

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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 checked="" type="checkbox"/> Electronically filed cost report Date: _____ Time: _____	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PALOS COMMUNITY HOSPITAL (14-0062) (Provider Name(s) and Number(s)) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

ROGER RUSSEL, VICE PRESIDENT OF FINA
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL						
2	SUBPROVIDER - IPF		-556,673	56,697		13,223	1
3	SUBPROVIDER - IRF		25,782			760	2
4	SUBPROVIDER (OTHER)						3
5	SWING BED - SNF						4
6	SWING BED - NF						5
7	SKILLED NURSING FACILITY						6
8	NURSING FACILITY						7
9	HOME HEALTH AGENCY			1			8
10	HEALTH CLINIC - RHC						9
11	HEALTH CLINIC - FQHC						10
12	OUTPATIENT REHABILITATION PROVIDER						11
200	TOTAL		-530,891	56,698		13,983	12

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 / 2017	To: 12 / 31 / 2017							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.	1,537				4,640		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)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	Y	N	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y			60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1	60.02
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)	N			63
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**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		65

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

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

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

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance 118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122

Transplant Center Information

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	Contractor's Name:		Contractor's Number:		141
142	Street:	P.O. Box:				142
143	City:	State:	ZIP Code:			143
144	Are provider based physicians' costs included in Worksheet A?	Y				144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N				147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N				148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N				149

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

		Title XVIII		Title V	Title XIX	
		Part A	Part B	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)	9.99			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 / 2017	12 / 31 / 2017		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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

		Y/N	
Bad Debts			
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			
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					
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	05/10/2018	Y	05/10/2018
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	

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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
42	Employer: PALOS COMMUNITY HOSPITAL		
43	Phone number: 708-923-4253	E-mail Address: STRYCHTA@PALOSHEALTH.COM	

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	353	128,845			44,336	1,290	79,711	1
2	HMO and other (see instructions)						11,506	4,640		2
3	HMO IPF Subprovider						199	1,546		3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		353	128,845			44,336	1,290	79,711	7
8	Intensive Care Unit	31	24	8,760			4,594	176	6,543	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						71	1,423	13
14	Total (see instructions)		377	137,605			48,930	1,537	87,677	14
15	CAH Visits									15
16	Subprovider - IPF	40	36	13,140			1,393	566	6,104	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					66,229	779	90,136	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		413							27
28	Observation Bed Days							1,341	9,487	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							4	215	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					9,839	331	18,652	1
2	HMO and other (see instructions)					2,210	1,155		2
3	HMO IPF Subprovider						367		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)		2,067.77			9,839	331	18,652	14
15	CAH Visits								15
16	Subprovider - IPF		51.77			217	122	1,371	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		120.40						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		31.88						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,271.82						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	156,440,769		156,440,769	4,889,769.00	31.99	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		15,620,218	-96,355	15,523,863	476,255.00	32.60	10
OTHER WAGES & RELATED COSTS							
11		352,851		352,851	7,839.00	45.01	11
12							12
13		668,565		668,565	5,628.99	118.77	13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		37,041,121		37,041,121			17
18							18
19		4,055,887		4,055,887			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		932,281		932,281	30,693.00	30.37	26
27		26,864,252		26,864,252	457,403.00	58.73	27
28		963,314		963,314	2,644.48	364.27	28
29		2,615,370		2,615,370	64,859.00	40.32	29
30							30
31		82,474		82,474	4,172.00	19.77	31
32		3,059,115		3,059,115	162,368.00	18.84	32
33							33
34		2,959,785	-1,456,005	1,503,780	69,110.00	21.76	34
35							35
36			1,456,005	1,456,005	68,868.00	21.14	36
37							37
38		926,146		926,146	23,788.00	38.93	38
39		2,228,409		2,228,409	99,075.00	22.49	39
40		3,808,699	102,561	3,911,260	91,399.00	42.79	40
41		3,488,317		3,488,317	117,666.00	29.65	41
42		942,864		942,864	28,561.00	33.01	42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	157,404,083		157,404,083	4,892,413.48	32.17	1
2	Excluded area salaries (see instructions)	15,620,218	-96,355	15,523,863	476,255.00	32.60	2
3	Subtotal salaries (line 1 minus line 2)	141,783,865	96,355	141,880,220	4,416,158.48	32.13	3
4	Subtotal other wages & related costs (see instructions)	1,021,416		1,021,416	13,467.99	75.84	4
5	Subtotal wage-related costs (see instructions)	37,041,121		37,041,121		26.11%	5
6	Total (sum of lines 3 through 5)	179,846,402	96,355	179,942,757	4,429,626.47	40.62	6
7	Total overhead cost (see instructions)	48,871,026	102,561	48,973,587	1,220,606.48	40.12	7

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	8,546,604	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan	2,000	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)	17,794,658	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	531,187	10
11	Life Insurance (If employee is owner or beneficiary)	148,757	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	718,856	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	761,966	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	12,268,877	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	201,676	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	122,427	23
24	Total Wage Related cost (Sum of lines 1-23)	41,097,008	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	2,328,749		1
2	Hospital	352,851		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	1,975,898		11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		8,129		1,552	9,681	1
2	Unduplicated Census Count (see instructions)		2,690.00	76.00	1,204.00	3,970.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)		0.80		0.80
5	Other Administrative Personnel		39.16		39.16
6	Direct Nursing Service		53.91		53.91
7	Nursing Supervisor		8.94		8.94
8	Physical Therapy Service		7.63	9.09	16.72
9	Physical Therapy Supervisor		1.00		1.00
10	Occupational Therapy Service		1.86	1.48	3.34
11	Occupational Therapy Supervisor				
12	Speech Pathology Service		0.47	0.03	0.50
13	Speech Pathology Supervisor				
14	Medical Social Service		1.39		1.39
15	Medical Social Service Supervisor				
16	Home Health Aide		10.42		10.42
17	Home Health Aide Supervisor				
18	REGISTERED DIETICIAN		0.92		0.92

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	28,730	4,532	952	542	34,756	21
22	Skilled Nursing Visit Charges	5,143,908	835,461	170,195	98,122	6,247,686	22
23	Physical Therapy Visits	16,995	1,259	192	428	18,874	23
24	Physical Therapy Visit Charges	3,316,950	245,700	37,440	83,655	3,683,745	24
25	Occupational Therapy Visits	2,989	437	10	87	3,523	25
26	Occupational Therapy Visit Charges	584,025	85,215	1,950	17,160	688,350	26
27	Speech Pathology Visits	324	57	3	2	386	27
28	Speech Pathology Visit Charges	63,180	11,115	585	390	75,270	28
29	Medical Social Service Visits	463	77	6	15	561	29
30	Medical Social Service Visit Charges	131,955	21,945	1,710	4,275	159,885	30
31	Home Health Aide Visits	6,397	1,598	19	115	8,129	31
32	Home Health Aide Visit Charges	684,800	171,093	2,033	12,305	870,231	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	55,898	7,960	1,182	1,189	66,229	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	9,924,818	1,370,529	213,913	215,907	11,725,167	35
36	Total Number of Episodes (standard/non-outlier)	3,357		416	86	3,859	36
37	Total Number of Ourlier Episodes		203		5	208	37
38	Total Non-Routine Medical Supply Charges	63,669	37,816	2,008	772	104,265	38

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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 (sum of cols. 1, 2, & 5)	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other			
	1	2	3	4	5	6		
1	Continuous Home Care						1	
2	Routine Home Care						2	
3	Inpatient Respite Care						3	
4	General Inpatient Care						4	
5	Total Hospice Days						5	

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

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

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

		Unduplicated Days			Total (sum of cols. 1 through 3)	
	Title XVIII	Title XIX	Other			
	1	2	3	4		
10	Hospice Continuous Home Care	4			4	10
11	Hospice Routine Home Care	27,102	193	263	27,558	11
12	Hospice Inpatient Respite Care	80		4	84	12
13	Hospice General Inpatient Care	1,145	22	97	1,264	13
14	Total Hospice Days	28,331	215	364	28,910	14

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

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

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

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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)		0.217097	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		9,861,218	2
3	Did you receive DSH or supplemental payments from Medicaid?		N	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		142,158,374	6
7	Medicaid cost (line 1 times line 6)		30,862,157	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		21,000,939	8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		21,000,939	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,736,054	1,892,593	9,628,647	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,679,474	1,892,593	3,572,067	21
22	Payments received from patients for amounts previously written off as charity care		6,702	6,702	22
23	Cost of charity care (line 21 minus line 22)	1,679,474	1,885,891	3,565,365	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			17,501,683	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			652,301	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,003,540	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			16,498,143	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,932,936	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			7,498,301	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			28,499,240	31

