	2,645,747	29,080	60,695	289,586			57
58	MRI	824,997	24,744	101,582	102,207			58
59	Cardiac Catheterization	4,965,672	297,075	407,908	408,828	9,253		59
60	Laboratory	10,711,134	565,537	200,537	1,516,070	35,331	2,343,494	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,390,804		1,955	102,207			63
64	Intravenous Therapy	1,697,554		2,070	255,517	4,486		64
65	Respiratory Therapy	2,803,673	12,566	62,860	596,207	8,132	201,801	65
66	Physical Therapy	4,353,942	179,695	6,201	715,449	20,469	65,097	66
68	Speech Pathology	259,577		423	51,103			68
69	Electrocardiology	1,938,604	159,609	76,812	425,862	12,898	130,194	69
70	Electroencephalography	124,609	14,922	4,913	34,069	1,122		70
70.01	EMG	96,306	3,119		34,069	2,804		70.01
70.03	ANGIOGRAPHY	2,658,242	25,909	140,873	221,448	841		70.03
71	Medical Supplies Charged to Patients	313,160						71
72	Impl. Dev. Charged to Patients	17,584,222						72
73	Drugs Charged to Patients	13,402,698						73
74	Renal Dialysis	740,450		576				74
76.97	CARDIAC REHABILITATION	729,622		2,606	136,276			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	1,202,125		687	255,517			90.01
91	Emergency	8,460,514	503,572	249,927	1,550,139	46,547	403,602	91
91.01	PCC	2,251,102		185,531	476,966	48,229		91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	10,987,469	56,904	30,626	1,976,002	26,077	650,971	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	3,180,781		178	596,207			116
118	SUBTOTALS (sum of lines 1-117)	342,293,419	13,223,049	14,972,099	39,400,796	759,609	16,638,806	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,334,620	239,964	2,086	17,034	25,236		192

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING	770,665			340,690			194.01
194.02	PHYSICIAN REFERRAL CENTER	36		16				194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	344,398,740	13,463,013	14,974,201	39,758,520	784,845	16,638,806	202

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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & STORES	827,853						5.03
5.04	ADMITTING	933	4,336,773					5.04
5.05	CASHIERING	1,818		7,726,262				5.05
5.06	ADMINISTRATIVE & GENERAL	24,226			54,518,822	54,518,822		5.06
6	Maintenance & Repairs	63,376			10,583,327	1,990,449	12,573,776	6
6.01	CLINICAL ENGINEERING	3,061			983,420	184,956	20,384	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	14,995			1,311,388	246,638	70,425	8
9	Housekeeping	10,068			5,601,667	1,053,528	27,043	9
10	Dietary	7,820			4,246,035	798,569	474,672	10
11	Cafeteria				1,171,233	220,278		11
12	Maintenance of Personnel							12
13	Nursing Administration	981			1,442,741	271,342	68,216	13
14	Central Services & Supply	130,099			5,782,704	1,087,576	984,899	14
15	Pharmacy	6,098			6,729,842	1,265,708	324,548	15
16	Medical Records & Library	717			5,865,083	1,103,070	106,369	16
17	Social Service	359			1,281,478	241,013		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				230,449	43,341	1,169	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	27,359	767,054	1,366,505	59,474,202	11,185,494	4,825,077	30
31	Intensive Care Unit	2,798	109,205	194,558	9,339,084	1,756,439	496,583	31
40	Subprovider - IPF	11,049	78,204	139,327	5,292,474	995,377	291,755	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	219,137	619,923	1,104,445	30,139,641	5,668,483	1,652,006	50
51	Recovery Room	1,028	47,754	85,078	2,623,889	493,485	132,177	51
53	Anesthesiology	2,894	140,995	251,194	1,067,343	200,739		53
54	Radiology-Diagnostic	11,934	134,357	239,368	13,562,747	2,550,800	395,168	54
54.01	ULTRASOUND	2,822	63,225	112,641	2,039,568	383,590	51,812	54.01
57	CT Scan	2,439	317,560	565,761	3,910,868	735,533	36,496	57
58	MRI	885	54,564	97,210	1,206,189	226,853	31,055	58
59	Cardiac Catheterization	84,254	121,217	215,958	6,510,165	1,224,393	372,835	59
60	Laboratory	109,580	687,425	1,224,707	17,393,815	3,271,324	709,759	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,898	32,055	57,108	2,588,027	486,741		63
64	Intravenous Therapy	550	6,066	10,807	1,977,050	371,832		64
65	Respiratory Therapy	3,372	216,880	386,390	4,291,881	807,191	15,771	65
66	Physical Therapy	13,536	44,275	78,880	5,477,544	1,030,184	225,520	66
68	Speech Pathology	239	6,568	11,701	329,611	61,991		68
69	Electrocardiology	3,085	138,206	246,225	3,131,495	588,953	200,313	69
70	Electroencephalography	263	4,369	7,784	192,051	36,120	18,727	70
70.01	EMG	717	1,267	2,257	140,539	26,432	3,914	70.01
70.03	ANGIOGRAPHY	33,386	50,402	89,796	3,220,897	605,767	32,516	70.03
71	Medical Supplies Charged to Patients		3,058	5,449	321,667	60,497		71
72	Impl. Dev. Charged to Patients		106,636	189,981	17,880,839	3,362,921		72
73	Drugs Charged to Patients		262,308	467,323	14,132,329	2,657,924		73
74	Renal Dialysis	2,296	15,879	28,290	787,491	148,107		74
76.97	CARDIAC REHABILITATION	1,220	2,933	5,225	877,882	165,107		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	933	29	51	1,459,342	274,464		90.01
91	Emergency	2,583	304,108	541,795	12,062,787	2,268,697	631,992	91
91.01	PCC	14,134	251	448	2,976,661	559,833		91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	6,696			13,734,745	2,583,148	71,416	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	215			3,777,381	710,427		116
118	SUBTOTALS (sum of lines 1-117)	827,853	4,336,773	7,726,262	341,668,393	54,005,314	12,272,617	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				1,618,940	304,481	301,159	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING				1,111,355	209,017		194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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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	
194.02	PHYSICIAN REFERRAL CENTER				52	10		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	827,853	4,336,773	7,726,262	344,398,740	54,518,822	12,573,776	202

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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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	1,188,760						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		1,628,451					8
9	Housekeeping	1,048		6,683,286				9
10	Dietary	262		174,005	5,693,543			10
11	Cafeteria					1,391,511		11
12	Maintenance of Personnel							12
13	Nursing Administration	67,970				8,868	1,859,137	13
14	Central Services & Supply	78,055	12,423	202,611		38,698		14
15	Pharmacy	393	594	44,659		41,116		15
16	Medical Records & Library			83,658		44,341		16
17	Social Service					11,287		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					2,419		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	175,623	745,827	3,419,950	4,853,816	445,833	1,055,547	30
31	Intensive Care Unit	28,419	101,667	220,927	413,517	64,496	152,701	31
40	Subprovider - IPF	3,536	23,699	173,593	417,488	42,729	101,165	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	222,506	207,187	795,524	318	99,970	236,687	50
51	Recovery Room	15,716	28,092	47,437	2,415	15,318	36,267	51
53	Anesthesiology	53,171		71,156				53
54	Radiology-Diagnostic	190,684	167,995	240,376		85,458		54
54.01	ULTRASOUND	12,704		31,179		12,899		54.01
57	CT Scan	6,417		16,516		13,705		57
58	MRI	4,977		14,200		4,837		58
59	Cardiac Catheterization	64,565	21,008	144,318		19,349	45,810	59
60	Laboratory	36,539		169,837		71,752		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,989				4,837		63
64	Intravenous Therapy	2,226				12,093	28,631	64
65	Respiratory Therapy	58,934		11,525		28,217		65
66	Physical Therapy	34,051	4,104	97,755		33,861		66
68	Speech Pathology					2,419		68
69	Electrocardiology	49,111	38,540	94,514		20,155		69
70	Electroencephalography	524	902	7,460		1,612		70
70.01	EMG	2,357				1,612		70.01
70.03	ANGIOGRAPHY	10,477		22,227		10,481		70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	393						74
76.97	CARDIAC REHABILITATION	13,620	10,543			6,450		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	655				12,093	28,631	90.01
91	Emergency	37,194	226,796	599,859	5,989	73,365	173,698	91
91.01	PCC	7,465	39,074			22,574		91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	1,179				93,520		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					28,217		116
118	SUBTOTALS (sum of lines 1-117)	1,188,760	1,628,451	6,683,286	5,693,543	1,374,581	1,859,137	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices					806		192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING					16,124		194.01

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	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,188,760	1,628,451	6,683,286	5,693,543	1,391,511	1,859,137	202

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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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	8,186,966						14
15	Pharmacy	187,315	8,594,175					15
16	Medical Records & Library	451		7,202,972				16
17	Social Service	142			1,533,920			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					277,378		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,875,642	1,987	3,787,573	1,351,089		93,197,660	30
31	Intensive Care Unit	527,509	287	76,589	68,174		13,246,392	31
40	Subprovider - IPF	19,754	9	286,013			7,647,592	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,606,769	624	37,098			41,666,813	50
51	Recovery Room	65,062	5				3,459,863	51
53	Anesthesiology	153,509					1,545,918	53
54	Radiology-Diagnostic	68,847	75,125	235,751			17,572,951	54
54.01	ULTRASOUND	14,771	12	95,736			2,642,271	54.01
57	CT Scan	270,400	234	90,950			5,081,119	57
58	MRI	2,526	21	56,245			1,546,903	58
59	Cardiac Catheterization	180,591	15,603	21,541			8,620,178	59
60	Laboratory	303,886	134	403,290			22,360,336	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,662	618				3,091,874	63
64	Intravenous Therapy	251,483	193				2,643,508	64
65	Respiratory Therapy	193,114		9,574			5,416,207	65
66	Physical Therapy	103,858	5,170	65,819			7,077,866	66
68	Speech Pathology						394,021	68
69	Electrocardiology	38,398	102	72,999			4,234,580	69
70	Electroencephalography	474		4,787			262,657	70
70.01	EMG	182	165				175,201	70.01
70.03	ANGIOGRAPHY	263,842	137				4,166,344	70.03
71	Medical Supplies Charged to Patients		162				382,326	71
72	Impl. Dev. Charged to Patients						21,243,760	72
73	Drugs Charged to Patients		8,226,465			277,378	25,294,096	73
74	Renal Dialysis	27					936,018	74
76.97	CARDIAC REHABILITATION	1,678		2,393			1,077,673	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	394	183				1,775,762	90.01
91	Emergency	895,294	981	692,893	114,657		17,784,202	91
91.01	PCC	42,065	20,884	1,220,640			4,889,196	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	114,103	3,692	43,081			16,644,884	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,142	241,382				4,758,549	116
118	SUBTOTALS (sum of lines 1-117)	8,186,890	8,594,175	7,202,972	1,533,920	277,378	340,836,720	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	76					2,225,462	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING						1,336,496	194.01

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	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
194.02	PHYSICIAN REFERRAL CENTER						62	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,186,966	8,594,175	7,202,972	1,533,920	277,378	344,398,740	202

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	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & 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
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		93,197,660				30
31	Intensive Care Unit		13,246,392				31
40	Subprovider - IPF		7,647,592				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		41,666,813				50
51	Recovery Room		3,459,863				51
53	Anesthesiology		1,545,918				53
54	Radiology-Diagnostic		17,572,951				54
54.01	ULTRASOUND		2,642,271				54.01
57	CT Scan		5,081,119				57
58	MRI		1,546,903				58
59	Cardiac Catheterization		8,620,178				59
60	Laboratory		22,360,336				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,091,874				63
64	Intravenous Therapy		2,643,508				64
65	Respiratory Therapy		5,416,207				65
66	Physical Therapy		7,077,866				66
68	Speech Pathology		394,021				68
69	Electrocardiology		4,234,580				69
70	Electroencephalography		262,657				70
70.01	EMG		175,201				70.01
70.03	ANGIOGRAPHY		4,166,344				70.03
71	Medical Supplies Charged to Patients		382,326				71
72	Impl. Dev. Charged to Patients		21,243,760				72
73	Drugs Charged to Patients		25,294,096				73
74	Renal Dialysis		936,018				74
76.97	CARDIAC REHABILITATION		1,077,673				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES		1,775,762				90.01
91	Emergency		17,784,202				91
91.01	PCC		4,889,196				91.01
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		16,644,884				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		4,758,549				116
118	SUBTOTALS (sum of lines 1-117)		340,836,720				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		2,225,462				192
194	NEW DIRECTION						194
194.01	PRIVATE DUTY NURSING		1,336,496				194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
194.02	PHYSICIAN REFERRAL CENTER		62					194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		344,398,740					202