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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		15,262,805	15,262,805	10,375,745	25,638,550	-10,466,713	15,171,837	1
2	00200	Cap Rel Costs-Mvble Equip		16,454,647	16,454,647		16,454,647	-18,341	16,436,306	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	932,281	38,177,224	39,109,505		39,109,505	-85,899	39,023,606	4
5.01	00540	COMMUNICATIONS	387,566	326,787	714,353		714,353	-106,933	607,420	5.01
5.02	00550	DATA PROCESSING	6,113,522	6,091,131	12,204,653		12,204,653	-288,947	11,915,706	5.02
5.03	00560	PURCHASING & STORES	456,951	21,607	478,558		478,558	-14,200	464,358	5.03
5.04	00570	ADMITTING	2,800,338	45,047	2,845,385		2,845,385		2,845,385	5.04
5.05	00580	CASHIERING	2,632,989	1,912,239	4,545,228		4,545,228	-350,400	4,194,828	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	14,472,886	27,034,617	41,507,503	133,946	41,641,449	-5,799,220	35,842,229	5.06
6	00600	Maintenance & Repairs	2,182,137	5,764,364	7,946,501		7,946,501	-68,673	7,877,828	6
6.01	00601	CLINICAL ENGINEERING	433,233	207,725	640,958		640,958		640,958	6.01
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	82,474	1,150,718	1,233,192		1,233,192		1,233,192	8
9	00900	Housekeeping	3,059,115	821,315	3,880,430		3,880,430		3,880,430	9
10	01000	Dietary	2,959,785	2,070,398	5,030,183	-3,877,611	1,152,572	-71,414	1,081,158	10
11	01100	Cafeteria				3,877,611	3,877,611	-1,441,235	2,436,376	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	926,146	39,557	965,703		965,703	-12,416	953,287	13
14	01400	Central Services & Supply	2,228,409	1,390,657	3,619,066		3,619,066		3,619,066	14
15	01500	Pharmacy	3,808,699	12,414,586	16,223,285	-12,425,697	3,797,588		3,797,588	15
16	01600	Medical Records & Library	3,488,317	330,499	3,818,816		3,818,816	-58,391	3,760,425	16
17	01700	Social Service	942,864	55,807	998,671		998,671		998,671	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	227,261	9,732	236,993	-100,884	136,109		136,109	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	40,860,963	4,059,325	44,920,288	-3,059,874	41,860,414	-246,001	41,614,413	30
31	03100	Intensive Care Unit	6,444,727	1,050,293	7,495,020	-931,997	6,563,023	-2,952	6,560,071	31
40	04000	Subprovider - IPF	3,824,387	58,312	3,882,699	-38,084	3,844,615		3,844,615	40
43	04300	Nursery								43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	9,102,551	14,692,805	23,795,356	-11,209,199	12,586,157	-1,178,067	11,408,090	50
51	05100	Recovery Room	1,470,737	162,665	1,633,402	-155,397	1,478,005		1,478,005	51
53	05300	Anesthesiology	849,466	849,466	849,466	-519,507	329,959	-252,085	77,874	53
54	05400	Radiology-Diagnostic	5,158,798	2,693,115	7,851,913	-927,318	6,924,595	-1,805	6,922,790	54
54.01	03630	ULTRASOUND	1,326,626	74,959	1,401,585	-21,230	1,380,355		1,380,355	54.01
57	05700	CT Scan	1,181,264	841,553	2,022,817	-509,851	1,512,966	-15,534	1,497,432	57
58	05800	MRI	418,708	207,621	626,329	-111,365	514,964	-9,333	505,631	58
59	05900	Cardiac Catheterization	2,042,387	4,192,759	6,235,146	-4,146,177	2,088,969	-57,645	2,031,324	59
60	06000	Laboratory	5,211,106	6,782,213	11,993,319	-730,183	11,263,136		11,263,136	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	464,998	1,935,695	2,400,693	-6,055	2,394,638		2,394,638	63
64	06400	Intravenous Therapy	1,302,428	406,289	1,708,717	-397,914	1,310,803		1,310,803	64
65	06500	Respiratory Therapy	2,217,988	518,799	2,736,787	-444,482	2,292,305		2,292,305	65
66	06600	Physical Therapy	3,453,923	618,545	4,072,468	-348,207	3,724,261		3,724,261	66
68	06800	Speech Pathology	290,804	2,804	293,608	-2,327	291,281		291,281	68
69	06900	Electrocardiology	1,541,092	251,196	1,792,288	-4,283	1,788,005		1,788,005	69
70	07000	Electroencephalography	116,331	4,998	121,329	-4,707	116,622		116,622	70
70.01	03290	EMG	90,951	10,821	101,772	-7,909	93,863		93,863	70.01
70.03	03030	ANGIOGRAPHY	1,170,355	1,043,761	2,214,116	-911,263	1,302,853		1,302,853	70.03
71	07100	Medical Supplies Charged to Patients				25,713,551	25,713,551		25,713,551	71
72	07200	Impl. Dev. Charged to Patients		16,746,772	16,746,772		16,746,772		16,746,772	72
73	07300	Drugs Charged to Patients				12,357,733	12,357,733		12,357,733	73
74	07400	Renal Dialysis		840,056	840,056	-960	839,096		839,096	74
76.97	07697	CARDIAC REHABILITATION	569,650	26,232	595,882	6,102	601,984		601,984	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	1,084,498	52,068	1,136,566	49,954	1,186,520		1,186,520	90.01
91	09100	Emergency	6,578,926	1,978,490	8,557,416	-1,478,904	7,078,512	-73,200	7,005,312	91
91.01	09101	PCC	813,028	1,935,272	2,748,300	-984,353	1,763,947	607,454	2,371,401	91.01
92	09200	Observation Beds (Non-Distinct Part)								92
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM								93.99
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	8,546,968	2,938,227	11,485,195	14,186	11,499,381	-642	11,498,739	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		10,408,467	10,408,467	-10,408,467				113
116	11600	Hospice	2,204,876	713,979	2,918,855	2,013	2,920,868	-285	2,920,583	116

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
118		SUBTOTALS (sum of lines 1-117)	155,624,043	205,679,019	361,303,062	-1,233,364	360,069,698	-20,012,877	340,056,821	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	22,920	123,961	146,881	1,232,861	1,379,742	105,300	1,485,042	192
194	07950	NEW DIRECTION								194
194.01	07951	PRIVATE DUTY NURSING	793,806	20,007	813,813	503	814,316		814,316	194.01
194.02	07952	PHYSICIAN REFERRAL CENTER								194.02
200		TOTAL (sum of lines 118-199)	156,440,769	205,822,987	362,263,756		362,263,756	-19,907,577	342,356,179	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		10,408,467	1
500	Total reclassifications					10,408,467	500
	Code Letter - A						
1	MEDICAL SUPPLY EXPENSES	B	Medical Supplies Charged to P	71		25,944,193	1
2			ADMINISTRATIVE & GENERAL	5.06		521,339	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
500	Total reclassifications					26,465,532	500
	Code Letter - B						
1	SHARED NFS COST	C	Cafeteria	11	1,456,005	2,421,606	1
500	Total reclassifications				1,456,005	2,421,606	500
	Code Letter - C						
1	PCC DEPRECIATION	D	Laboratory	60		3,568	1
2			PCC	91.01		52,685	2
3			Physicians' Private Offices	192		316,321	3
4			OUTPATIENT PSYCHE SERVICES	90.01		21,793	4
500	Total reclassifications					394,367	500
	Code Letter - D						
1	PCC OPERATING EXPENSES	E	Laboratory	60		10,203	1
2			PCC	91.01		150,655	2
3			Physicians' Private Offices	192		904,543	3
4			OUTPATIENT PSYCHE SERVICES	90.01		62,317	4
500	Total reclassifications					1,127,718	500
	Code Letter - E						
1	INSURANCE EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		386,668	1
500	Total reclassifications					386,668	500
	Code Letter - F						
1	PCC/LEMONT BUILDING INSURANCE	G	Laboratory	60		135	1
2							2
3							3
4							4
5			PCC	91.01		1,998	5
6			Physicians' Private Offices	192		11,997	6
7							7
8			OUTPATIENT PSYCHE SERVICES	90.01		826	8
9			Home Health Agency	101		752	9
10			Hospice	116		200	10
11			PRIVATE DUTY NURSING	194.01		50	11
500	Total reclassifications					15,958	500
	Code Letter - G						
1	CHARGEABLE DRUGS	H	Drugs Charged to Patients	73		12,527,306	1
500	Total reclassifications					12,527,306	500
	Code Letter - H						
1	HHA DEPRECIATION	I	Home Health Agency	101		6,799	1

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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	
2			Hospice	116		1,813	2
3			PRIVATE DUTY NURSING	194.01		453	3
500	Total reclassifications					9,065	500
	Code Letter - I						
1	ALLOCATE CV ADMINISTRATION	J	Adults & Pediatrics	30	172,152	49,415	1
2			Operating Room	50	13,262	32,190	2
3			Electrocardiology	69	55,021	3,806	3
4			ANGIOGRAPHY	70.03	14,866	1,028	4
5			CARDIAC REHABILITATION	76.97	10,536	729	5
6			Home Health Agency	101	6,206	429	6
500	Total reclassifications				272,043	87,597	500
	Code Letter - J						
1	PHARMACY RESIDENCY SALARY RECLASS	K	Pharmacy	15	102,561		1
2	PHARMACY RESIDENCY RECLASS PHARMACY	K	PARAMED ED PRGM-PHARMACY RESI	23		952	2
3	PHARMACY RESIDENCY RECLASS ADMIN	K	PARAMED ED PRGM-PHARMACY RESI	23		725	3
500	Total reclassifications				102,561	1,677	500
	Code Letter - K						
	GRAND TOTAL (Increases)				1,830,609	53,845,961	