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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		55,986	6,172	62,158	62,158		4
5.01	COMMUNICATIONS			124,016	124,016	240	124,256	5.01
5.02	DATA PROCESSING		112,696	3,699,561	3,812,257	1,944	5,993	5.02
5.03	PURCHASING & STORES		85,104	18,839	103,943	213	577	5.03
5.04	ADMITTING			1,566	1,566	1,465	1,376	5.04
5.05	CASHIERING	7,800	400,570	4,014	412,384	1,358	5,372	5.05
5.06	ADMINISTRATIVE & GENERAL	90,574	1,275,969	4,462,982	5,829,525	6,019	9,678	5.06
6	Maintenance & Repairs	84	1,513,888	1,820,582	3,334,554	826	2,575	6
6.01	CLINICAL ENGINEERING		16,242	78,688	94,930	213	488	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		56,115	551	56,666	53		8
9	Housekeeping		21,548	64,425	85,973	1,997	799	9
10	Dietary	8,536	378,220	58,095	444,851	1,864	1,643	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		54,355	17,062	71,417	293	1,643	13
14	Central Services & Supply	-20,942	784,768	577,439	1,341,265	1,278	2,486	14
15	Pharmacy		258,600	180,417	439,017	1,358	2,974	15
16	Medical Records & Library		84,755	9,097	93,852	1,465	2,841	16
17	Social Service			40	40	373	710	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		932		932	80	44	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,810	3,844,626	382,364	4,229,800	14,728	25,214	30
31	Intensive Care Unit		395,678	132,328	528,006	2,131	3,108	31
40	Subprovider - IPF		232,471	3,623	236,094	1,411	2,175	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	-9,844	1,316,321	950,600	2,257,077	3,302	10,077	50
51	Recovery Room		105,319	18,621	123,940	506	1,110	51
53	Anesthesiology			83,268	83,268		622	53
54	Radiology-Diagnostic	831,616	314,870	700,938	1,847,424	2,823	4,528	54
54.01	ULTRASOUND		41,284	39,851	81,135	426		54.01
57	CT Scan		29,080	60,695	89,775	453		57
58	MRI		24,744	101,582	126,326	160		58
59	Cardiac Catheterization		297,075	407,908	704,983	639	1,465	59
60	Laboratory		565,537	200,537	766,074	2,370	5,594	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			1,955	1,955	160		63
64	Intravenous Therapy			2,070	2,070	399	710	64
65	Respiratory Therapy	9,486	12,566	62,860	84,912	932	1,287	65
66	Physical Therapy	63,324	179,695	6,201	249,220	1,119	3,241	66
68	Speech Pathology			423	423	80		68
69	Electrocardiology		159,609	76,812	236,421	666	2,042	69
70	Electroencephalography		14,922	4,913	19,835	53	178	70
70.01	EMG		3,119		3,119	53	444	70.01
70.03	ANGIOGRAPHY		25,909	140,873	166,782	346	133	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			576	576			74
76.97	CARDIAC REHABILITATION			2,606	2,606	213		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES			687	687	399		90.01
91	Emergency		503,572	249,927	753,499	2,423	7,369	91
91.01	PCC			185,531	185,531	746	7,636	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	26,620	56,904	30,626	114,150	3,089	4,129	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	280,952		178	281,130	932		116
118	SUBTOTALS (sum of lines 1-117)	1,291,016	13,223,049	14,972,099	29,486,164	61,598	120,261	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		239,964	2,086	242,050	27	3,995	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING					533		194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
194.02	PHYSICIAN REFERRAL CENTER			16	16			194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,291,016	13,463,013	14,974,201	29,728,230	62,158	124,256	202

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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING	3,820,194						5.02
5.03	PURCHASING & STORES	29,892	134,625					5.03
5.04	ADMITTING	188,319	152	192,878				5.04
5.05	CASHIERING	251,093	296		670,503			5.05
5.06	ADMINISTRATIVE & GENERAL	871,350	3,940			6,720,512		5.06
6	Maintenance & Repairs		10,306			245,364	3,593,625	6
6.01	CLINICAL ENGINEERING	2,989	498			22,800	5,826	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		2,438			30,403	20,128	8
9	Housekeeping		1,637			129,869	7,729	9
10	Dietary	2,989	1,272			98,440	135,663	10
11	Cafeteria					27,154		11
12	Maintenance of Personnel							12
13	Nursing Administration	40,354	159			33,449	19,496	13
14	Central Services & Supply	70,246	21,157			134,066	281,487	14
15	Pharmacy	188,319	992			156,025	92,757	15
16	Medical Records & Library	215,222	117			135,976	30,401	16
17	Social Service	8,968	58			29,710		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					5,343	334	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	251,093	4,449	34,182	118,516	1,378,784	1,379,022	30
31	Intensive Care Unit		455	4,855	16,886	216,517	141,925	31
40	Subprovider - IPF	8,968	1,797	3,477	12,093	122,701	83,385	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	515,637	35,635	27,559	95,859	698,757	472,149	50
51	Recovery Room	112,095	167	2,123	7,384	60,832	37,777	51
53	Anesthesiology		471	6,268	21,802	24,745		53
54	Radiology-Diagnostic	191,309	1,941	5,973	20,776	314,439	112,940	54
54.01	ULTRASOUND		459	2,811	9,777	47,285	14,808	54.01
57	CT Scan		397	14,118	49,104	90,670	10,431	57
58	MRI		144	2,426	8,437	27,964	8,876	58
59	Cardiac Catheterization		13,701	5,389	18,744	150,932	106,557	59
60	Laboratory	538,055	17,820	30,560	106,297	403,258	202,851	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		634	1,425	4,957	60,001		63
64	Intravenous Therapy		89	270	938	45,836		64
65	Respiratory Therapy	46,333	548	9,642	33,536	99,503	4,507	65
66	Physical Therapy	14,946	2,201	1,968	6,846	126,991	64,454	66
68	Speech Pathology		39	292	1,016	7,642		68
69	Electrocardiology	29,892	502	6,144	21,371	72,601	57,250	69
70	Electroencephalography		43	194	676	4,453	5,352	70
70.01	EMG		117	56	196	3,258	1,119	70.01
70.03	ANGIOGRAPHY		5,429	2,241	7,794	74,673	9,293	70.03
71	Medical Supplies Charged to Patients			136	473	7,458		71
72	Impl. Dev. Charged to Patients			4,741	16,489	414,549		72
73	Drugs Charged to Patients			11,661	40,561	327,644		73
74	Renal Dialysis		373	706	2,455	18,257		74
76.97	CARDIAC REHABILITATION		198	130	453	20,353		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES		152	1	4	33,833		90.01
91	Emergency	92,665	420	13,519	47,024	279,664	180,625	91
91.01	PCC		2,298	11	39	69,011		91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	149,460	1,089			318,426	20,411	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		35			87,575		116
118	SUBTOTALS (sum of lines 1-117)	3,820,194	134,625	192,878	670,503	6,657,211	3,507,553	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices					37,534	86,072	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING					25,766		194.01

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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	
194.02	PHYSICIAN REFERRAL CENTER					1		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,820,194	134,625	192,878	670,503	6,720,512	3,593,625	202

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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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	127,744						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		109,688					8
9	Housekeeping	113		228,117				9
10	Dietary	28		5,939	692,689			10
11	Cafeteria					27,154		11
12	Maintenance of Personnel							12
13	Nursing Administration	7,304				173	174,288	13
14	Central Services & Supply	8,388	837	6,916		755		14
15	Pharmacy	42	40	1,524		802		15
16	Medical Records & Library			2,855		865		16
17	Social Service					220		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					47		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	18,872	50,237	116,730	590,525	8,699	98,953	30
31	Intensive Care Unit	3,054	6,848	7,541	50,309	1,259	14,315	31
40	Subprovider - IPF	380	1,596	5,925	50,793	834	9,484	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	23,911	13,956	27,153	39	1,951	22,189	50
51	Recovery Room	1,689	1,892	1,619	294	299	3,400	51
53	Anesthesiology	5,714		2,429				53
54	Radiology-Diagnostic	20,491	11,316	8,205		1,668		54
54.01	ULTRASOUND	1,365		1,064		252		54.01
57	CT Scan	690		564		267		57
58	MRI	535		485		94		58
59	Cardiac Catheterization	6,938	1,415	4,926		378	4,295	59
60	Laboratory	3,926		5,797		1,400		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	858				94		63
64	Intravenous Therapy	239				236	2,684	64
65	Respiratory Therapy	6,333		393		551		65
66	Physical Therapy	3,659	276	3,337		661		66
68	Speech Pathology					47		68
69	Electrocardiology	5,278	2,596	3,226		393		69
70	Electroencephalography	56	61	255		31		70
70.01	EMG	253				31		70.01
70.03	ANGIOGRAPHY	1,126		759		205		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	42						74
76.97	CARDIAC REHABILITATION	1,464	710			126		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	70				236	2,684	90.01
91	Emergency	3,997	15,276	20,475	729	1,432	16,284	91
91.01	PCC	802	2,632			441		91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	127				1,825		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					551		116
118	SUBTOTALS (sum of lines 1-117)	127,744	109,688	228,117	692,689	26,823	174,288	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices					16		192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING					315		194.01

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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	
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	127,744	109,688	228,117	692,689	27,154	174,288	202