(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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		10,408,467	11	1
500	Total reclassifications					10,408,467		500
	Code letter - A							
1	MEDICAL SUPPLY EXPENSES	B	Adults & Pediatrics	30		3,281,441		1
2			Intensive Care Unit	31		931,997		2
3			Subprovider - IPF	40		38,084		3
4			Operating Room	50		11,254,651		4
5			Recovery Room	51		155,397		5
6			Anesthesiology	53		519,507		6
7			Radiology-Diagnostic	54		927,318		7
8			ULTRASOUND	54.01		21,230		8
9			CT Scan	57		509,851		9
10			MRI	58		111,365		10
11			Cardiac Catheterization	59		3,786,537		11
12			Laboratory	60		744,089		12
13			Blood Storing, Processing & T	63		6,055		13
14			Intravenous Therapy	64		397,914		14
15			Respiratory Therapy	65		444,482		15
16			Physical Therapy	66		348,207		16
17			Speech Pathology	68		2,327		17
18			Electrocardiology	69		63,110		18
19			Electroencephalography	70		4,707		19
20			EMG	70.01		7,909		20
21			ANGIOGRAPHY	70.03		927,157		21
22			Medical Supplies Charged to P	71		230,642		22
23			Drugs Charged to Patients	73		169,573		23
24			Renal Dialysis	74		960		24
25			CARDIAC REHABILITATION	76.97		5,163		25
26			OUTPATIENT PSYCHE SERVICES	90.01		34,982		26
27			Emergency	91		1,478,904		27
28			PCC	91.01		61,973		28
500	Total reclassifications					26,465,532		500
	Code letter - B							
1	SHARED NFS COST	C	Dietary	10	1,456,005	2,421,606		1
500	Total reclassifications				1,456,005	2,421,606		500
	Code letter - C							
1	PCC DEPRECIATION	D	Cap Rel Costs-Bldg & Fixt	1		394,367	9	1
2								2
3								3
4								4
500	Total reclassifications					394,367		500
	Code letter - D							
1	PCC OPERATING EXPENSES	E	PCC	91.01		1,127,718		1
2								2
3								3
4								4
500	Total reclassifications					1,127,718		500
	Code letter - E							
1	INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		386,668	12	1
500	Total reclassifications					386,668		500
	Code letter - F							
1	PCC/LEMONT BUILDING INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		15,958	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					15,958		500
	Code letter - G							
1	CHARGEABLE DRUGS	H	Pharmacy	15		12,527,306		1
500	Total reclassifications					12,527,306		500
	Code letter - H							

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	HHA DEPRECIATION	I	Cap Rel Costs-Bldg & Fixt	1		9,065	9	
2							2	
3							3	
500	Total reclassifications					9,065	500	
	Code letter - I							
1	ALLOCATE CV ADMINISTRATION	J	Cardiac Catheterization	59	272,043	87,597	1	
2							2	
3							3	
4							4	
5							5	
6							6	
500	Total reclassifications				272,043	87,597	500	
	Code letter - J							
1	PHARMACY RESIDENCY SALARY RECLASS	K	PARAMED ED PRGM-PHARMACY RESI	23	102,561		1	
2	PHARMACY RESIDENCY RECLASS PHARMACY	K	Pharmacy	15		952	2	
3	PHARMACY RESIDENCY RECLASS ADMIN	K	ADMINISTRATIVE & GENERAL	5.06		725	3	
500	Total reclassifications				102,561	1,677	500	
	Code letter - K							
	GRAND TOTAL (Decreases)				1,830,609	53,845,961		

(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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	2,170,214		2,170,214		9,535,479		1
2	Land Improvements	7,050,648	35,000		35,000		7,085,648	4,397,698	2
3	Buildings and Fixtures	496,541,914	31,169,146		31,169,146	2,914,830	524,796,230	44,298,101	3
4	Building Improvements								4
5	Fixed Equipment	44,851,080	47,736,199		47,736,199	30,544,987	62,042,292		5
6	Movable Equipment	203,143,567	9,184,815		9,184,815	1,505,839	210,822,543	49,660,430	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	758,952,474	90,295,374		90,295,374	34,965,656	814,282,192	98,356,229	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	758,952,474	90,295,374		90,295,374	34,965,656	814,282,192	98,356,229	10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	15,262,805						15,262,805	1	
2	Cap Rel Costs-Mvble Equip	16,454,647						16,454,647	2	
3	Total (sum of lines 1-2)	31,717,452						31,717,452	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	541,417,356	2,333,700	539,083,656	0.663938					1
2	Cap Rel Costs-Mvble Equip	272,864,836		272,864,836	0.336062					2
3	Total (sum of lines 1-2)	814,282,192	2,333,700	811,948,492	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	14,801,127			370,710			15,171,837	1	
2	Cap Rel Costs-Mvble Equip	16,436,306						16,436,306	2	
3	Total (sum of lines 1-2)	31,237,433			370,710			31,608,143	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.)

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-106,933	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	-2,023,719				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	-1,441,235	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	-58,391	Medical Records & Library	16		18
19	Nursing and allied health education (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	-58,246	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	57,766	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	-74,759	Cap Rel Costs-Mvble Equip	2	9	33
34	INTEREST EXPENSE	A	-10,408,467	Cap Rel Costs-Bldg & Fixt	1	11	34
35	LIFELINE	B	-1,348	Cap Rel Costs-Mvble Equip	2	9	35
36	LIFELINE	B	-30,744	ADMINISTRATIVE & GENERAL	5.06		36
37	MISCELLANEOUS INCOME	B	-906,249	ADMINISTRATIVE & GENERAL	5.06		37
38	MISCELLANEOUS INCOME	B	-12,416	Nursing Administration	13		38
39	DISCOUNTS	B	-24,414	ADMINISTRATIVE & GENERAL	5.06		39
40							40
41	VISITOR MEAL COST	A	-32,956	Dietary	10		41
42							42
43							43
44							44
45	AHA/IHA LOBBYING EXPENSE	A	-38,474	ADMINISTRATIVE & GENERAL	5.06		45
45.01	NAHC/IHHC LOBBYING EXPENSE	A	-642	Home Health Agency	101		45.01
45.02	NHPCO LOBBYING EXPENSE	A	-285	Hospice	116		45.02
46	CABLE TV	A	-1,805	Radiology-Diagnostic	54		46
46.01	CABLE TV	A	-91	PCC	91.01		46.01
47							47
47.01	REAL ESTATE TAXES	A	-778,108	ADMINISTRATIVE & GENERAL	5.06		47.01
47.02	REAL ESTATE TAXES	A	105,300	Physicians' Private Offices	192		47.02
47.03	REAL ESTATE TAXES	A	607,545	PCC	91.01		47.03
47.04	FUNDRAISING DONATIONS	A	-3,000	ADMINISTRATIVE & GENERAL	5.06		47.04
47.05	ADVERTISING EXPENSE	A	-684,681	ADMINISTRATIVE & GENERAL	5.06		47.05
47.07	NON-ALLOWABLE EXPENSE - LIQUOR	A	-2,400	ADMINISTRATIVE & GENERAL	5.06		47.07
47.11	HOME DELIVERED MEALS REVENUE	B	-38,458	Dietary	10		47.11
47.12	BABY PHOTO REVENUE	B	-1,116	ADMINISTRATIVE & GENERAL	5.06		47.12
47.15	FALL GALA	A	-194,214	ADMINISTRATIVE & GENERAL	5.06		47.15
48	REIMB OF INTERCOMPANY EXPENSES	B	-85,899	Employee Benefits Department	4		48
48.01	REIMB OF INTERCOMPANY EXPENSES	B	-288,947	DATA PROCESSING	5.02		48.01
48.02	REIMB OF INTERCOMPANY EXPENSES	B	-14,200	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	-2,214,279	ADMINISTRATIVE & GENERAL	5.06		48.04
48.05	REIMB OF INTERCOMPANY EXPENSES	B	-68,673	Maintenance & Repairs	6		48.05

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION(1)		BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
48.06	REIMB OF INTERCOMPANY EXPENSES	B	-15,534	CT Scan	57		48.06
48.07	REIMB OF INTERCOMPANY EXPENSES	B	-9,333	MRI	58		48.07
48.50	ADJUST TO NET PROVIDER TAX	A	-707,772	ADMINISTRATIVE & GENERAL	5.06		48.50
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-19,907,577				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.