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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	1,868,881						14
15	Pharmacy	42,760	926,610					15
16	Medical Records & Library	103		483,697				16
17	Social Service	32			40,111			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					6,780		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	428,163	214	254,346	35,330		9,037,857	30
31	Intensive Care Unit	120,417	31	5,143	1,783		1,124,583	31
40	Subprovider - IPF	4,509	1	19,206			564,829	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	595,060	67	2,491			4,802,869	50
51	Recovery Room	14,852					369,979	51
53	Anesthesiology	35,042					180,361	53
54	Radiology-Diagnostic	15,716	8,100	15,831			2,583,480	54
54.01	ULTRASOUND	3,372	1	6,429			169,184	54.01
57	CT Scan	61,726	25	6,107			324,327	57
58	MRI	577	2	3,777			179,803	58
59	Cardiac Catheterization	41,224	1,682	1,447			1,064,715	59
60	Laboratory	69,370	14	27,082			2,180,468	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	836	67				70,987	63
64	Intravenous Therapy	57,407	21				110,899	64
65	Respiratory Therapy	44,083		643			333,203	65
66	Physical Therapy	23,708	557	4,420			507,604	66
68	Speech Pathology						9,539	68
69	Electrocardiology	8,765	11	4,902			452,060	69
70	Electroencephalography	108		321			31,616	70
70.01	EMG	42	18				8,706	70.01
70.03	ANGIOGRAPHY	60,229	15				329,025	70.03
71	Medical Supplies Charged to Patients		17				8,084	71
72	Impl. Dev. Charged to Patients						435,779	72
73	Drugs Charged to Patients		886,966				1,266,832	73
74	Renal Dialysis	6					22,415	74
76.97	CARDIAC REHABILITATION	383		161			26,797	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	90	20				38,176	90.01
91	Emergency	204,374	106	46,529	2,998		1,689,408	91
91.01	PCC	9,602	2,252	81,969			362,970	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	26,047	398	2,893			642,044	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	261	26,025				396,509	116
118	SUBTOTALS (sum of lines 1-117)	1,868,864	926,610	483,697	40,111		29,325,108	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	17					369,711	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING						26,614	194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
194.02	PHYSICIAN REFERRAL CENTER						17	194.02
200	Cross Foot Adjustments					6,780	6,780	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,868,881	926,610	483,697	40,111	6,780	29,728,230	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & 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
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		9,037,857				30
31	Intensive Care Unit		1,124,583				31
40	Subprovider - IPF		564,829				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		4,802,869				50
51	Recovery Room		369,979				51
53	Anesthesiology		180,361				53
54	Radiology-Diagnostic		2,583,480				54
54.01	ULTRASOUND		169,184				54.01
57	CT Scan		324,327				57
58	MRI		179,803				58
59	Cardiac Catheterization		1,064,715				59
60	Laboratory		2,180,468				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		70,987				63
64	Intravenous Therapy		110,899				64
65	Respiratory Therapy		333,203				65
66	Physical Therapy		507,604				66
68	Speech Pathology		9,539				68
69	Electrocardiology		452,060				69
70	Electroencephalography		31,616				70
70.01	EMG		8,706				70.01
70.03	ANGIOGRAPHY		329,025				70.03
71	Medical Supplies Charged to Patients		8,084				71
72	Impl. Dev. Charged to Patients		435,779				72
73	Drugs Charged to Patients		1,266,832				73
74	Renal Dialysis		22,415				74
76.97	CARDIAC REHABILITATION		26,797				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES		38,176				90.01
91	Emergency		1,689,408				91
91.01	PCC		362,970				91.01
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		642,044				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		396,509				116
118	SUBTOTALS (sum of lines 1-117)		29,325,108				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		369,711				192
194	NEW DIRECTION						194
194.01	PRIVATE DUTY NURSING		26,614				194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
194.02	PHYSICIAN REFERRAL CENTER		17					194.02
200	Cross Foot Adjustments		6,780					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		29,728,230					202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCH & STORES	
		SQUARE FEET	DOLLAR VALUE	FTES	# OF PHONES	TIME SPENT	# OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	1,040,286						1
2	Cap Rel Costs-Mvble Equip		23,440,766					2
4	Employee Benefits Department	4,326	9,661	2,334				4
5.01	COMMUNICATIONS		194,136	9	2,799			5.01
5.02	DATA PROCESSING	8,708	5,791,333	73	135	10,224		5.02
5.03	PURCHASING & STORES	6,576	29,490	8	13	80	34,616	5.03
5.04	ADMITTING		2,452	55	31	504	39	5.04
5.05	CASHIERING	30,952	6,284	51	121	672	76	5.05
5.06	ADMINISTRATIVE & GENERAL	98,594	6,986,395	226	218	2,332	1,013	5.06
6	Maintenance & Repairs	116,978	2,849,958	31	58		2,650	6
6.01	CLINICAL ENGINEERING	1,255	123,179	8	11	8	128	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	4,336	863	2			627	8
9	Housekeeping	1,665	100,852	75	18		421	9
10	Dietary	29,225	90,943	70	37	8	327	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	4,200	26,709	11	37	108	41	13
14	Central Services & Supply	60,639	903,929	48	56	188	5,440	14
15	Pharmacy	19,982	282,427	51	67	504	255	15
16	Medical Records & Library	6,549	14,240	55	64	576	30	16
17	Social Service		63	14	16	24	15	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		3	1			23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	297,074	598,556	553	568	672	1,144	30
31	Intensive Care Unit	30,574	207,147	80	70		117	31
40	Subprovider - IPF	17,963	5,671	53	49	24	462	40
43	Nursery							43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	101,712	1,488,079	124	227	1,380	9,163	50
51	Recovery Room	8,138	29,149	19	25	300	43	51
53	Anesthesiology		130,348		14		121	53
54	Radiology-Diagnostic	24,330	1,097,256	106	102	512	499	54
54.01	ULTRASOUND	3,190	62,383	16			118	54.01
57	CT Scan	2,247	95,012	17			102	57
58	MRI	1,912	159,017	6			37	58
59	Cardiac Catheterization	22,955	638,543	24	33		3,523	59
60	Laboratory	43,699	313,923	89	126	1,440	4,582	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		3,061	6			163	63
64	Intravenous Therapy		3,241	15	16		23	64
65	Respiratory Therapy	971	98,402	35	29	124	141	65
66	Physical Therapy	13,885	9,707	42	73	40	566	66
68	Speech Pathology		662	3			10	68
69	Electrocardiology	12,333	120,243	25	46	80	129	69
70	Electroencephalography	1,153	7,691	2	4		11	70
70.01	EMG	241		2	10		30	70.01
70.03	ANGIOGRAPHY	2,002	220,524	13	3		1,396	70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		902				96	74
76.97	CARDIAC REHABILITATION		4,079	8			51	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES		1,075	15			39	90.01
91	Emergency	38,911	391,238	91	166	248	108	91
91.01	PCC		290,432	28	172		591	91.01
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	4,397	47,943	116	93	400	280	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice		278	35			9	116
118	SUBTOTALS (sum of lines 1-117)	1,021,744	23,437,476	2,313	2,709	10,224	34,616	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices	18,542	3,265	1	90			192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING			20				194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNI- CATIONS # OF PHONES	DATA PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
194.02	PHYSICIAN REFERRAL CENTER		25					194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	13,463,013	14,974,201	39,758,520	784,845	16,638,806	827,853	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12,941646	0.638810	17,034.498715	280.401929	1,627.426252	23.915328	203
204	Cost to be allocated (Per Wkst. B, Part II)			62,158	124,256	3,820,194	134,625	204
205	Unit Cost Multiplier (Wkst. B, Part II)			26.631534	44.392997	373.649648	3.889098	205

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & STORES							5.03
5.04	ADMITTING	762,062,356						5.04
5.05	CASHIERING		762,062,356					5.05
5.06	ADMINISTRATIVE & GENERAL			-54,518,822	289,879,918			5.06
6	Maintenance & Repairs				10,583,327	774,152		6
6.01	CLINICAL ENGINEERING				983,420	1,255	9,077	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,311,388	4,336		8
9	Housekeeping				5,601,667	1,665	8	9
10	Dietary				4,246,035	29,225	2	10
11	Cafeteria				1,171,233			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,442,741	4,200	519	13
14	Central Services & Supply				5,782,704	60,639	596	14
15	Pharmacy				6,729,842	19,982	3	15
16	Medical Records & Library				5,865,083	6,549		16
17	Social Service				1,281,478			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				230,449	72		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	134,805,402	134,805,402		59,474,202	297,074	1,341	30
31	Intensive Care Unit	19,189,118	19,189,118		9,339,084	30,574	217	31
40	Subprovider - IPF	13,741,685	13,741,685		5,292,474	17,963	27	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	108,930,366	108,930,366		30,139,641	101,712	1,699	50
51	Recovery Room	8,391,174	8,391,174		2,623,889	8,138	120	51
53	Anesthesiology	24,775,065	24,775,065		1,067,343		406	53
54	Radiology-Diagnostic	23,608,623	23,608,623		13,562,747	24,330	1,456	54
54.01	ULTRASOUND	11,109,687	11,109,687		2,039,568	3,190	97	54.01
57	CT Scan	55,800,449	55,800,449		3,910,868	2,247	49	57
58	MRI	9,587,729	9,587,729		1,206,189	1,912	38	58
59	Cardiac Catheterization	21,299,756	21,299,756		6,510,165	22,955	493	59
60	Laboratory	120,791,684	120,791,684		17,393,815	43,699	279	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,632,549	5,632,549		2,588,027		61	63
64	Intravenous Therapy	1,065,908	1,065,908		1,977,050		17	64
65	Respiratory Therapy	38,109,307	38,109,307		4,291,881	971	450	65
66	Physical Therapy	7,779,865	7,779,865		5,477,544	13,885	260	66
68	Speech Pathology	1,154,055	1,154,055		329,611			68
69	Electrocardiology	24,284,975	24,284,975		3,131,495	12,333	375	69
70	Electroencephalography	767,755	767,755		192,051	1,153	4	70
70.01	EMG	222,565	222,565		140,539	241	18	70.01
70.03	ANGIOGRAPHY	8,856,515	8,856,515		3,220,897	2,002	80	70.03
71	Medical Supplies Charged to Patients	537,410	537,410		321,667			71
72	Impl. Dev. Charged to Patients	18,737,599	18,737,599		17,880,839			72
73	Drugs Charged to Patients	46,091,642	46,091,642		14,132,329			73
74	Renal Dialysis	2,790,242	2,790,242		787,491		3	74
76.97	CARDIAC REHABILITATION	515,333	515,333		877,882		104	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	5,027	5,027		1,459,342		5	90.01
91	Emergency	53,436,716	53,436,716		12,062,787	38,911	284	91
91.01	PCC	44,155	44,155		2,976,661		57	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				13,734,745	4,397	9	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				3,777,381			116
118	SUBTOTALS (sum of lines 1-117)	762,062,356	762,062,356	-54,518,822	287,149,571	755,610	9,077	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				1,618,940	18,542		192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING				1,111,355			194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	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	5A.06	5.06	6	6.01	
194.02	PHYSICIAN REFERRAL CENTER				52			194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,336,773	7,726,262		54,518,822	12,573,776	1,188,760	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.005691	0.010139		0.188074	16.241999	130.963975	203
204	Cost to be allocated (Per Wkst. B, Part II)	192,878	670,503		6,720,512	3,593,625	127,744	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000253	0.000880		0.023184	4.642015	14.073372	205

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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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	1,931,888						8
9	Housekeeping		129,898					9
10	Dietary		3,382	358,424				10
11	Cafeteria				1,726			11
12	Maintenance of Personnel							12
13	Nursing Administration					11	974	13
14	Central Services & Supply	14,738	3,938				11,681,486	14
15	Pharmacy	705	868			51	267,269	15
16	Medical Records & Library		1,626			55	644	16
17	Social Service					14	203	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		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	884,801	66,471	305,561	553	553	2,676,239	30
31	Intensive Care Unit	120,611	4,294	26,032	80	80	752,670	31
40	Subprovider - IPF	28,115	3,374	26,282	53	53	28,186	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	245,793	15,462	20	124	124	3,719,445	50
51	Recovery Room	33,326	922	152	19	19	92,833	51
53	Anesthesiology		1,383				219,032	53
54	Radiology-Diagnostic	199,298	4,672		106		98,234	54
54.01	ULTRASOUND		606		16		21,076	54.01
57	CT Scan		321		17		385,817	57
58	MRI		276		6		3,604	58
59	Cardiac Catheterization	24,923	2,805		24	24	257,674	59
60	Laboratory		3,301		89		433,597	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				6		5,225	63
64	Intravenous Therapy				15	15	358,825	64
65	Respiratory Therapy		224		35		275,542	65
66	Physical Therapy	4,869	1,900		42		148,188	66
68	Speech Pathology				3			68
69	Electrocardiology	45,721	1,837		25		54,788	69
70	Electroencephalography	1,070	145		2		676	70
70.01	EMG				2		260	70.01
70.03	ANGIOGRAPHY		432		13		376,460	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						39	74
76.97	CARDIAC REHABILITATION	12,507			8		2,394	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES				15	15	562	90.01
91	Emergency	269,056	11,659	377	91	91	1,277,440	91
91.01	PCC	46,355			28		60,020	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				116		162,807	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				35		1,629	116
118	SUBTOTALS (sum of lines 1-117)	1,931,888	129,898	358,424	1,705	974	11,681,378	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				1		108	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING				20			194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
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)	1,628,451	6,683,286	5,693,543	1,391,511	1,859,137	8,186,966	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.842932	51.450261	15.884938	806.205678	1,908.764887	0.700850	203
204	Cost to be allocated (Per Wkst. B, Part II)	109,688	228,117	692,689	27,154	174,288	1,868,881	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.056778	1.756124	1.932597	15.732329	178.940452	0.159987	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & 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	11,249,321					15
16	Medical Records & Library		6,019				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
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,601	3,165	872			30
31	Intensive Care Unit	376	64	44			31
40	Subprovider - IPF	12	239				40
43	Nursery						43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	817	31				50
51	Recovery Room	6					51
53	Anesthesiology						53
54	Radiology-Diagnostic	98,334	197				54
54.01	ULTRASOUND	16	80				54.01
57	CT Scan	306	76				57
58	MRI	28	47				58
59	Cardiac Catheterization	20,423	18				59
60	Laboratory	175	337				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	809					63
64	Intravenous Therapy	253					64
65	Respiratory Therapy		8				65
66	Physical Therapy	6,767	55				66
68	Speech Pathology						68
69	Electrocardiology	133	61				69
70	Electroencephalography		4				70
70.01	EMG	216					70.01
70.03	ANGIOGRAPHY	179					70.03
71	Medical Supplies Charged to Patients	212					71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients	10,768,009				100	73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION		2				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	240					90.01
91	Emergency	1,284	579	74			91
91.01	PCC	27,336	1,020				91.01
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,833	36				101
SPECIAL PURPOSE COST CENTERS							
116	Hospice	315,956					116
118	SUBTOTALS (sum of lines 1-117)	11,249,321	6,019	990	100		118
NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	PARAMED EDUCATION ASSIGNED TIME			
		15	16	17	23			
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)	8,594,175	7,202,972	1,533,920	277,378			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.763973	1,196.705765	1,549.414141	2,773.780000			203
204	Cost to be allocated (Per Wkst. B, Part II)	926,610	483,697	40,111	6,780			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.082370	80.361688	40.516162	67.800000			205

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POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

COST CENTER DESCRIPTIONS		COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	93,197,660		93,197,660	20,798	93,218,458	30
31	Intensive Care Unit	13,246,392		13,246,392		13,246,392	31
40	Subprovider - IPF	7,647,592		7,647,592		7,647,592	40
43	Nursery						43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	41,666,813		41,666,813		41,666,813	50
51	Recovery Room	3,459,863		3,459,863		3,459,863	51
53	Anesthesiology	1,545,918		1,545,918	65,610	1,611,528	53
54	Radiology-Diagnostic	17,572,951		17,572,951		17,572,951	54
54.01	ULTRASOUND	2,642,271		2,642,271		2,642,271	54.01
57	CT Scan	5,081,119		5,081,119		5,081,119	57
58	MRI	1,546,903		1,546,903		1,546,903	58
59	Cardiac Catheterization	8,620,178		8,620,178	40,285	8,660,463	59
60	Laboratory	22,360,336		22,360,336		22,360,336	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,091,874		3,091,874		3,091,874	63
64	Intravenous Therapy	2,643,508		2,643,508		2,643,508	64
65	Respiratory Therapy	5,416,207		5,416,207		5,416,207	65
66	Physical Therapy	7,077,866		7,077,866		7,077,866	66
68	Speech Pathology	394,021		394,021		394,021	68
69	Electrocardiology	4,234,580		4,234,580		4,234,580	69
70	Electroencephalography	262,657		262,657		262,657	70
70.01	EMG	175,201		175,201		175,201	70.01
70.03	ANGIOGRAPHY	4,166,344		4,166,344		4,166,344	70.03
71	Medical Supplies Charged to Patients	382,326		382,326		382,326	71
72	Impl. Dev. Charged to Patients	21,243,760		21,243,760		21,243,760	72
73	Drugs Charged to Patients	25,294,096		25,294,096		25,294,096	73
74	Renal Dialysis	936,018		936,018		936,018	74
76.97	CARDIAC REHABILITATION	1,077,673		1,077,673		1,077,673	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	1,775,762		1,775,762		1,775,762	90.01
91	Emergency	17,784,202		17,784,202		17,784,202	91
91.01	PCC	4,889,196		4,889,196		4,889,196	91.01
92	Observation Beds (Non-Distinct Part)	12,862,888		12,862,888		12,862,888	92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	16,644,884		16,644,884		16,644,884	101
113	Interest Expense						113
116	Hospice	4,758,549		4,758,549		4,758,549	116
200	Subtotal (sum of lines 30 thru 199)	353,699,608		353,699,608	126,693	353,826,301	200
201	Less Observation Beds	12,862,888		12,862,888		12,862,888	201
202	Total (line 200 minus line 201)	340,836,720		340,836,720		340,963,413	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	134,805,402		134,805,402				30
31	Intensive Care Unit	19,189,118		19,189,118				31
40	Subprovider - IPF	13,741,685		13,741,685				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	108,930,366	127,061,006	235,991,372	0.176561	0.176561	0.176561	50
51	Recovery Room	8,391,174	7,073,244	15,464,418	0.223731	0.223731	0.223731	51
53	Anesthesiology	24,775,065	25,437,131	50,212,196	0.030788	0.030788	0.032094	53
54	Radiology-Diagnostic	23,608,623	54,257,106	77,865,729	0.225683	0.225683	0.225683	54
54.01	ULTRASOUND	11,109,687	18,494,510	29,604,197	0.089253	0.089253	0.089253	54.01
57	CT Scan	55,800,449	101,949,329	157,749,778	0.032210	0.032210	0.032210	57
58	MRI	9,587,729	18,083,158	27,670,887	0.055904	0.055904	0.055904	58
59	Cardiac Catheterization	21,299,756	29,828,278	51,128,034	0.168600	0.168600	0.169388	59
60	Laboratory	120,791,684	112,405,993	233,197,677	0.095886	0.095886	0.095886	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,632,549	2,001,520	7,634,069	0.405010	0.405010	0.405010	63
64	Intravenous Therapy	1,065,908	2,283,579	3,349,487	0.789228	0.789228	0.789228	64
65	Respiratory Therapy	38,109,307	4,923,641	43,032,948	0.125862	0.125862	0.125862	65
66	Physical Therapy	7,779,865	20,000,553	27,780,418	0.254779	0.254779	0.254779	66
68	Speech Pathology	1,154,055	695,266	1,849,321	0.213063	0.213063	0.213063	68
69	Electrocardiology	24,284,975	26,955,814	51,240,789	0.082641	0.082641	0.082641	69
70	Electroencephalography	767,755	464,367	1,232,122	0.213175	0.213175	0.213175	70
70.01	EMG	222,565	2,281,725	2,504,290	0.069960	0.069960	0.069960	70.01
70.03	ANGIOGRAPHY	8,856,515	5,318,700	14,175,215	0.293918	0.293918	0.293918	70.03
71	Medical Supplies Charged to Patients	537,410	217,735	755,145	0.506295	0.506295	0.506295	71
72	Impl. Dev. Charged to Patients	18,737,599	9,992,853	28,730,452	0.739416	0.739416	0.739416	72
73	Drugs Charged to Patients	46,091,642	16,745,837	62,837,479	0.402532	0.402532	0.402532	73
74	Renal Dialysis	2,790,242	203,916	2,994,158	0.312615	0.312615	0.312615	74
76.97	CARDIAC REHABILITATION	515,333	2,302,187	2,817,520	0.382490	0.382490	0.382490	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES							
91	Emergency	5,027	6,297,640	6,302,667	0.281748	0.281748	0.281748	90.01
91	Emergency	53,436,716	96,752,063	150,188,779	0.118412	0.118412	0.118412	91
91.01	PCC	44,155	5,352,726	5,396,881	0.905930	0.905930	0.905930	91.01
92	Observation Beds (Non-Distinct Part)	4,001,139	26,166,548	30,167,687	0.426380	0.426380	0.426380	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		15,667,474	15,667,474				101
113	Interest Expense							113
116	Hospice		8,021,111	8,021,111				116
200	Subtotal (sum of lines 30 thru 199)	766,063,495	747,235,010	1,513,298,505				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	766,063,495	747,235,010	1,513,298,505				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed 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)		
(A)	1	2	3	4	5	6	7		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	9,037,857		9,037,857	87,588	103.19	47,660	4,918,035	30
31	Intensive Care Unit	1,124,583		1,124,583	6,388	176.05	3,892	685,187	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	564,829		564,829	6,492	87.00	1,889	164,343	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,233				43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,727,269		10,727,269	101,701		53,441	5,767,565	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,802,869	235,991,372	0.020352	66,161,458	1,346,518	50
51	Recovery Room	369,979	15,464,418	0.023925	1,111,264	26,587	51
53	Anesthesiology	180,361	50,212,196	0.003592	2,816,407	10,117	53
54	Radiology-Diagnostic	2,583,480	77,865,729	0.033179	15,571,551	516,648	54
54.01	ULTRASOUND	169,184	29,604,197	0.005715	6,731,841	38,472	54.01
57	CT Scan	324,327	157,749,778	0.002056	32,820,538	67,479	57
58	MRI	179,803	27,670,887	0.006498	5,482,693	35,627	58
59	Cardiac Catheterization	1,064,715	51,128,034	0.020824	10,666,008	222,109	59
60	Laboratory	2,180,468	233,197,677	0.009350	73,669,787	688,813	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	70,987	7,634,069	0.009299	834,976	7,764	63
64	Intravenous Therapy	110,899	3,349,487	0.033109	627,101	20,763	64
65	Respiratory Therapy	333,203	43,032,948	0.007743	23,976,584	185,651	65
66	Physical Therapy	507,604	27,780,418	0.018272	5,830,938	106,543	66
68	Speech Pathology	9,539	1,849,321	0.005158	208,372	1,075	68
69	Electrocardiology	452,060	51,240,789	0.008822	13,603,430	120,009	69
70	Electroencephalography	31,616	1,232,122	0.025660	450,974	11,572	70
70.01	EMG	8,706	2,504,290	0.003476	143,302	498	70.01
70.03	ANGIOGRAPHY	329,025	14,175,215	0.023211	5,575,350	129,409	70.03
71	Medical Supplies Charged to Pat	8,084	755,145	0.010705	285,832	3,060	71
72	Impl. Dev. Charged to Patients	435,779	28,730,452	0.015168	12,829,764	194,602	72
73	Drugs Charged to Patients	1,266,832	62,837,479	0.020160	26,707,554	538,424	73
74	Renal Dialysis	22,415	2,994,158	0.007486	1,670,052	12,502	74
76.97	CARDIAC REHABILITATION	26,797	2,817,520	0.009511	285,590	2,716	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	38,176	6,302,667	0.006057	140	1	90.01
91	Emergency	1,689,408	150,188,779	0.011249	30,452,981	342,566	91
91.01	PCC	362,970	5,396,881	0.067256	24,447	1,644	91.01
92	Observation Beds (Non-Distinct	1,247,108	30,167,687	0.041339			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	18,806,394	1,321,873,715		338,538,934	4,631,169	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	87,588		47,660		30
31	Intensive Care Unit	6,388		3,892		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	6,492		1,889		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,233				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	101,701		53,441		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0062

**WORKSHEET D
PART IV**

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

(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)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			277,378		277,378	277,378	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			277,378		277,378	277,378	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0062

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	235,991,372			66,161,458		51,493,482		50
51	Recovery Room	15,464,418			1,111,264		525,909		51
53	Anesthesiology	50,212,196			2,816,407		1,819,064		53
54	Radiology-Diagnostic	77,865,729			15,571,551		20,290,079		54
54.01	ULTRASOUND	29,604,197			6,731,841		6,610,171		54.01
57	CT Scan	157,749,778			32,820,538		38,474,316		57
58	MRI	27,670,887			5,482,693		6,632,725		58
59	Cardiac Catheterization	51,128,034			10,666,008		18,471,561		59
60	Laboratory	233,197,677			73,669,787		22,298,640		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,634,069			834,976		112,034		63
64	Intravenous Therapy	3,349,487			627,101		636,581		64
65	Respiratory Therapy	43,032,948			23,976,584		2,290,432		65
66	Physical Therapy	27,780,418			5,830,938		3,600,458		66
68	Speech Pathology	1,849,321			208,372		6,749		68
69	Electrocardiology	51,240,789			13,603,430		8,567,754		69
70	Electroencephalography	1,232,122			450,974		187,816		70
70.01	EMG	2,504,290			143,302		925,463		70.01
70.03	ANGIOGRAPHY	14,175,215			5,575,350		2,918,362		70.03
71	Medical Supplies Charged to Pat	755,145			285,832		58,644		71
72	Impl. Dev. Charged to Patients	28,730,452			12,829,764				72
73	Drugs Charged to Patients	62,837,479	0.004414	0.004414	26,707,554	117,887	5,431,388	23,974	73
74	Renal Dialysis	2,994,158			1,670,052		102,989		74
76.97	CARDIAC REHABILITATION	2,817,520			285,590		1,395,002		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCHE SERVICES	6,302,667			140		901,567		90.01
91	Emergency	150,188,779			30,452,981		25,226,818		91
91.01	PCC	5,396,881			24,447		862,563		91.01
92	Observation Beds (Non-Distinct	30,167,687					10,489,281		92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,321,873,715			338,538,934	117,887	230,329,848	23,974	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176561	51,493,482			9,091,741			50
51	Recovery Room	0.223731	525,909			117,662			51
53	Anesthesiology	0.030788	1,819,064			56,005			53
54	Radiology-Diagnostic	0.225683	20,290,079			4,579,126			54
54.01	ULTRASOUND	0.089253	6,610,171			589,978			54.01
57	CT Scan	0.032210	38,474,316			1,239,258			57
58	MRI	0.055904	6,632,725			370,796			58
59	Cardiac Catheterization	0.168600	18,471,561			3,114,305			59
60	Laboratory	0.095886	22,298,640		396	2,138,127		38	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.405010	112,034			45,375			63
64	Intravenous Therapy	0.789228	636,581			502,408			64
65	Respiratory Therapy	0.125862	2,290,432			288,278			65
66	Physical Therapy	0.254779	3,600,458			917,321			66
68	Speech Pathology	0.213063	6,749			1,438			68
69	Electrocardiology	0.082641	8,567,754			708,048			69
70	Electroencephalography	0.213175	187,816			40,038			70
70.01	EMG	0.069960	925,463			64,745			70.01
70.03	ANGIOGRAPHY	0.293918	2,918,362			857,759			70.03
71	Medical Supplies Charged to Pat	0.506295	58,644			29,691			71
72	Impl. Dev. Charged to Patients	0.739416							72
73	Drugs Charged to Patients	0.402532	5,431,388		72,818	2,186,307		29,312	73
74	Renal Dialysis	0.312615	102,989			32,196			74
76.97	CARDIAC REHABILITATION	0.382490	1,395,002			533,574			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	0.281748	901,567			254,015			90.01
91	Emergency	0.118412	25,226,818			2,987,158			91
91.01	PCC	0.905930	862,563			781,422			91.01
92	Observation Beds (Non-Distinct	0.426380	10,489,281			4,472,420			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		230,329,848		73,214	35,999,191		29,350	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		230,329,848		73,214	35,999,191		29,350	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,802,869	235,991,372	0.020352	19,507	397	50
51	Recovery Room	369,979	15,464,418	0.023925	1,283	31	51
53	Anesthesiology	180,361	50,212,196	0.003592	2,421	9	53
54	Radiology-Diagnostic	2,583,480	77,865,729	0.033179	53,727	1,783	54
54.01	ULTRASOUND	169,184	29,604,197	0.005715	22,619	129	54.01
57	CT Scan	324,327	157,749,778	0.002056	161,562	332	57
58	MRI	179,803	27,670,887	0.006498	75,177	489	58
59	Cardiac Catheterization	1,064,715	51,128,034	0.020824			59
60	Laboratory	2,180,468	233,197,677	0.009350	856,851	8,012	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	70,987	7,634,069	0.009299	1,923	18	63
64	Intravenous Therapy	110,899	3,349,487	0.033109	2,478	82	64
65	Respiratory Therapy	333,203	43,032,948	0.007743	73,541	569	65
66	Physical Therapy	507,604	27,780,418	0.018272	43,167	789	66
68	Speech Pathology	9,539	1,849,321	0.005158	4,473	23	68
69	Electrocardiology	452,060	51,240,789	0.008822	47,232	417	69
70	Electroencephalography	31,616	1,232,122	0.025660	14,752	379	70
70.01	EMG	8,706	2,504,290	0.003476	4,202	15	70.01
70.03	ANGIOGRAPHY	329,025	14,175,215	0.023211			70.03
71	Medical Supplies Charged to Pat	8,084	755,145	0.010705	1,531	16	71
72	Impl. Dev. Charged to Patients	435,779	28,730,452	0.015168			72
73	Drugs Charged to Patients	1,266,832	62,837,479	0.020160	196,592	3,963	73
74	Renal Dialysis	22,415	2,994,158	0.007486	6,064	45	74
76.97	CARDIAC REHABILITATION	26,797	2,817,520	0.009511			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	38,176	6,302,667	0.006057	1,842	11	90.01
91	Emergency	1,689,408	150,188,779	0.011249	590,845	6,646	91
91.01	PCC	362,970	5,396,881	0.067256			91.01
92	Observation Beds (Non-Distinct)		30,167,687				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,559,286	1,321,873,715		2,181,789	24,155	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S062