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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:

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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								1
2	5.06	ADMINISTRATIVE & GEN CHAIR INTERNAL	17,325		17,325	211,500	116	11,795	590	2
3	5.06	ADMINISTRATIVE & GEN MEDICAL STAFF P	94,821		94,821	211,500	766	77,889	3,894	3
4	5.06	ADMINISTRATIVE & GEN ADMIN	900		900	211,500	6	610	31	4
5	5.06	ADMINISTRATIVE & GEN INFORMATICS AND	332,051		332,051	211,500	1,387	141,034	7,052	5
6	30	Adults & Pediatrics SPECIAL CARE NU	225,000	225,000						6
7	50	Operating Room CVOR	479,650	479,650						7
8	50	Operating Room OR	300,000	300,000						8
9	53	Anesthesiology ANESTHESIA	168,751	168,751						9
10	53	Anesthesiology ANESTHESIA	83,334	83,334						10
11	59	Cardiac Catheterizat CV ADMIN	36,869		36,869	211,500	223	22,675	1,134	11
12	91	Emergency ENT ON-CALL	73,200	73,200						12
13	50	Operating Room CVOR	398,417	398,417						13
14	30	Adults & Pediatrics CARDIOTHORACIC	33,000		33,000	211,500	118	11,999	600	14
15	59	Cardiac Catheterizat CATH LAB								15
16	59	Cardiac Catheterizat CV ADMIN	58,500		58,500	211,500	148	15,049	752	16
17	60	Laboratory LAB ADMINISTRAT	65,100		65,100	260,300	2,600	325,375	16,269	17
18	31	Intensive Care Unit MEDICAL DIRECTO	30,000		30,000	211,500	266	27,048	1,352	18
19										19
20										20
200		TOTAL	2,396,918	1,728,352	668,566		5,630	633,474	31,674	200

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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								1
2	5.06	ADMINISTRATIVE & GEN CHAIR INTERNAL					11,795	5,530	5,530	2
3	5.06	ADMINISTRATIVE & GEN MEDICAL STAFF P					77,889	16,932	16,932	3
4	5.06	ADMINISTRATIVE & GEN ADMIN					610	290	290	4
5	5.06	ADMINISTRATIVE & GEN INFORMATICS AND					141,034	191,017	191,017	5
6	30	Adults & Pediatrics SPECIAL CARE NU							225,000	6
7	50	Operating Room CVOR							479,650	7
8	50	Operating Room OR							300,000	8
9	53	Anesthesiology ANESTHESIA							168,751	9
10	53	Anesthesiology ANESTHESIA							83,334	10
11	59	Cardiac Catheterizat CV ADMIN					22,675	14,194	14,194	11
12	91	Emergency ENT ON-CALL							73,200	12
13	50	Operating Room CVOR							398,417	13
14	30	Adults & Pediatrics CARDIOTHORACIC					11,999	21,001	21,001	14
15	59	Cardiac Catheterizat CATH LAB								15
16	59	Cardiac Catheterizat CV ADMIN					15,049	43,451	43,451	16
17	60	Laboratory LAB ADMINISTRAT					325,375			17
18	31	Intensive Care Unit MEDICAL DIRECTO					27,048	2,952	2,952	18
19										19
20										20
200		TOTAL					633,474	295,367	2,023,719	200

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	15,171,837	15,171,837					1
2	Cap Rel Costs-Mvble Equip	16,436,306		16,436,306				2
4	Employee Benefits Department	39,023,606	63,292	4,737	39,091,635			4
5.01	COMMUNICATIONS	607,420		106,658	155,813	869,891		5.01
5.02	DATA PROCESSING	11,915,706	127,022	3,265,526	1,315,750	37,761	16,661,765	5.02
5.03	PURCHASING & STORES	464,358	95,923	15,341	138,500	3,636	148,157	5.03
5.04	ADMITTING	2,845,385		1,111	1,021,438	8,671	699,302	5.04
5.05	CASHIERING	4,194,828	451,551	4,044	848,313	29,649	521,514	5.05
5.06	ADMINISTRATIVE & GENERAL	35,842,229	1,303,935	6,804,192	2,995,063	60,976	4,859,557	5.06
6	Maintenance & Repairs	7,877,828	1,705,993	1,569,653	536,688	16,223		6
6.01	CLINICAL ENGINEERING	640,958	18,394	126,664	86,563	3,077		6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,233,192	63,497	441	34,625			8
9	Housekeeping	3,880,430	24,404	54,165	1,350,375	5,035		9
10	Dietary	1,081,158	428,285	131,797	1,142,625	10,349	23,705	10
11	Cafeteria	2,436,376						11
12	Maintenance of Personnel							12
13	Nursing Administration	953,287	61,600	14,175	190,438	10,349	521,514	13
14	Central Services & Supply	3,619,066	885,598	591,012	813,688	15,664		14
15	Pharmacy	3,797,588	290,425	197,939	761,750	18,740	856,349	15
16	Medical Records & Library	3,760,425	94,990	6,774	969,500	17,901	1,045,990	16
17	Social Service	998,671		33	242,375	4,475	23,705	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	136,109	1,050		51,938	280		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	41,614,413	4,332,991	326,806	9,989,309	255,372	1,120,069	30
31	Intensive Care Unit	6,560,071	445,979	109,791	1,385,000	19,580		31
40	Subprovider - IPF	3,844,615	262,024	16,488	882,938	13,706	35,558	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,408,090	1,483,660	837,970	2,112,126	63,494	1,262,300	50
51	Recovery Room	1,478,005	118,708	16,459	328,938	6,993	103,710	51
53	Anesthesiology	77,874		84,366		3,916		53
54	Radiology-Diagnostic	6,922,790	479,631	557,202	1,540,813	28,530	11,853	54
54.01	ULTRASOUND	1,380,355	46,824	66,029	277,000			54.01
57	CT Scan	1,497,432	32,966	49,340	259,688			57
58	MRI	505,631	28,065	128,360	86,563			58
59	Cardiac Catheterization	2,031,324	336,898	437,297	432,813	9,230		59
60	Laboratory	11,263,136	637,519	182,060	1,540,813	35,243	1,363,047	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,394,638		1,801	103,875			63
64	Intravenous Therapy	1,310,803		1,590	242,375	4,475		64
65	Respiratory Therapy	2,292,305	14,251	52,249	571,313	8,112	88,894	65
66	Physical Therapy	3,724,261	202,539	18,658	779,063	20,419	59,263	66
68	Speech Pathology	291,281		517	51,938			68
69	Electrocardiology	1,788,005	180,994	73,026	415,500	12,867	397,061	69
70	Electroencephalography	116,622	16,921	4,010	34,625	1,119		70
70.01	EMG	93,863	3,515		34,625	2,797	154,084	70.01
70.03	ANGIOGRAPHY	1,302,853	29,378	102,972	225,063	839		70.03
71	Medical Supplies Charged to Patients	25,713,551						71
72	Impl. Dev. Charged to Patients	16,746,772						72
73	Drugs Charged to Patients	12,357,733						73
74	Renal Dialysis	839,096		473				74
76.97	CARDIAC REHABILITATION	601,984		1,433	121,188			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	1,186,520		166	242,375			90.01
91	Emergency	7,005,312	568,013	208,002	1,592,750	46,431	148,157	91
91.01	PCC	2,371,401		233,776	190,438	24,335		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,498,739	64,532	28,979	2,077,501	24,055	634,113	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,920,583		146	554,000	559		116
118	SUBTOTALS (sum of lines 1-117)	340,056,821	14,901,367	16,434,228	38,728,072	824,858	14,077,902	118
	NONREIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	
192	Physicians' Private Offices	1,485,042	270,470	2,078		45,033	2,583,863	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING	814,316			363,563			194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	342,356,179	15,171,837	16,436,306	39,091,635	869,891	16,661,765	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	865,915						5.03
5.04	ADMITTING	2,829	4,578,736					5.04
5.05	CASHIERING	1,792		6,051,691				5.05
5.06	ADMINISTRATIVE & GENERAL	24,176			51,890,128	51,890,128		5.06
6	Maintenance & Repairs	49,642			11,756,027	2,100,144	13,856,171	6
6.01	CLINICAL ENGINEERING	9,180			884,836	158,071	22,308	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	7,923			1,339,678	239,325	77,007	8
9	Housekeeping	9,149			5,323,558	951,022	29,596	9
10	Dietary	5,659			2,823,578	504,415	519,414	10
11	Cafeteria				2,436,376	435,244		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,792			1,753,155	313,191	74,707	13
14	Central Services & Supply	117,706			6,042,734	1,079,498	1,074,032	14
15	Pharmacy	8,551			5,931,342	1,059,599	352,220	15
16	Medical Records & Library	3,301			5,898,881	1,053,800	116,475	16
17	Social Service	597			1,269,856	226,852		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				189,377	33,831	1,274	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	31,753	804,408	1,063,457	59,538,578	10,636,316	5,254,946	30
31	Intensive Care Unit	5,722	111,561	147,441	8,785,145	1,569,413	540,873	31
40	Subprovider - IPF	2,641	69,225	91,490	5,218,685	932,287	317,776	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	289,676	629,615	832,113	18,919,044	3,379,774	1,799,347	50
51	Recovery Room	1,729	49,576	65,521	2,169,639	387,593	143,966	51
53	Anesthesiology	8,897	146,395	193,479	514,927	91,989		53
54	Radiology-Diagnostic	11,664	144,705	191,245	9,888,433	1,766,509	581,685	54
54.01	ULTRASOUND	2,232	71,142	94,023	1,937,605	346,142	56,787	54.01
57	CT Scan	3,553	364,954	482,331	2,690,264	480,600	39,981	57
58	MRI	2,609	56,457	74,615	882,300	157,618	34,037	58
59	Cardiac Catheterization	60,488	109,811	145,128	3,562,989	636,507	408,582	59
60	Laboratory	90,606	746,750	986,921	16,846,095	3,009,454	773,168	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,836	31,526	41,666	2,577,342	460,427		63
64	Intravenous Therapy	2,358	7,178	9,487	1,578,266	281,948		64
65	Respiratory Therapy	7,420	224,967	297,321	3,556,832	635,407	17,284	65
66	Physical Therapy	14,085	46,662	61,670	4,926,620	880,111	245,634	66
68	Speech Pathology	314	7,010	9,264	360,324	64,370		68
69	Electrocardiology	3,332	144,833	191,414	3,207,032	572,917	219,505	69
70	Electroencephalography	377	3,719	4,916	182,309	32,568	20,521	70
70.01	EMG	817	1,370	1,811	292,882	52,322	4,263	70.01
70.03	ANGIOGRAPHY	29,018	39,623	52,366	1,782,112	318,364	35,629	70.03
71	Medical Supplies Charged to Patients				25,713,551	4,593,572		71
72	Impl. Dev. Charged to Patients		137,586	181,837	17,066,195	3,048,773		72
73	Drugs Charged to Patients		264,548	349,632	12,971,913	2,317,354		73
74	Renal Dialysis	3,270	18,664	24,667	886,170	158,309		74
76.97	CARDIAC REHABILITATION	1,635	2,730	3,608	732,578	130,871		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	2,358	62	82	1,431,563	255,740		90.01
91	Emergency	10,909	343,399	453,843	10,376,816	1,853,756	688,872	91
91.01	PCC	16,002	244	322	2,836,518	506,727		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	10,406	16	21	14,338,362	2,561,462	78,263	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	126			3,475,414	620,862		116
118	SUBTOTALS (sum of lines 1-117)	860,130	4,578,736	6,051,691	336,786,029	50,895,054	13,528,152	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	5,785			4,392,271	784,653	328,019	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
194.01	PRIVATE DUTY NURSING				1,177,879	210,421		194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	865,915	4,578,736	6,051,691	342,356,179	51,890,128	13,856,171	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	1,065,215						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		1,656,010					8
9	Housekeeping		65,403	6,369,579				9
10	Dietary			155,232	4,002,639			10
11	Cafeteria					2,871,620		11
12	Maintenance of Personnel							12
13	Nursing Administration	109,235				21,606	2,271,894	13
14	Central Services & Supply		199,611	180,753				14
15	Pharmacy	147,570	262	39,841		86,424		15
16	Medical Records & Library			255,385		109,994		16
17	Social Service					27,498		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					5,893		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	142,707	688,826	3,050,992	3,304,183	1,133,327	1,318,794	30
31	Intensive Care Unit	29,288	96,274	197,093	265,098	157,134	182,849	31
40	Subprovider - IPF	2,940	22,237	154,865	235,193	100,173	116,566	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	138,636	172,665	709,700		239,629	278,844	50
51	Recovery Room	10,177	20,144	42,319		37,319	43,427	51
53	Anesthesiology	48,964		63,479				53
54	Radiology-Diagnostic	159,102	81,885	211,368		174,811		54
54.01	ULTRASOUND	7,237		27,815		31,427		54.01
57	CT Scan	3,958		14,734		29,463		57
58	MRI	5,202		12,668		9,821		58
59	Cardiac Catheterization	37,882	17,528	128,748		49,104	57,140	59
60	Laboratory	32,680		151,515		174,811		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,654				11,785		63
64	Intravenous Therapy	1,131				27,498	31,999	64
65	Respiratory Therapy	54,392		10,282		64,818		65
66	Physical Therapy	25,443	1,570	87,209		88,388		66
68	Speech Pathology					5,893		68
69	Electrocardiology	30,871	26,946	84,318		47,140		69
70	Electroencephalography	565	785	6,655		3,928		70
70.01	EMG	792				3,928		70.01
70.03	ANGIOGRAPHY	9,499		19,829		25,534		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	14,361	10,203			13,749		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES				16,000		31,999	90.01
91	Emergency	42,066	198,041	535,143	182,165	180,704	210,276	91
91.01	PCC	2,714	24,853	59,624				91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	1,244				5,893		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					3,928		116
118	SUBTOTALS (sum of lines 1-117)	1,064,310	1,627,233	6,199,567	4,002,639	2,871,620	2,271,894	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	905	28,777	170,012				192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,065,215	1,656,010	6,369,579	4,002,639	2,871,620	2,271,894	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING & 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	8,576,628						14
15	Pharmacy	181,931	7,799,189					15
16	Medical Records & Library	2,536	8,468	7,445,539				16