**WORKSHEET D
PART IV**

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

(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)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			277,378		277,378	277,378	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			277,378		277,378	277,378	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S062

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	235,991,372			19,507				50
51	Recovery Room	15,464,418			1,283				51
53	Anesthesiology	50,212,196			2,421				53
54	Radiology-Diagnostic	77,865,729			53,727				54
54.01	ULTRASOUND	29,604,197			22,619				54.01
57	CT Scan	157,749,778			161,562				57
58	MRI	27,670,887			75,177				58
59	Cardiac Catheterization	51,128,034							59
60	Laboratory	233,197,677			856,851				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,634,069			1,923				63
64	Intravenous Therapy	3,349,487			2,478				64
65	Respiratory Therapy	43,032,948			73,541				65
66	Physical Therapy	27,780,418			43,167				66
68	Speech Pathology	1,849,321			4,473				68
69	Electrocardiology	51,240,789			47,232				69
70	Electroencephalography	1,232,122			14,752				70
70.01	EMG	2,504,290			4,202				70.01
70.03	ANGIOGRAPHY	14,175,215							70.03
71	Medical Supplies Charged to Pat	755,145			1,531				71
72	Impl. Dev. Charged to Patients	28,730,452							72
73	Drugs Charged to Patients	62,837,479	0.004414	0.004414	196,592	868			73
74	Renal Dialysis	2,994,158			6,064				74
76.97	CARDIAC REHABILITATION	2,817,520							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	6,302,667			1,842				90.01
91	Emergency	150,188,779			590,845				91
91.01	PCC	5,396,881							91.01
92	Observation Beds (Non-Distinct)	30,167,687							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,321,873,715			2,181,789	868			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.176561						50
51	Recovery Room	0.223731						51
53	Anesthesiology	0.030788						53
54	Radiology-Diagnostic	0.225683						54
54.01	ULTRASOUND	0.089253						54.01
57	CT Scan	0.032210						57
58	MRI	0.055904						58
59	Cardiac Catheterization	0.168600						59
60	Laboratory	0.095886						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.405010						63
64	Intravenous Therapy	0.789228						64
65	Respiratory Therapy	0.125862						65
66	Physical Therapy	0.254779						66
68	Speech Pathology	0.213063						68
69	Electrocardiology	0.082641						69
70	Electroencephalography	0.213175						70
70.01	EMG	0.069960						70.01
70.03	ANGIOGRAPHY	0.293918						70.03
71	Medical Supplies Charged to Pat	0.506295						71
72	Impl. Dev. Charged to Patients	0.739416						72
73	Drugs Charged to Patients	0.402532						73
74	Renal Dialysis	0.312615						74
76.97	CARDIAC REHABILITATION	0.382490						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	0.281748						90.01
91	Emergency	0.118412						91
91.01	PCC	0.905930						91.01
92	Observation Beds (Non-Distinct	0.426380						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

	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)		
(A)	1	2	3	4	5	6	7		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	9,037,857		9,037,857	87,588	103.19	1,892	195,235	30
31	Intensive Care Unit	1,124,583		1,124,583	6,388	176.05	184	32,393	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	564,829		564,829	6,492	87.00	636	55,332	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,233		154		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,727,269		10,727,269	101,701		2,866	282,960	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0062

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,802,869	235,991,372	0.020352	6,270,014	127,607	50
51	Recovery Room	369,979	15,464,418	0.023925	71,885	1,720	51
53	Anesthesiology	180,361	50,212,196	0.003592	210,183	755	53
54	Radiology-Diagnostic	2,583,480	77,865,729	0.033179	1,629,661	54,071	54
54.01	ULTRASOUND	169,184	29,604,197	0.005715	797,791	4,559	54.01
57	CT Scan	324,327	157,749,778	0.002056	4,668,627	9,599	57
58	MRI	179,803	27,670,887	0.006498	826,146	5,368	58
59	Cardiac Catheterization	1,064,715	51,128,034	0.020824	1,521,907	31,692	59
60	Laboratory	2,180,468	233,197,677	0.009350	8,897,043	83,187	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	70,987	7,634,069	0.009299	76,143	708	63
64	Intravenous Therapy	110,899	3,349,487	0.033109	100,040	3,312	64
65	Respiratory Therapy	333,203	43,032,948	0.007743	2,319,918	17,963	65
66	Physical Therapy	507,604	27,780,418	0.018272	260,127	4,753	66
68	Speech Pathology	9,539	1,849,321	0.005158	11,751	61	68
69	Electrocardiology	452,060	51,240,789	0.008822	1,331,187	11,744	69
70	Electroencephalography	31,616	1,232,122	0.025660	64,739	1,661	70
70.01	EMG	8,706	2,504,290	0.003476	21,161	74	70.01
70.03	ANGIOGRAPHY	329,025	14,175,215	0.023211	389,749	9,046	70.03
71	Medical Supplies Charged to Pat	8,084	755,145	0.010705	42,460	455	71
72	Impl. Dev. Charged to Patients	435,779	28,730,452	0.015168	323,297	4,904	72
73	Drugs Charged to Patients	1,266,832	62,837,479	0.020160	3,090,276	62,300	73
74	Renal Dialysis	22,415	2,994,158	0.007486	269,490	2,017	74
76.97	CARDIAC REHABILITATION	26,797	2,817,520	0.009511	29,101	277	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	38,176	6,302,667	0.006057			90.01
91	Emergency	1,689,408	150,188,779	0.011249	4,458,830	50,157	91
91.01	PCC	362,970	5,396,881	0.067256	1,834	123	91.01
92	Observation Beds (Non-Distinct	1,247,108	30,167,687	0.041339			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	18,806,394	1,321,873,715		37,683,360	488,113	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	87,588		1,892		30
31	Intensive Care Unit	6,388		184		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	6,492		636		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,233		154		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	101,701		2,866		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0062

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			277,378		277,378	277,378	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			277,378		277,378	277,378	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0062

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	235,991,372			6,270,014				50
51	Recovery Room	15,464,418			71,885				51
53	Anesthesiology	50,212,196			210,183				53
54	Radiology-Diagnostic	77,865,729			1,629,661				54
54.01	ULTRASOUND	29,604,197			797,791				54.01
57	CT Scan	157,749,778			4,668,627				57
58	MRI	27,670,887			826,146				58
59	Cardiac Catheterization	51,128,034			1,521,907				59
60	Laboratory	233,197,677			8,897,043				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,634,069			76,143				63
64	Intravenous Therapy	3,349,487			100,040				64
65	Respiratory Therapy	43,032,948			2,319,918				65
66	Physical Therapy	27,780,418			260,127				66
68	Speech Pathology	1,849,321			11,751				68
69	Electrocardiology	51,240,789			1,331,187				69
70	Electroencephalography	1,232,122			64,739				70
70.01	EMG	2,504,290			21,161				70.01
70.03	ANGIOGRAPHY	14,175,215			389,749				70.03
71	Medical Supplies Charged to Pat	755,145			42,460				71
72	Impl. Dev. Charged to Patients	28,730,452			323,297				72
73	Drugs Charged to Patients	62,837,479	0.004414	0.004414	3,090,276	13,640			73
74	Renal Dialysis	2,994,158			269,490				74
76.97	CARDIAC REHABILITATION	2,817,520			29,101				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	6,302,667							90.01
91	Emergency	150,188,779			4,458,830				91
91.01	PCC	5,396,881			1,834				91.01
92	Observation Beds (Non-Distinct	30,167,687							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,321,873,715			37,683,360	13,640			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.176561						50
51	Recovery Room	0.223731						51
53	Anesthesiology	0.030788						53
54	Radiology-Diagnostic	0.225683						54
54.01	ULTRASOUND	0.089253						54.01
57	CT Scan	0.032210						57
58	MRI	0.055904						58
59	Cardiac Catheterization	0.168600						59
60	Laboratory	0.095886						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.405010						63
64	Intravenous Therapy	0.789228						64
65	Respiratory Therapy	0.125862						65
66	Physical Therapy	0.254779						66
68	Speech Pathology	0.213063						68
69	Electrocardiology	0.082641						69
70	Electroencephalography	0.213175						70
70.01	EMG	0.069960						70.01
70.03	ANGIOGRAPHY	0.293918						70.03
71	Medical Supplies Charged to Pat	0.506295						71
72	Impl. Dev. Charged to Patients	0.739416						72
73	Drugs Charged to Patients	0.402532						73
74	Renal Dialysis	0.312615						74
76.97	CARDIAC REHABILITATION	0.382490						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	0.281748						90.01
91	Emergency	0.118412						91
91.01	PCC	0.905930						91.01
92	Observation Beds (Non-Distinct	0.426380						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,802,869	235,991,372	0.020352	15,651	319	50
51	Recovery Room	369,979	15,464,418	0.023925			51
53	Anesthesiology	180,361	50,212,196	0.003592			53
54	Radiology-Diagnostic	2,583,480	77,865,729	0.033179	43,603	1,447	54
54.01	ULTRASOUND	169,184	29,604,197	0.005715	38,200	218	54.01
57	CT Scan	324,327	157,749,778	0.002056	182,497	375	57
58	MRI	179,803	27,670,887	0.006498	54,546	354	58
59	Cardiac Catheterization	1,064,715	51,128,034	0.020824			59
60	Laboratory	2,180,468	233,197,677	0.009350	1,159,748	10,844	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	70,987	7,634,069	0.009299			63
64	Intravenous Therapy	110,899	3,349,487	0.033109	46	2	64
65	Respiratory Therapy	333,203	43,032,948	0.007743	36,606	283	65
66	Physical Therapy	507,604	27,780,418	0.018272	5,738	105	66
68	Speech Pathology	9,539	1,849,321	0.005158			68
69	Electrocardiology	452,060	51,240,789	0.008822	54,938	485	69
70	Electroencephalography	31,616	1,232,122	0.025660	11,747	301	70
70.01	EMG	8,706	2,504,290	0.003476			70.01
70.03	ANGIOGRAPHY	329,025	14,175,215	0.023211			70.03
71	Medical Supplies Charged to Pat	8,084	755,145	0.010705	942	10	71
72	Impl. Dev. Charged to Patients	435,779	28,730,452	0.015168			72
73	Drugs Charged to Patients	1,266,832	62,837,479	0.020160	172,877	3,485	73
74	Renal Dialysis	22,415	2,994,158	0.007486			74
76.97	CARDIAC REHABILITATION	26,797	2,817,520	0.009511			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	38,176	6,302,667	0.006057			90.01
91	Emergency	1,689,408	150,188,779	0.011249	1,062,090	11,947	91
91.01	PCC	362,970	5,396,881	0.067256			91.01
92	Observation Beds (Non-Distinct)		30,167,687				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,559,286	1,321,873,715		2,839,229	30,175	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S062

**WORKSHEET D
PART IV**

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

(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)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			277,378		277,378	277,378	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			277,378		277,378	277,378	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S062