17	Social Service	87			1,524,293			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					230,375		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,141,152	532	4,049,933	1,342,610		92,602,896	30
31	Intensive Care Unit	581,828	53	334,912	67,746		12,807,706	31
40	Subprovider - IPF	23,458	5	293,197			7,417,382	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,443,589	618	139,447			28,221,293	50
51	Recovery Room	78,225					2,932,809	51
53	Anesthesiology	166,497					885,856	53
54	Radiology-Diagnostic	69,444	18,385	188,314			13,139,936	54
54.01	ULTRASOUND	14,553	5	56,017			2,477,588	54.01
57	CT Scan	229,500	12	346,831			3,835,343	57
58	MRI	18,746		45,291			1,165,683	58
59	Cardiac Catheterization	449,015	13,104	116,802			5,477,401	59
60	Laboratory	310,563	191	439,796			21,738,273	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,094	3,216	7,151			3,069,669	63
64	Intravenous Therapy	239,374	697				2,160,913	64
65	Respiratory Therapy	210,636		17,878			4,567,529	65
66	Physical Therapy	110,846	9,397	69,128			6,444,346	66
68	Speech Pathology	2		2,384			432,973	68
69	Electrocardiology	39,953	89	104,884			4,333,655	69
70	Electroencephalography	703		1,192			249,226	70
70.01	EMG	279	212	9,535			364,213	70.01
70.03	ANGIOGRAPHY	223,121	132	17,878			2,432,098	70.03
71	Medical Supplies Charged to Patients		8,468				30,315,591	71
72	Impl. Dev. Charged to Patients						20,114,968	72
73	Drugs Charged to Patients		7,498,296			230,375	23,017,938	73
74	Renal Dialysis			1,192			1,045,671	74
76.97	CARDIAC REHABILITATION	1,480	22	9,535			912,799	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	994	183				1,736,479	90.01
91	Emergency	891,461	220	563,749	113,937		15,837,206	91
91.01	PCC	35,932	17,162	630,493			4,114,023	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	104,200	1,759				17,091,183	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,429	217,963				4,320,596	116
118	SUBTOTALS (sum of lines 1-117)	8,576,628	7,799,189	7,445,539	1,524,293	230,375	335,263,242	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						5,704,637	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
194.01	PRIVATE DUTY NURSING						1,388,300	194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,576,628	7,799,189	7,445,539	1,524,293	230,375	342,356,179	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING & 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		92,602,896				30
31	Intensive Care Unit		12,807,706				31
40	Subprovider - IPF		7,417,382				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		28,221,293				50
51	Recovery Room		2,932,809				51
53	Anesthesiology		885,856				53
54	Radiology-Diagnostic		13,139,936				54
54.01	ULTRASOUND		2,477,588				54.01
57	CT Scan		3,835,343				57
58	MRI		1,165,683				58
59	Cardiac Catheterization		5,477,401				59
60	Laboratory		21,738,273				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,069,669				63
64	Intravenous Therapy		2,160,913				64
65	Respiratory Therapy		4,567,529				65
66	Physical Therapy		6,444,346				66
68	Speech Pathology		432,973				68
69	Electrocardiology		4,333,655				69
70	Electroencephalography		249,226				70
70.01	EMG		364,213				70.01
70.03	ANGIOGRAPHY		2,432,098				70.03
71	Medical Supplies Charged to Patients		30,315,591				71
72	Impl. Dev. Charged to Patients		20,114,968				72
73	Drugs Charged to Patients		23,017,938				73
74	Renal Dialysis		1,045,671				74
76.97	CARDIAC REHABILITATION		912,799				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES		1,736,479				90.01
91	Emergency		15,837,206				91
91.01	PCC		4,114,023				91.01
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		17,091,183				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		4,320,596				116
118	SUBTOTALS (sum of lines 1-117)		335,263,242				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		5,704,637				192
194	NEW DIRECTION						194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
194.01	PRIVATE DUTY NURSING		1,388,300				194.01
194.02	PHYSICIAN REFERRAL CENTER						194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		342,356,179				202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		63,292	4,737	68,029	68,029		4
5.01	COMMUNICATIONS			106,658	106,658	271	106,929	5.01
5.02	DATA PROCESSING		127,022	3,265,526	3,392,548	2,290	4,642	5.02
5.03	PURCHASING & STORES		95,923	15,341	111,264	241	447	5.03
5.04	ADMITTING			1,111	1,111	1,778	1,066	5.04
5.05	CASHIERING		451,551	4,044	455,595	1,476	3,645	5.05
5.06	ADMINISTRATIVE & GENERAL	140,854	1,303,935	6,804,192	8,248,981	5,212	7,495	5.06
6	Maintenance & Repairs	-84	1,705,993	1,569,653	3,275,562	934	1,994	6
6.01	CLINICAL ENGINEERING		18,394	126,664	145,058	151	378	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		63,497	441	63,938	60		8
9	Housekeeping		24,404	54,165	78,569	2,350	619	9
10	Dietary	3,074	428,285	131,797	563,156	1,988	1,272	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		61,600	14,175	75,775	331	1,272	13
14	Central Services & Supply		885,598	591,012	1,476,610	1,416	1,925	14
15	Pharmacy		290,425	197,939	488,364	1,326	2,304	15
16	Medical Records & Library		94,990	6,774	101,764	1,687	2,200	16
17	Social Service			33	33	422	550	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY		1,050		1,050	90	34	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		4,332,991	326,806	4,659,797	17,385	31,390	30
31	Intensive Care Unit		445,979	109,791	555,770	2,410	2,407	31
40	Subprovider - IPF		262,024	16,488	278,512	1,537	1,685	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,483,660	837,970	2,321,630	3,676	7,805	50
51	Recovery Room		118,708	16,459	135,167	572	860	51
53	Anesthesiology			84,366	84,366		481	53
54	Radiology-Diagnostic	855,600	479,631	557,202	1,892,433	2,681	3,507	54
54.01	ULTRASOUND		46,824	66,029	112,853	482		54.01
57	CT Scan		32,966	49,340	82,306	452		57
58	MRI		28,065	128,360	156,425	151		58
59	Cardiac Catheterization		336,898	437,297	774,195	753	1,135	59
60	Laboratory		637,519	182,060	819,579	2,681	4,332	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			1,801	1,801	181		63
64	Intravenous Therapy			1,590	1,590	422	550	64
65	Respiratory Therapy		14,251	52,249	66,500	994	997	65
66	Physical Therapy	77,166	202,539	18,658	298,363	1,356	2,510	66
68	Speech Pathology			517	517	90		68
69	Electrocardiology		180,994	73,026	254,020	723	1,582	69
70	Electroencephalography		16,921	4,010	20,931	60	138	70
70.01	EMG		3,515		3,515	60	344	70.01
70.03	ANGIOGRAPHY		29,378	102,972	132,350	392	103	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			473	473			74
76.97	CARDIAC REHABILITATION			1,433	1,433	211		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES			166	166	422		90.01
91	Emergency		568,013	208,002	776,015	2,772	5,707	91
91.01	PCC			233,776	233,776	331	2,991	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		64,532	28,979	93,511	3,615	2,957	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	156,038		146	156,184	964	69	116
118	SUBTOTALS (sum of lines 1-117)	1,232,648	14,901,367	16,434,228	32,568,243	67,396	101,393	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		270,470	2,078	272,548		5,536	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
194.01	PRIVATE DUTY NURSING					633		194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,232,648	15,171,837	16,436,306	32,840,791	68,029	106,929	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	3,399,480						5.02
5.03	PURCHASING & STORES	30,228	142,180					5.03
5.04	ADMITTING	142,678	465	147,098				5.04
5.05	CASHIERING	106,404	294		567,414			5.05
5.06	ADMINISTRATIVE & GENERAL	991,490	3,970			9,257,148		5.06
6	Maintenance & Repairs		8,151			374,665	3,661,306	6
6.01	CLINICAL ENGINEERING		1,507			28,200	5,895	6.01
7	Operation of Plant							7
8	Laundry & Linen Service		1,301			42,696	20,348	8
9	Housekeeping		1,502			169,662	7,820	9
10	Dietary	4,837	929			89,987	137,248	10
11	Cafeteria					77,647		11
12	Maintenance of Personnel							12
13	Nursing Administration	106,404	294			55,873	19,740	13
14	Central Services & Supply		19,327			192,582	283,799	14
15	Pharmacy	174,720	1,404			189,032	93,069	15
16	Medical Records & Library	213,412	542			187,997	30,777	16
17	Social Service	4,837	98			40,470		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					6,035	337	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	228,526	5,214	26,044	99,533	1,897,491	1,388,550	30
31	Intensive Care Unit		940	3,578	13,829	279,983	142,918	31
40	Subprovider - IPF	7,255	434	2,220	8,581	166,319	83,968	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	257,546	47,562	20,193	78,050	602,950	475,453	50
51	Recovery Room	21,160	284	1,590	6,146	69,146	38,041	51
53	Anesthesiology		1,461	4,695	18,148	16,411		53
54	Radiology-Diagnostic	2,418	1,915	4,641	17,938	315,144	153,702	54
54.01	ULTRASOUND		367	2,282	8,819	61,751	15,005	54.01
57	CT Scan		583	11,705	45,241	85,739	10,564	57
58	MRI		428	1,811	6,999	28,119	8,994	58
59	Cardiac Catheterization		9,932	3,522	13,613	113,552	107,962	59
60	Laboratory	278,101	14,877	23,950	92,570	536,885	204,299	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		630	1,011	3,908	82,140		63
64	Intravenous Therapy		387	230	890	50,299		64
65	Respiratory Therapy	18,137	1,218	7,215	27,888	113,356	4,567	65
66	Physical Therapy	12,091	2,313	1,497	5,784	157,011	64,906	66
68	Speech Pathology		52	225	869	11,484		68
69	Electrocardiology	81,012	547	4,645	17,954	102,208	58,001	69
70	Electroencephalography		62	119	461	5,810	5,422	70
70.01	EMG	31,437	134	44	170	9,334	1,127	70.01
70.03	ANGIOGRAPHY		4,765	1,271	4,912	56,796	9,414	70.03
71	Medical Supplies Charged to Patients					819,491		71
72	Impl. Dev. Charged to Patients			4,413	17,056	543,900		72
73	Drugs Charged to Patients			8,485	32,794	413,415		73
74	Renal Dialysis		537	599	2,314	28,242		74
76.97	CARDIAC REHABILITATION		268	88	338	23,347		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES		387	2	8	45,624		90.01
91	Emergency	30,228	1,791	11,014	42,569	330,709	182,025	91
91.01	PCC		2,628	8	30	90,400		91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	129,377	1,709	1	2	456,964	20,680	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		21			110,761		116
118	SUBTOTALS (sum of lines 1-117)	2,872,298	141,230	147,098	567,414	9,079,627	3,574,631	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	527,182	950			139,982	86,675	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