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	235,991,372			15,651				50
51	Recovery Room	15,464,418							51
53	Anesthesiology	50,212,196							53
54	Radiology-Diagnostic	77,865,729			43,603				54
54.01	ULTRASOUND	29,604,197			38,200				54.01
57	CT Scan	157,749,778			182,497				57
58	MRI	27,670,887			54,546				58
59	Cardiac Catheterization	51,128,034							59
60	Laboratory	233,197,677			1,159,748				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,634,069							63
64	Intravenous Therapy	3,349,487			46				64
65	Respiratory Therapy	43,032,948			36,606				65
66	Physical Therapy	27,780,418			5,738				66
68	Speech Pathology	1,849,321							68
69	Electrocardiology	51,240,789			54,938				69
70	Electroencephalography	1,232,122			11,747				70
70.01	EMG	2,504,290							70.01
70.03	ANGIOGRAPHY	14,175,215							70.03
71	Medical Supplies Charged to Pat	755,145			942				71
72	Impl. Dev. Charged to Patients	28,730,452							72
73	Drugs Charged to Patients	62,837,479	0.004414	0.004414	172,877	763			73
74	Renal Dialysis	2,994,158							74
76.97	CARDIAC REHABILITATION	2,817,520							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	OUTPATIENT PSYCHE SERVICES	6,302,667							90.01
91	Emergency	150,188,779			1,062,090				91
91.01	PCC	5,396,881							91.01
92	Observation Beds (Non-Distinct	30,167,687							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,321,873,715			2,839,229	763			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.176561							50
51	Recovery Room	0.223731							51
53	Anesthesiology	0.030788							53
54	Radiology-Diagnostic	0.225683							54
54.01	ULTRASOUND	0.089253							54.01
57	CT Scan	0.032210							57
58	MRI	0.055904							58
59	Cardiac Catheterization	0.168600							59
60	Laboratory	0.095886							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.405010							63
64	Intravenous Therapy	0.789228							64
65	Respiratory Therapy	0.125862							65
66	Physical Therapy	0.254779							66
68	Speech Pathology	0.213063							68
69	Electrocardiology	0.082641							69
70	Electroencephalography	0.213175							70
70.01	EMG	0.069960							70.01
70.03	ANGIOGRAPHY	0.293918							70.03
71	Medical Supplies Charged to Pat	0.506295							71
72	Impl. Dev. Charged to Patients	0.739416							72
73	Drugs Charged to Patients	0.402532							73
74	Renal Dialysis	0.312615							74
76.97	CARDIAC REHABILITATION	0.382490							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	0.281748							90.01
91	Emergency	0.118412							91
91.01	PCC	0.905930							91.01
92	Observation Beds (Non-Distinct)	0.426380							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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/IID [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)	87,588	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	87,588	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	75,502	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)	47,660	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)	93,218,458	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)	93,218,458	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)	93,218,458	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,064.28	38
39	Program general inpatient routine service cost (line 9 x line 38)					50,723,585	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)					50,723,585	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	13,246,392	6,388	2,073.64	3,892	8,070,607	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)					59,261,158	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					118,055,350	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,603,222	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,749,056	51
52	Total Program excludable cost (sum of lines 50 and 51)					10,352,278	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					107,703,072	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	12,086	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,064.28	88				
89	Observation bed cost (line 87 x line 88) (see instructions)	12,862,888	89				
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	9,037,857	93,218,458	0.096954	12,862,888	1,247,108	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

WORKSHEET D-1
PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [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)	6,492	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,492	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)	6,492	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)	1,889	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)	7,647,592	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)	7,647,592	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)	7,647,592	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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 [XX] Title XVIII, Part A [XX] 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)	1,178.00	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,225,242	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)	2,225,242	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	293,092	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,518,334	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	164,343	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	25,023	51
52	Total Program excludable cost (sum of lines 50 and 51)	189,366	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,328,968	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

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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/IID [XX] PPS
 Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	87,588	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	87,588	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	75,502	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)	1,892	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	1,233	15
16	Nursery days (title V or XIX only)	154	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)	93,218,458	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)	93,218,458	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)	93,218,458	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,064.28	38	
39	Program general inpatient routine service cost (line 9 x line 38)					2,013,618	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)					2,013,618	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5		
	Intensive Care Type Inpatient Hospital Units							
			1,233		154		42	
43	Intensive Care Unit	13,246,392	6,388	2,073.64	184	381,550	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)					5,716,226	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					8,111,394	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					227,628	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					501,753	51
52	Total Program excludable cost (sum of lines 50 and 51)					729,381	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					7,382,013	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	12,086	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		88				
89	Observation bed cost (line 87 x line 88) (see instructions)		89				
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,492	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,492	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)	6,492	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)	636	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)	7,647,592	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)	7,647,592	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)	7,647,592	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,178.00	38
39	Program general inpatient routine service cost (line 9 x line 38)	749,208	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)	749,208	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	345,122	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,094,330	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	55,332	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	30,938	51
52	Total Program excludable cost (sum of lines 50 and 51)	86,270	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,008,060	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		84,492,670		30
31	Intensive Care Unit		11,504,119		31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176561	66,161,458	11,681,533	50
51	Recovery Room	0.223731	1,111,264	248,624	51
53	Anesthesiology	0.032094	2,816,407	90,390	53
54	Radiology-Diagnostic	0.225683	15,571,551	3,514,234	54
54.01	ULTRASOUND	0.089253	6,731,841	600,837	54.01
57	CT Scan	0.032210	32,820,538	1,057,150	57
58	MRI	0.055904	5,482,693	306,504	58
59	Cardiac Catheterization	0.169388	10,666,008	1,806,694	59
60	Laboratory	0.095886	73,669,787	7,063,901	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.405010	834,976	338,174	63
64	Intravenous Therapy	0.789228	627,101	494,926	64
65	Respiratory Therapy	0.125862	23,976,584	3,017,741	65
66	Physical Therapy	0.254779	5,830,938	1,485,601	66
68	Speech Pathology	0.213063	208,372	44,396	68
69	Electrocardiology	0.082641	13,603,430	1,124,201	69
70	Electroencephalography	0.213175	450,974	96,136	70
70.01	EMG	0.069960	143,302	10,025	70.01
70.03	ANGIOGRAPHY	0.293918	5,575,350	1,638,696	70.03
71	Medical Supplies Charged to Patients	0.506295	285,832	144,715	71
72	Impl. Dev. Charged to Patients	0.739416	12,829,764	9,486,533	72
73	Drugs Charged to Patients	0.402532	26,707,554	10,750,645	73
74	Renal Dialysis	0.312615	1,670,052	522,083	74
76.97	CARDIAC REHABILITATION	0.382490	285,590	109,235	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.281748	140	39	90.01
91	Emergency	0.118412	30,452,981	3,605,998	91
91.01	PCC	0.905930	24,447	22,147	91.01
92	Observation Beds (Non-Distinct Part)	0.426380			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		338,538,934	59,261,158	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		338,538,934		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		3,897,311		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176561	19,507	3,444	50
51	Recovery Room	0.223731	1,283	287	51
53	Anesthesiology	0.032094	2,421	78	53
54	Radiology-Diagnostic	0.225683	53,727	12,125	54
54.01	ULTRASOUND	0.089253	22,619	2,019	54.01
57	CT Scan	0.032210	161,562	5,204	57
58	MRI	0.055904	75,177	4,203	58
59	Cardiac Catheterization	0.169388			59
60	Laboratory	0.095886	856,851	82,160	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.405010	1,923	779	63
64	Intravenous Therapy	0.789228	2,478	1,956	64
65	Respiratory Therapy	0.125862	73,541	9,256	65
66	Physical Therapy	0.254779	43,167	10,998	66
68	Speech Pathology	0.213063	4,473	953	68
69	Electrocardiology	0.082641	47,232	3,903	69
70	Electroencephalography	0.213175	14,752	3,145	70
70.01	EMG	0.069960	4,202	294	70.01
70.03	ANGIOGRAPHY	0.293918			70.03
71	Medical Supplies Charged to Patients	0.506295	1,531	775	71
72	Impl. Dev. Charged to Patients	0.739416			72
73	Drugs Charged to Patients	0.402532	196,592	79,135	73
74	Renal Dialysis	0.312615	6,064	1,896	74
76.97	CARDIAC REHABILITATION	0.382490			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.281748	1,842	519	90.01
91	Emergency	0.118412	590,845	69,963	91
91.01	PCC	0.905930			91.01
92	Observation Beds (Non-Distinct Part)	0.426380			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,181,789	293,092	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,181,789		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		9,096,908		30
31	Intensive Care Unit		1,637,818		31
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176561	6,270,014	1,107,040	50
51	Recovery Room	0.223731	71,885	16,083	51
53	Anesthesiology	0.032094	210,183	6,746	53
54	Radiology-Diagnostic	0.225683	1,629,661	367,787	54
54.01	ULTRASOUND	0.089253	797,791	71,205	54.01
57	CT Scan	0.032210	4,668,627	150,376	57
58	MRI	0.055904	826,146	46,185	58
59	Cardiac Catheterization	0.169388	1,521,907	257,793	59
60	Laboratory	0.095886	8,897,043	853,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.405010	76,143	30,839	63
64	Intravenous Therapy	0.789228	100,040	78,954	64
65	Respiratory Therapy	0.125862	2,319,918	291,990	65
66	Physical Therapy	0.254779	260,127	66,275	66
68	Speech Pathology	0.213063	11,751	2,504	68
69	Electrocardiology	0.082641	1,331,187	110,011	69
70	Electroencephalography	0.213175	64,739	13,801	70
70.01	EMG	0.069960	21,161	1,480	70.01
70.03	ANGIOGRAPHY	0.293918	389,749	114,554	70.03
71	Medical Supplies Charged to Patients	0.506295	42,460	21,497	71
72	Impl. Dev. Charged to Patients	0.739416	323,297	239,051	72
73	Drugs Charged to Patients	0.402532	3,090,276	1,243,935	73
74	Renal Dialysis	0.312615	269,490	84,247	74
76.97	CARDIAC REHABILITATION	0.382490	29,101	11,131	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.281748			90.01
91	Emergency	0.118412	4,458,830	527,979	91
91.01	PCC	0.905930	1,834	1,661	91.01
92	Observation Beds (Non-Distinct Part)	0.426380			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		37,683,360	5,716,226	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		37,683,360		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S062

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		3,519,174		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.176561	15,651	2,763	50
51	Recovery Room	0.223731			51
53	Anesthesiology	0.032094			53
54	Radiology-Diagnostic	0.225683	43,603	9,840	54
54.01	ULTRASOUND	0.089253	38,200	3,409	54.01
57	CT Scan	0.032210	182,497	5,878	57
58	MRI	0.055904	54,546	3,049	58
59	Cardiac Catheterization	0.169388			59
60	Laboratory	0.095886	1,159,748	111,204	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.405010			63
64	Intravenous Therapy	0.789228	46	36	64
65	Respiratory Therapy	0.125862	36,606	4,607	65
66	Physical Therapy	0.254779	5,738	1,462	66
68	Speech Pathology	0.213063			68
69	Electrocardiology	0.082641	54,938	4,540	69
70	Electroencephalography	0.213175	11,747	2,504	70
70.01	EMG	0.069960			70.01
70.03	ANGIOGRAPHY	0.293918			70.03
71	Medical Supplies Charged to Patients	0.506295	942	477	71
72	Impl. Dev. Charged to Patients	0.739416			72
73	Drugs Charged to Patients	0.402532	172,877	69,589	73
74	Renal Dialysis	0.312615			74
76.97	CARDIAC REHABILITATION	0.382490			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.281748			90.01
91	Emergency	0.118412	1,062,090	125,764	91
91.01	PCC	0.905930			91.01
92	Observation Beds (Non-Distinct Part)	0.426380			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,839,229	345,122	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,839,229		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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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)	63,297,322			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	21,099,107			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)	894,937			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)	283.98			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)				30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1549			31
32	Sum of lines 30 and 31	0.1549			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

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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)	85,291,366			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)	85,291,366			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,099,999			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	68,850			53
54	Special add-on payments for new technologies	14,482			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	117,887			58
59	Total (sum of amounts on lines 49 through 58)	92,592,584			59
60	Primary payer payments	17,605			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	92,574,979			61
62	Deductibles billed to program beneficiaries	8,582,084			62
63	Coinsurance billed to program beneficiaries	264,838			63
64	Allowable bad debts (see instructions)	561,373			64
65	Adjusted reimbursable bad debts (see instructions)	364,892			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	403,294			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	84,092,949			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	379,250			70.93
70.94	HRR adjustment amount (see instructions)	-298,068			70.94
70.99	HAC adjustment amount (see instructions)	930,832			70.99
71	Amount due provider (see instructions)	83,243,299			71
71.01	Sequestration adjustment (see instructions)	1,664,866			71.01
72	Interim payments	81,221,102			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	357,331			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