194.01	PRIVATE DUTY NURSING					37,539		194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,399,480	142,180	147,098	567,414	9,257,148	3,661,306	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	181,189						6.01
7	Operation of Plant							7
8	Laundry & Linen Service		128,343					8
9	Housekeeping		5,069	265,591				9
10	Dietary			6,473	805,890			10
11	Cafeteria					77,647		11
12	Maintenance of Personnel							12
13	Nursing Administration	18,581				584	278,854	13
14	Central Services & Supply		15,470	7,537				14
15	Pharmacy	25,101	20	1,661		2,337		15
16	Medical Records & Library			10,649		2,974		16
17	Social Service					744		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					159		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	24,274	53,387	127,216	665,263	30,643	161,870	30
31	Intensive Care Unit	4,982	7,461	8,218	53,375	4,249	22,443	31
40	Subprovider - IPF	500	1,723	6,457	47,354	2,709	14,307	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	23,581	13,382	29,592		6,479	34,226	50
51	Recovery Room	1,731	1,561	1,765		1,009	5,330	51
53	Anesthesiology	8,329		2,647				53
54	Radiology-Diagnostic	27,060	6,346	8,813		4,727		54
54.01	ULTRASOUND	1,231		1,160		850		54.01
57	CT Scan	673		614		797		57
58	MRI	885		528		266		58
59	Cardiac Catheterization	6,444	1,358	5,368		1,328	7,013	59
60	Laboratory	5,559		6,318		4,727		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	962				319		63
64	Intravenous Therapy	192				744	3,928	64
65	Respiratory Therapy	9,252		429		1,753		65
66	Physical Therapy	4,328	122	3,636		2,390		66
68	Speech Pathology					159		68
69	Electrocardiology	5,251	2,088	3,516		1,275		69
70	Electroencephalography	96	61	278		106		70
70.01	EMG	135				106		70.01
70.03	ANGIOGRAPHY	1,616		827		690		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	2,443	791			372		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES				3,221		3,928	90.01
91	Emergency	7,155	15,348	22,314	36,677	4,886	25,809	91
91.01	PCC	462	1,926	2,486				91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	212				159		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					106		116
118	SUBTOTALS (sum of lines 1-117)	181,035	126,113	258,502	805,890	77,647	278,854	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	154	2,230	7,089				192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.01	8	9	10	11	13	
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	181,189	128,343	265,591	805,890	77,647	278,854	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	1,998,666						14
15	Pharmacy	42,397	1,021,735					15
16	Medical Records & Library	591	1,109	553,702				16
17	Social Service	20			47,174			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					7,705		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	498,967	70	301,181	41,551		10,258,352	30
31	Intensive Care Unit	135,587	7	24,906	2,097		1,265,160	31
40	Subprovider - IPF	5,467	1	21,804			650,833	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	569,444	81	10,370			4,502,020	50
51	Recovery Room	18,229					302,591	51
53	Anesthesiology	38,800					175,338	53
54	Radiology-Diagnostic	16,183	2,409	14,004			2,473,921	54
54.01	ULTRASOUND	3,391	1	4,166			212,358	54.01
57	CT Scan	53,482	2	25,793			317,951	57
58	MRI	4,369		3,368			212,343	58
59	Cardiac Catheterization	104,637	1,717	8,686			1,161,215	59
60	Laboratory	72,373	25	32,706			2,098,982	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	954	421	532			92,859	63
64	Intravenous Therapy	55,783	91				115,106	64
65	Respiratory Therapy	49,086		1,330			302,722	65
66	Physical Therapy	25,831	1,231	5,141			588,510	66
68	Speech Pathology			177			13,573	68
69	Electrocardiology	9,310	12	7,800			549,944	69
70	Electroencephalography	164		89			33,797	70
70.01	EMG	65	28	709			47,208	70.01
70.03	ANGIOGRAPHY	51,995	17	1,330			266,478	70.03
71	Medical Supplies Charged to Patients		1,109				820,600	71
72	Impl. Dev. Charged to Patients						565,369	72
73	Drugs Charged to Patients		982,316				1,437,010	73
74	Renal Dialysis			89			32,254	74
76.97	CARDIAC REHABILITATION	345	3	709			30,348	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	232	24				54,014	90.01
91	Emergency	207,743	29	41,924	3,526		1,748,241	91
91.01	PCC	8,373	2,248	46,888			392,547	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	24,282	230				733,699	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	566	28,554				297,225	116
118	SUBTOTALS (sum of lines 1-117)	1,998,666	1,021,735	553,702	47,174		31,752,568	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						1,042,346	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	
		14	15	16	17	23	24	
194.01	PRIVATE DUTY NURSING						38,172	194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments					7,705	7,705	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,998,666	1,021,735	553,702	47,174	7,705	32,840,791	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		10,258,352				30
31	Intensive Care Unit		1,265,160				31
40	Subprovider - IPF		650,833				40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		4,502,020				50
51	Recovery Room		302,591				51
53	Anesthesiology		175,338				53
54	Radiology-Diagnostic		2,473,921				54
54.01	ULTRASOUND		212,358				54.01
57	CT Scan		317,951				57
58	MRI		212,343				58
59	Cardiac Catheterization		1,161,215				59
60	Laboratory		2,098,982				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		92,859				63
64	Intravenous Therapy		115,106				64
65	Respiratory Therapy		302,722				65
66	Physical Therapy		588,510				66
68	Speech Pathology		13,573				68
69	Electrocardiology		549,944				69
70	Electroencephalography		33,797				70
70.01	EMG		47,208				70.01
70.03	ANGIOGRAPHY		266,478				70.03
71	Medical Supplies Charged to Patients		820,600				71
72	Impl. Dev. Charged to Patients		565,369				72
73	Drugs Charged to Patients		1,437,010				73
74	Renal Dialysis		32,254				74
76.97	CARDIAC REHABILITATION		30,348				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES		54,014				90.01
91	Emergency		1,748,241				91
91.01	PCC		392,547				91.01
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency		733,699				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		297,225				116
118	SUBTOTALS (sum of lines 1-117)		31,752,568				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		1,042,346				192
194	NEW DIRECTION						194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
194.01	PRIVATE DUTY NURSING		38,172				194.01
194.02	PHYSICIAN REFERRAL CENTER						194.02
200	Cross Foot Adjustments		7,705				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		32,840,791				202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNICATIONS # OF PHONES	DATA PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	1,040,102						1
2	Cap Rel Costs-Mvble Equip		31,354,988					2
4	Employee Benefits Department	4,339	9,037	2,258				4
5.01	COMMUNICATIONS		203,468	9	3,110			5.01
5.02	DATA PROCESSING	8,708	6,229,530	76	135	11,246		5.02
5.03	PURCHASING & STORES	6,576	29,266	8	13	100	27,543	5.03
5.04	ADMITTING		2,120	59	31	472	90	5.04
5.05	CASHIERING	30,956	7,714	49	106	352	57	5.05
5.06	ADMINISTRATIVE & GENERAL	89,391	12,980,137	173	218	3,280	769	5.06
6	Maintenance & Repairs	116,954	2,994,372	31	58		1,579	6
6.01	CLINICAL ENGINEERING	1,261	241,633	5	11		292	6.01
7	Operation of Plant							7
8	Laundry & Linen Service	4,353	841	2			252	8
9	Housekeeping	1,673	103,329	78	18		291	9
10	Dietary	29,361	251,424	66	37	16	180	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	4,223	27,042	11	37	352	57	13
14	Central Services & Supply	60,712	1,127,453	47	56		3,744	14
15	Pharmacy	19,910	377,602	44	67	578	272	15
16	Medical Records & Library	6,512	12,922	56	64	706	105	16
17	Social Service		63	14	16	16	19	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY	72		3	1			23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	297,047	623,436	577	913	756	1,010	30
31	Intensive Care Unit	30,574	209,444	80	70		182	31
40	Subprovider - IPF	17,963	31,453	51	49	24	84	40
43	Nursery							43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	101,712	1,598,567	122	227	852	9,214	50
51	Recovery Room	8,138	31,398	19	25	70	55	51
53	Anesthesiology		160,943		14		283	53
54	Radiology-Diagnostic	32,881	1,062,954	89	102	8	371	54
54.01	ULTRASOUND	3,210	125,961	16			71	54.01
57	CT Scan	2,260	94,125	15			113	57
58	MRI	1,924	244,867	5			83	58
59	Cardiac Catheterization	23,096	834,217	25	33		1,924	59
60	Laboratory	43,705	347,310	89	126	920	2,882	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		3,435	6			122	63
64	Intravenous Therapy		3,033	14	16		75	64
65	Respiratory Therapy	977	99,674	33	29	60	236	65
66	Physical Therapy	13,885	35,593	45	73	40	448	66
68	Speech Pathology		987	3			10	68
69	Electrocardiology	12,408	139,309	24	46	268	106	69
70	Electroencephalography	1,160	7,649	2	4		12	70
70.01	EMG	241		2	10	104	26	70.01
70.03	ANGIOGRAPHY	2,014	196,437	13	3		923	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				104	74
76.97	CARDIAC REHABILITATION		2,734	7			52	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES		317	14			75	90.01
91	Emergency	38,940	396,798	92	166	100	347	91
91.01	PCC		445,967	11	87		509	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	4,424	55,282	120	86	428	331	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice		278	32	2		4	116
118	SUBTOTALS (sum of lines 1-117)	1,021,560	31,351,023	2,237	2,949	9,502	27,359	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices	18,542	3,965		161	1,744	184	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNI- CATIONS # OF PHONES	DATA PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
194.01	PRIVATE DUTY NURSING			21				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)	15,171,837	16,436,306	39,091,635	869,891	16,661,765	865,915	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14,586874	0.524201	17,312.504429	279.707717	1,481.572559	31.438660	203
204	Cost to be allocated (Per Wkst. B, Part II)			68,029	106,929	3,399,480	142,180	204
205	Unit Cost Multiplier (Wkst. B, Part II)			30.127989	34.382315	302.283479	5.162110	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	
		INPATIENT REVENUES	INPATIENT REVENUES	CILIATION	TRATIVE & GENERAL ACCUM. COST	TENANCE & REPAIRS SQUARE FEET	ENGINEER TIME SPENT	
		5.04	5.05	5A.06	5.06	6	6.01	
	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	825,056,628						5.04
5.05	CASHIERING		825,056,628					5.05
5.06	ADMINISTRATIVE & GENERAL			-51,890,128	290,466,051			5.06