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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	63,297,322	63,297,322	63,297,322	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	21,099,107		21,099,107	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	894,937	671,203	894,937	2
2.01	Outlier payment for discharges for Model 4 BPCI				2.01
3	Operating outlier reconciliation				3
4	Managed Care Simulated Payments				4
	Indirect Medical Education Adjustment				
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
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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
	Disproportionate Share Adjustment				
10	Allowable disproportionate share percentage				10
11	Disproportionate share adjustment				11
11.01	Uncompensated care payments				11.01
	Additional payment for high percentage of ESRD beneficiary discharges				
12	Total ESRD additional payment				12
13	Subtotal	85,291,366	63,968,525	85,291,366	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	85,291,366	63,968,525	85,291,366	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	7,099,999	5,324,999	7,099,999	16
17	Special add-on payments for new technologies	14,482	14,482	14,482	17
17.01	DO NOT USE THIS LINE				17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG				17.02
18	Capital outlier reconciliation adjustment amount				18
19	SUBTOTAL		69,308,006	92,405,847	19
20	Capital DRG other than outlier	6,785,736	5,089,302	6,785,736	20
20.01	Model 4 BPCI Capital DRG other than outlier				20.01
21	Capital DRG outlier payments	81,512	61,134	81,512	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	0.0343	0.0343		24
25	Disproportionate share adjustment	232,751	174,563	232,751	25
26	Total prospective capital payments	7,099,999	5,324,999	7,099,999	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	379,250	284,438	379,250	30
30.01	HVBP payment adjustment for HSP bonus payment				30.01
31	HRR adjustment	-298,068	223,551	298,068	31
31.01	HRR adjustment for HSP bonus payment				31.01
32	HAC Reduction Program adjustment		698,160	930,832	32

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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)	29,350			1
2	Medical and other services reimbursed under OPPTS (see instructions)	35,975,217			2
3	PPS payments	31,196,488			3
4	Outlier payment (see instructions)	28,967			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	23,974			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	29,350			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	73,214			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)	73,214			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	73,214			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	43,864			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)	29,350			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)	31,249,429			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	6,063,286			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)	25,215,493			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)	25,215,493			30
31	Primary payer payments	1,437			31
32	Subtotal (line 30 minus line 31)	25,214,056			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	316,243			34
35	Adjusted reimbursable bad debts (see instructions)	205,558			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	277,475			36
37	Subtotal (see instructions)	25,419,614			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)	25,419,614			40
40.01	Sequestration adjustment (see instructions)	508,392			40.01
41	Interim payments	24,789,430			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	121,792			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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S062

WORKSHEET E
PART B

Check applicable box: [] Hospital [XX] 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
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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		80,906,763		24,664,089
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		374,885		162,657
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	08/18/2016	08/18/2016	37,316
	Provider	.52	60,546		3.51
	to	.53			3.52
	Program	.54			3.53
		.55			3.54
		.56			3.55
		.57			3.56
		.58			3.57
		.59			3.58
		.99			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-60,546		-37,316
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)		81,221,102		24,789,430
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
		.99			5.99
	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)		357,331		121,792
7	Total Medicare program liability (see instructions)		81,578,433		24,911,222
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S062

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		1,317,290		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)		1,317,290		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	19,616		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		1,336,906		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.

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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)	18,278	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	51,552	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,436	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	81,890	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,513,298,505	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	8,793,791	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)	966,199	8
9	Sequestration adjustment amount (see instructions)	19,324	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	946,875	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	892,919	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	53,956	32

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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)	1,562,837	1
2	Net IPF PPS Outlier payment	7,258	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)	17.737705	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)	1,570,095	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)	1,570,095	16
17	Primary payer payments	614	17
18	Subtotal (line 16 less line 17)	1,569,481	18
19	Deductibles	189,224	19
20	Subtotal (line 18 minus line 19)	1,380,257	20
21	Coinsurance	36,064	21
22	Subtotal (line 20 minus line 21)	1,344,193	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	29,429	23
24	Adjusted reimbursable bad debts (see instructions)	19,129	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	29,429	25
26	Subtotal (sum of lines 22 and 24)	1,363,322	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)	868	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)	1,364,190	31
31.01	Sequestration adjustment (see instructions)	27,284	31.01
32	Interim payments	1,317,290	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	19,616	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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S062

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9	2,839,229		9
10			10
11			11
12	2,839,229		12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	2,839,229		16
17	2,839,229		17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26	763		26
27	763		27
28			28
29	763		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	763		31
32			32
33			33
34			34
35			35
36	763		36
37			37
38	763		38
39			39
40	763		40
41			41
42	763		42
43			43

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	3,930,000				1
2	Temporary investments	135,114,000				2
3	Notes receivable					3
4	Accounts receivable	264,796,000				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-203,264,000				6
7	Inventory	2,391,000				7
8	Prepaid expenses					8
9	Other current assets	52,707,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	255,674,000				11
FIXED ASSETS						
12	Land	9,930,000				12
13	Land improvements	7,051,000				13
14	Accumulated depreciation	-6,195,000				14
15	Buildings	496,542,000				15
16	Accumulated depreciation	-137,215,000				16
17	Leasehold improvements	46,932,000				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	203,600,000				23
24	Accumulated depreciation	-100,751,000				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)	519,894,000				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	11,080,000				34
35	Total other assets (sum of lines 31-34)	11,080,000				35
36	Total assets (sum of lines 11, 30 and 35)	786,648,000				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	18,629,000				37
38	Salaries, wages and fees payable	40,002,000				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	60,311,000				44
45	Total current liabilities (sum of lines 37 thru 44)	118,942,000				45
LONG TERM LIABILITIES						
46	Mortgage payable	360,274,000				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	32,580,000				49
50	Total long term liabilities (sum of lines 46 thru 49)	392,854,000				50
51	Total liabilities (sum of lines 45 and 50)	511,796,000				51
CAPITAL ACCOUNTS						
52	General fund balance	274,852,000				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)	274,852,000				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	786,648,000				60

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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		179,096,964			1
2	Net income (loss) (from Worksheet G-3, line 29)		9,381,195			2
3	Total (sum of line 1 and line 2)		188,478,159			3
4	Additions (credit adjustments) (specify)	109,392				4
5	CONTRIBUTIONS					5
6	UNREALIZED GAINS	411,285				6
7	TRANSFER FROM AFFILIATE					7
8						8
9						9
10	Total additions (sum of lines 4-9)		520,677			10
11	Subtotal (line 3 plus line 10)		188,998,836			11
12	Deductions (debit adjustments) (specify)					12
13	UNREALIZED LOSSES					13
14	TRANSFER TO AFFILIATE	85,851,405				14
15	LOSS ON EARLY DEBT EXTINGUISHMENT					15
16						16
17						17
18	Total deductions (sum of lines 12-17)		85,851,405			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		103,147,431			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	TRANSFER TO AFFILIATE					14
15	LOSS ON EARLY DEBT EXTINGUISHMENT					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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	142,742,271		142,742,271	1
2	Subprovider IPF	13,014,196		13,014,196	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)	155,756,467		155,756,467	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	155,756,467		155,756,467	17
18	Ancillary services	610,300,731		610,300,731	18
19	Outpatient services		723,717,741	723,717,741	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		15,667,474	15,667,474	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		8,829,749	8,829,749	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	766,057,198	748,214,964	1,514,272,162	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		364,864,601	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)		364,864,601	43

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,514,272,162	1
2	Less contractual allowances and discounts on patients' accounts	1,151,286,307	2
3	Net patient revenues (line 1 minus line 2)	362,985,855	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	364,864,601	4
5	Net income from service to patients (line 3 minus line 4)	-1,878,746	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	1,649,716	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	42,805	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,412,895	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	164,331	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospitial space	1,400,338	22
23	Governmental appropriations		23
24	Other (COMMUNITY EDUCATION)	15,911	24
24.01	Other (MISCELLANEOUS)	3,819,857	24.01
24.02	Other (HOME DELIVERED MEALS)	44,851	24.02
24.03	Other (LIFELINE)	38,075	24.03
24.04	Other (INTERCOMPANY)	2,709,621	24.04
24.05	Other (BABY PHOTO)	2,528	24.05
24.06	Other (OTHER)	-12,618	24.06
24.07	Other (JOINT VENTURE)	-28,369	24.07
25	Total other income (sum of lines 6-24)	11,259,941	25
26	Total (line 5 plus line 25)	9,381,195	26
29	Net income (or loss) for the period (line 26 minus line 28)	9,381,195	29

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,127,697		255,364		436,258	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,386,014				162,807	6
7	Physical Therapy	670,686			1,515,375		7
8	Occupational Therapy	81,086			286,613		8
9	Speech Pathology				99,246		9
10	Medical Social Services	78,221					10
11	Home Health Aide	729,727					11
12	Supplies (see instructions)					142,108	12
13	Drugs					4,833	13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	8,073,431		255,364	1,901,234	746,006	24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,819,319	13,624	2,832,943	-2,190	2,830,753	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,548,821		4,548,821		4,548,821	6
7	Physical Therapy	2,186,061		2,186,061		2,186,061	7
8	Occupational Therapy	367,699		367,699		367,699	8
9	Speech Pathology	99,246		99,246		99,246	9
10	Medical Social Services	78,221		78,221		78,221	10
11	Home Health Aide	729,727		729,727		729,727	11
12	Supplies (see instructions)	142,108		142,108		142,108	12
13	Drugs	4,833		4,833		4,833	13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	10,976,035	13,624	10,989,659	-2,190	10,987,469	24

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	2,830,753			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	4,548,821			6
7	Physical Therapy	2,186,061			7
8	Occupational Therapy	367,699			8
9	Speech Pathology	99,246			9
10	Medical Social Services	78,221			10
11	Home Health Aide	729,727			11
12	Supplies (see instructions)	142,108			12
13	Drugs	4,833			13
14	DME				14
HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	10,987,469			24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		2,830,753	2,830,753		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		4,548,821	1,578,648	6,127,469	6
7	Physical Therapy		2,186,061	758,664	2,944,725	7
8	Occupational Therapy		367,699	127,608	495,307	8
9	Speech Pathology		99,246	34,443	133,689	9
10	Medical Social Services		78,221	27,146	105,367	10
11	Home Health Aide		729,727	253,249	982,976	11
12	Supplies (see instructions)		142,108	49,318	191,426	12
13	Drugs		4,833	1,677	6,510	13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		10,987,469		10,987,469	24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-2,830,753	8,156,716	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						4,548,821	6
7	Physical Therapy						2,186,061	7
8	Occupational Therapy						367,699	8
9	Speech Pathology						99,246	9
10	Medical Social Services						78,221	10
11	Home Health Aide						729,727	11
12	Supplies (see instructions)						142,108	12
13	Drugs						4,833	13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-2,830,753	8,156,716	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						2,830,753	25
26	Unit Cost Multiplier						0.347046	26

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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		56,904	30,626	1,976,002	26,077	650,971	1
2	Skilled Nursing Care	6,127,469						2
3	Physical Therapy	2,944,725						3
4	Occupational Therapy	495,307						4
5	Speech Pathology	133,689						5
6	Medical Social Services	105,367						6
7	Home Health Aide	982,976						7
8	Supplies	191,426						8
9	Drugs	6,510						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)	10,987,469	56,904	30,626	1,976,002	26,077	650,971	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	6,696			2,747,276	516,691	71,416	1
2	Skilled Nursing Care				6,127,469	1,152,419		2
3	Physical Therapy				2,944,725	553,826		3
4	Occupational Therapy				495,307	93,154		4
5	Speech Pathology				133,689	25,143		5
6	Medical Social Services				105,367	19,817		6
7	Home Health Aide				982,976	184,872		7
8	Supplies				191,426	36,002		8
9	Drugs				6,510	1,224		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)	6,696			13,734,745	2,583,148	71,416	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	1,179					93,520	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)	1,179					93,520	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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			114,103	3,692	43,081		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)			114,103	3,692	43,081		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7470

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						3,590,958	1
2	Skilled Nursing Care						7,279,888	2
3	Physical Therapy						3,498,551	3
4	Occupational Therapy						588,461	4
5	Speech Pathology						158,832	5
6	Medical Social Services						125,184	6
7	Home Health Aide						1,167,848	7
8	Supplies						227,428	8
9	Drugs						7,734	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)						16,644,884	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

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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) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28		
1	Administrative and General		3,590,958				1
2	Skilled Nursing Care		7,279,888	2,002,602	9,282,490		2
3	Physical Therapy		3,498,551	962,402	4,460,953		3
4	Occupational Therapy		588,461	161,877	750,338		4
5	Speech Pathology		158,832	43,692	202,524		5
6	Medical Social Services		125,184	34,436	159,620		6
7	Home Health Aide		1,167,848	321,259	1,489,107		7
8	Supplies		227,428	62,562	289,990		8
9	Drugs		7,734	2,128	9,862		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)		16,644,884	3,590,958	16,644,884		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.			0.275086			21

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

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

KPMG LLP Compu-Max 2552-10

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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	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	4,397	47,943	116	93	400	280	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	4,397	47,943	116	93	400	280	20
21	Total cost to be allocated	56,904	30,626	1,976,002	26,077	650,971	6,696	21
22	Unit Cost Multiplier	12.941551		17,034.500000		1,627.427500		22
22	Unit Cost Multiplier		0.638800		280.397849		23.914286	22

KPMG LLP Compu-Max 2552-10

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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	
1	Administrative and General				2,747,276	4,397	9	1
2	Skilled Nursing Care				6,127,469			2
3	Physical Therapy				2,944,725			3
4	Occupational Therapy				495,307			4
5	Speech Pathology				133,689			5
6	Medical Social Services				105,367			6
7	Home Health Aide				982,976			7
8	Supplies				191,426			8
9	Drugs				6,510			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)				13,734,745	4,397	9	20
21	Total cost to be allocated				2,583,148	71,416	1,179	21
22	Unit Cost Multiplier					16.241983		22
22	Unit Cost Multiplier				0.188074		131.000000	22

KPMG LLP Compu-Max 2552-10

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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					116		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)					116		20
21	Total cost to be allocated					93,520		21
22	Unit Cost Multiplier					806.206897		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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		162,807	4,833	36			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)		162,807	4,833	36			20
21	Total cost to be allocated		114,103	3,692	43,081			21
22	Unit Cost Multiplier			0.763915				22
22	Unit Cost Multiplier		0.700848		1,196.694444			22

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2
PART II

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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	9,282,490		9,282,490	49,582	187.21
2	Physical Therapy	3	4,460,953		4,460,953	25,235	176.78
3	Occupational Therapy	4	750,338		750,338	3,842	195.30
4	Speech Pathology	5	202,524		202,524	1,080	187.52
5	Medical Social Services	6	159,620		159,620	595	268.27
6	Home Health Aide	7	1,489,107		1,489,107	12,474	119.38
7	Total (sum of lines 1-6)		16,345,032		16,345,032	92,808	

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		38,017		8
9	Physical Therapy	16974		19,131		9
10	Occupational Therapy	16974		3,173		10
11	Speech Pathology	16974		968		11
12	Medical Social Services	16974		488		12
13	Home Health Aide	16974		11,094		13
14	Total (sum of lines 8-13)			72,871		14

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	289,990		289,990	94,202	3.078385
16	Cost of Drugs	9	9,862		9,862		

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	0.254779			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.213063			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.506295			col. 2, line 15
5	Drugs Charged to Patients	73	0.402532			col. 2, line 16

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7470

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		38,017			7,117,163		7,117,163	1
2	Physical Therapy		19,131			3,381,978		3,381,978	2
3	Occupational Therapy		3,173			619,687		619,687	3
4	Speech Pathology		968			181,519		181,519	4
5	Medical Social Services		488			130,916		130,916	5
6	Home Health Aide		11,094			1,324,402		1,324,402	6
7	Total (sum of lines 1-6)		72,871			12,755,665		12,755,665	7

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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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)			1
2	Total charges			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)			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)			8
9	Primary payer amounts			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		10,155,408	11
12	Total PPS Reimbursement - Full Episodes with Outliers		653,857	12
13	Total PPS Reimbursement - LUPA Episodes		209,846	13
14	Total PPS Reimbursement - PEP Episodes		91,196	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		147,259	15
16	Total PPS Outlier Reimbursement - PSP Episodes		9,844	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)		11,267,410	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		11,267,410	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		11,267,410	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)		11,267,410	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		11,267,410	31
31.01	Sequestration adjustment (see instructions)		225,208	31.01
32	Interim payments (see instructions)		11,035,261	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		6,941	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

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

WORKSHEET H-5

DESCRIPTION		Part A		Part B		
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider				11,035,261	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. H-4, Part II, column as appropriate, line 32)				11,035,261	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01			6,941	6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				11,042,202	7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0062

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	6,785,736	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	81,512	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)	224.36	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0115	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1549	8
9	Sum of lines 7 and 8	0.1664	9
10	Allowable disproportionate share percentage (see instructions)	0.0343	10
11	Disproportionate share adjustment (see instructions)	232,751	11
12	Total prospective capital payments (see instructions)	7,099,999	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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0062

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	EMG							70.01
70.03	ANGIOGRAPHY							70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES							90.01
91	Emergency							91
91.01	PCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices							192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING							194.01

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
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

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 14-1591

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4	325,976	447,441	773,417	2,056	775,473	-700	774,773	4
5								5
6								6
7								7
8								8
9								9
10		5,997	5,997		5,997		5,997	10
11								11
12		84,143	84,143		84,143		84,143	12
13								13
14		315,956	315,956		315,956		315,956	14
15								15
16								16
17								17
DIRECT PATIENT CARE SERVICE COST CENTERS								
25								25
26		36,798	36,798		36,798		36,798	26
27								27
28	1,313,291		1,313,291		1,313,291		1,313,291	28
29								29
30	90,887		90,887		90,887		90,887	30
31								31
32								32
33	212,193		212,193		212,193		212,193	33
34	32,976		32,976		32,976		32,976	34
35	8,623		8,623		8,623		8,623	35
36								36
37	227,916		227,916		227,916		227,916	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
NONREIMBURSABLE COST CENTERS								
60	77,228		77,228		77,228		77,228	60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
100	2,289,090	890,335	3,179,425	2,056	3,181,481	-700	3,180,781	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-1

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse	80	80		80		80	28
29	LPN/LVN							29
30	Physical Therapy	6	6		6		6	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	13	13		13		13	33
34	Spiritual Counseling	1	1		1		1	34
35	Dietary Counseling	1	1		1		1	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	14	14		14		14	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	115	115		115		115	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-2

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services		35,426	35,426		35,426		35,426	26
27	Nurse Practitioner								27
28	Registered Nurse	1,264,245		1,264,245		1,264,245		1,264,245	28
29	LPN/LVN								29
30	Physical Therapy	87,492		87,492		87,492		87,492	30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services	204,269		204,269		204,269		204,269	33
34	Spiritual Counseling	31,746		31,746		31,746		31,746	34
35	Dietary Counseling	8,300		8,300		8,300		8,300	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	219,405		219,405		219,405		219,405	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	1,815,457	35,426	1,850,883		1,850,883		1,850,883	100

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-3

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services		75	75	75		75	26
27	Nurse Practitioner							27
28	Registered Nurse	2,672		2,672	2,672		2,672	28
29	LPN/LVN							29
30	Physical Therapy	185		185	185		185	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	431		431	431		431	33
34	Spiritual Counseling	67		67	67		67	34
35	Dietary Counseling	18		18	18		18	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	463		463	463		463	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	3,836	75	3,911	3,911		3,911	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-4

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services		1,297	1,297	1,297		1,297	26
27	Nurse Practitioner							27
28	Registered Nurse	46,294		46,294	46,294		46,294	28
29	LPN/LVN							29
30	Physical Therapy	3,204		3,204	3,204		3,204	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	7,480		7,480	7,480		7,480	33
34	Spiritual Counseling	1,162		1,162	1,162		1,162	34
35	Dietary Counseling	304		304	304		304	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	8,034		8,034	8,034		8,034	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	66,478	1,297	67,775	67,775		67,775	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 14-1591

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt				1
2	Cap Rel Costs-Mvble Equip		178	178	2
3	Employee Benefits Department		596,207	596,207	3
4	Administrative & General	774,773	738,859	1,513,632	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies	5,997	1,142	7,139	10
11	Medical Records				11
12	Staff Transportation	84,143		84,143	12
13	Volunteer Service Coordination				13
14	Pharmacy	315,956	241,382	557,338	14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care	115		115	50
51	Hospice Routine Home Care	1,850,883		1,850,883	51
52	Hospice Inpatient Respite Care	3,911		3,911	52
53	Hospice General Inpatient Care	67,775		67,775	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	77,228		77,228	60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	3,180,781	1,577,768	4,758,549	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1591

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip	178		178					2
3	Employee Benefits Department	596,207		1	596,208				3
4	Administrative & General	1,513,632		177	596,208	2,110,017	2,110,017		4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies	7,139				7,139	5,687		10
11	Medical Records								11
12	Staff Transportation	84,143				84,143	67,035		12
13	Volunteer Service Coordination								13
14	Pharmacy	557,338				557,338	444,017		14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care	115				115	92		50
51	Hospice Routine Home Care	1,850,883				1,850,883	1,474,549		51
52	Hospice Inpatient Respice Care	3,911				3,911	3,116		52
53	Hospice General Inpatient Care	67,775				67,775	53,995		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	77,228				77,228	61,526		60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	4,758,549		178	596,208	4,758,549	2,110,017		100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:51 Version: 2017.01 (05/04/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1591

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINISTRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANSPORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies					12,826			10
11	Medical Records								11
12	Staff Transportation							151,178	12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care					1		9	50
51	Hospice Routine Home Care					12,347		145,532	51
52	Hospice Inpatient Respite Care					26		308	52
53	Hospice General Inpatient Care					452		5,329	53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL					12,826		151,178	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1591

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy		1,001,355					14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care		61				278	50
51	Hospice Routine Home Care		963,959				4,447,270	51
52	Hospice Inpatient Respite Care		2,037				9,398	52
53	Hospice General Inpatient Care		35,298				162,849	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						138,754	60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL		1,001,355				4,758,549	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1591

**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip		279						2
3	Employee Benefits Department		1	35					3
4	Administrative & General		278	35	-2,110,017	2,648,532			4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies					7,139			10
11	Medical Records								11
12	Staff Transportation					84,143			12
13	Volunteer Service Coordination								13
14	Pharmacy					557,338			14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care					115			50
51	Hospice Routine Home Care					1,850,883			51
52	Hospice Inpatient Respite Care					3,911			52
53	Hospice General Inpatient Care					67,775			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program					77,228			60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)		178	596,208		2,110,017			100
101	Unit cost multiplier		0.637993	17,034.514286		0.796674			101

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1591

**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies				32,936				10
11	Medical Records								11
12	Staff Transportation						32,936		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care				2		2		50
51	Hospice Routine Home Care				31,706		31,706		51
52	Hospice Inpatient Respite Care				67		67		52
53	Hospice General Inpatient Care				1,161		1,161		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)				12,826		151,178		100
101	Unit cost multiplier				0.389422		4.590053		101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1591

WORKSHEET O-6
PART II

	Descriptions	PHARMACY CHARGES 14	PHYSICIAN ADMIN SERVICES PATIENT DAYS 15	OTHER GENERAL SERVICE SPECIFY BASIS 16	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS 17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy	32,936				14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care	2				50
51	Hospice Routine Home Care	31,706				51
52	Hospice Inpatient Respite Care	67				52
53	Hospice General Inpatient Care	1,161				53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)	1,001,355				100
101	Unit cost multiplier	30.403054				101

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APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 14-1591

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1	Physical Therapy	66	0.254779				1
2	Occupational Therapy	67					2
3	Speech Language Pathology	68	0.213063				3
4	Drugs, Biological & Infusion Therapy	73	0.402532	69,798			4
5	Durable Medical Equipment/Oxygen	96					5
6	Labs and Diagnostics	60	0.095886	21,523			6
7	Medical Supplies	71	0.506295	328			7
8	Outpatient Services (incl E/R)	93		10,899			8
9	Radiation Therapy	55					9
10	Other	76					10
11	Totals (sum of lines 1-10)						11

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
	Cost Center Descriptions	6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1	Physical Therapy					1
2	Occupational Therapy					2
3	Speech Language Pathology					3
4	Drugs, Biological & Infusion Therapy	28,096				4
5	Durable Medical Equipment/Oxygen					5
6	Labs and Diagnostics	2,064				6
7	Medical Supplies	166				7
8	Outpatient Services (incl E/R)					8
9	Radiation Therapy					9
10	Other					10
11	Totals (sum of lines 1-10)	30,326				11

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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 14-1591

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost			30,604	1
2	Total unduplicated days			2	2
3	Total average cost per diem			15,302.00	3
4	Unduplicated program days	1			4
5	Program cost	15,302			5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			4,447,270	6
7	Total unduplicated days			31,706	7
8	Total average cost per diem			140.27	8
9	Unduplicated program days	31,198	65		9
10	Program cost	4,376,143	9,118		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			9,398	11
12	Total unduplicated days			67	12
13	Total average cost per diem			140.27	13
14	Unduplicated program days	67			14
15	Program cost	9,398			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			162,849	16
17	Total unduplicated days			1,161	17
18	Total average cost per diem			140.27	18
19	Unduplicated program days	1,056	23		19
20	Program cost	148,125	3,226		20
	TOTAL HOSPICE CARE				
21	Total cost			4,650,121	21
22	Total unduplicated days			32,936	22
23	Average cost per diem			141.19	23