6	Maintenance & Repairs				11,756,027	783,250		6
6.01	CLINICAL ENGINEERING				884,836	1,261	9,420	6.01
7	Operation of Plant							7
8	Laundry & Linen Service				1,339,678	4,353		8
9	Housekeeping				5,323,558	1,673		9
10	Dietary				2,823,578	29,361		10
11	Cafeteria				2,436,376			11
12	Maintenance of Personnel							12
13	Nursing Administration				1,753,155	4,223	966	13
14	Central Services & Supply				6,042,734	60,712		14
15	Pharmacy				5,931,342	19,910	1,305	15
16	Medical Records & Library				5,898,881	6,584		16
17	Social Service				1,269,856			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				189,377	72		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	144,997,501	144,997,501		59,538,578	297,047	1,262	30
31	Intensive Care Unit	20,101,014	20,101,014		8,785,145	30,574	259	31
40	Subprovider - IPF	12,473,021	12,473,021		5,218,685	17,963	26	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	113,444,128	113,444,128		18,919,044	101,712	1,226	50
51	Recovery Room	8,932,684	8,932,684		2,169,639	8,138	90	51
53	Anesthesiology	26,377,550	26,377,550		514,927		433	53
54	Radiology-Diagnostic	26,072,992	26,072,992		9,888,433	32,881	1,407	54
54.01	ULTRASOUND	12,818,380	12,818,380		1,937,605	3,210	64	54.01
57	CT Scan	65,757,406	65,757,406		2,690,264	2,260	35	57
58	MRI	10,172,507	10,172,507		882,300	1,924	46	58
59	Cardiac Catheterization	19,785,722	19,785,722		3,562,989	23,096	335	59
60	Laboratory	134,549,605	134,549,605		16,846,095	43,705	289	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,680,401	5,680,401		2,577,342		50	63
64	Intravenous Therapy	1,293,398	1,293,398		1,578,266		10	64
65	Respiratory Therapy	40,534,563	40,534,563		3,556,832	977	481	65
66	Physical Therapy	8,407,642	8,407,642		4,926,620	13,885	225	66
68	Speech Pathology	1,262,974	1,262,974		360,324			68
69	Electrocardiology	26,095,985	26,095,985		3,207,032	12,408	273	69
70	Electroencephalography	670,153	670,153		182,309	1,160	5	70
70.01	EMG	246,879	246,879		292,882	241	7	70.01
70.03	ANGIOGRAPHY	7,139,198	7,139,198		1,782,112	2,014	84	70.03
71	Medical Supplies Charged to Patients				25,713,551			71
72	Impl. Dev. Charged to Patients	24,790,293	24,790,293		17,066,195			72
73	Drugs Charged to Patients	47,666,322	47,666,322		12,971,913			73
74	Renal Dialysis	3,362,928	3,362,928		886,170			74
76.97	CARDIAC REHABILITATION	491,863	491,863		732,578		127	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	11,127	11,127		1,431,563			90.01
91	Emergency	61,873,621	61,873,621		10,376,816	38,940	372	91
91.01	PCC	43,875	43,875		2,836,518		24	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,896	2,896		14,338,362	4,424	11	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				3,475,414			116
118	SUBTOTALS (sum of lines 1-117)	825,056,628	825,056,628	-51,890,128	284,895,901	764,708	9,412	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				4,392,271	18,542	8	192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMITTING	CASHIERING	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	MAIN- TENANCE & REPAIRS SQUARE FEET	CLINICAL ENGINEER TIME SPENT	
		INPATIENT REVENUES	INPATIENT REVENUES					
		5.04	5.05	5A.06	5.06	6	6.01	
194.01	PRIVATE DUTY NURSING				1,177,879			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)	4,578,736	6,051,691		51,890,128	13,856,171	1,065,215	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.005550	0.007335		0.178644	17.690611	113.080149	203
204	Cost to be allocated (Per Wkst. B, Part II)	147,098	567,414		9,257,148	3,661,306	181,189	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000178	0.000688		0.031870	4.674505	19.234501	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	569,700						8
9	Housekeeping	22,500	138,772					9
10	Dietary		3,382	305,704				10
11	Cafeteria				1,462			11
12	Maintenance of Personnel							12
13	Nursing Administration					994		13
14	Central Services & Supply	68,670	3,938		11		12,616,519	14
15	Pharmacy	90	868		44		267,627	15
16	Medical Records & Library		5,564		56		3,731	16
17	Social Service				14		128	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	236,970	66,471	252,359	577	577	3,149,707	30
31	Intensive Care Unit	33,120	4,294	20,247	80	80	855,888	31
40	Subprovider - IPF	7,650	3,374	17,963	51	51	34,508	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,400	15,462		122	122	3,594,612	50
51	Recovery Room	6,930	922		19	19	115,071	51
53	Anesthesiology		1,383				244,923	53
54	Radiology-Diagnostic	28,170	4,605		89		102,155	54
54.01	ULTRASOUND		606		16		21,408	54.01
57	CT Scan		321		15		337,602	57
58	MRI		276		5		27,576	58
59	Cardiac Catheterization	6,030	2,805		25	25	660,516	59
60	Laboratory		3,301		89		456,849	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				6		6,022	63
64	Intravenous Therapy				14	14	352,127	64
65	Respiratory Therapy		224		33		309,852	65
66	Physical Therapy	540	1,900		45		163,058	66
68	Speech Pathology				3		3	68
69	Electrocardiology	9,270	1,837		24		58,772	69
70	Electroencephalography	270	145		2		1,034	70
70.01	EMG				2		411	70.01
70.03	ANGIOGRAPHY		432		13		328,219	70.03
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	3,510			7		2,177	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES			1,222		14	1,462	90.01
91	Emergency	68,130	11,659	13,913	92	92	1,311,369	91
91.01	PCC	8,550	1,299				52,857	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				3		153,282	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice				2		3,573	116
118	SUBTOTALS (sum of lines 1-117)	559,800	135,068	305,704	1,462	994	12,616,519	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	9,900	3,704					192
194	NEW DIRECTION							194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTEs	NURSING ADMINISTRATION FTEs	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,656,010	6,369,579	4,002,639	2,871,620	2,271,894	8,576,628	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.906811	45.899598	13.093185	1,964.172367	2,285.607646	0.679794	203
204	Cost to be allocated (Per Wkst. B, Part II)	128,343	265,591	805,890	77,647	278,854	1,998,666	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.225282	1.913866	2.636177	53.110123	280.537223	0.158417	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	10,062,894						15
16	Medical Records & Library	10,926	6,247					16
17	Social Service			990				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY RESIDENCY					100		23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	686	3,398	872				30
31	Intensive Care Unit	68	281	44				31
40	Subprovider - IPF	6	246					40
43	Nursery							43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	797	117					50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic	23,721	158					54
54.01	ULTRASOUND	7	47					54.01
57	CT Scan	15	291					57
58	MRI		38					58
59	Cardiac Catheterization	16,908	98					59
60	Laboratory	247	369					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,150	6					63
64	Intravenous Therapy	899						64
65	Respiratory Therapy		15					65
66	Physical Therapy	12,124	58					66
68	Speech Pathology		2					68
69	Electrocardiology	115	88					69
70	Electroencephalography		1					70
70.01	EMG	273	8					70.01
70.03	ANGIOGRAPHY	170	15					70.03
71	Medical Supplies Charged to Patients	10,926						71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	9,674,667				100		73
74	Renal Dialysis		1					74
76.97	CARDIAC REHABILITATION	29	8					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	236						90.01
91	Emergency	284	473	74				91
91.01	PCC	22,143	529					91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	2,270						101
SPECIAL PURPOSE COST CENTERS								
116	Hospice	281,227						116
118	SUBTOTALS (sum of lines 1-117)	10,062,894	6,247	990	100			118
NONREIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	PARAMED EDUCATION ASSIGNED TIME			
		15	16	17	23			
192	Physicians' Private Offices							192
194	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)	7,799,189	7,445,539	1,524,293	230,375			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.775044	1,191.858332	1,539.689899	2,303.750000			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,021,735	553,702	47,174	7,705			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.101535	88.634865	47.650505	77.050000			205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		CODE	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	92,602,896		92,602,896	21,001	92,623,897	30
31	Intensive Care Unit	12,807,706		12,807,706	2,952	12,810,658	31
40	Subprovider - IPF	7,417,382		7,417,382		7,417,382	40
43	Nursery						43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,221,293		28,221,293		28,221,293	50
51	Recovery Room	2,932,809		2,932,809		2,932,809	51
53	Anesthesiology	885,856		885,856		885,856	53
54	Radiology-Diagnostic	13,139,936		13,139,936		13,139,936	54
54.01	ULTRASOUND	2,477,588		2,477,588		2,477,588	54.01
57	CT Scan	3,835,343		3,835,343		3,835,343	57
58	MRI	1,165,683		1,165,683		1,165,683	58
59	Cardiac Catheterization	5,477,401		5,477,401	57,645	5,535,046	59
60	Laboratory	21,738,273		21,738,273		21,738,273	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	3,069,669		3,069,669		3,069,669	63
64	Intravenous Therapy	2,160,913		2,160,913		2,160,913	64
65	Respiratory Therapy	4,567,529		4,567,529		4,567,529	65
66	Physical Therapy	6,444,346		6,444,346		6,444,346	66
68	Speech Pathology	432,973		432,973		432,973	68
69	Electrocardiology	4,333,655		4,333,655		4,333,655	69
70	Electroencephalography	249,226		249,226		249,226	70
70.01	EMG	364,213		364,213		364,213	70.01
70.03	ANGIOGRAPHY	2,432,098		2,432,098		2,432,098	70.03
71	Medical Supplies Charged to Patients	30,315,591		30,315,591		30,315,591	71
72	Impl. Dev. Charged to Patients	20,114,968		20,114,968		20,114,968	72
73	Drugs Charged to Patients	23,017,938		23,017,938		23,017,938	73
74	Renal Dialysis	1,045,671		1,045,671		1,045,671	74
76.97	CARDIAC REHABILITATION	912,799		912,799		912,799	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	1,736,479		1,736,479		1,736,479	90.01
91	Emergency	15,837,206		15,837,206		15,837,206	91
91.01	PCC	4,114,023		4,114,023		4,114,023	91.01
92	Observation Beds (Non-Distinct Part)	9,851,396		9,851,396		9,851,396	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	17,091,183		17,091,183		17,091,183	101
113	Interest Expense						113
116	Hospice	4,320,596		4,320,596		4,320,596	116
200	Subtotal (sum of lines 30 thru 199)	345,114,638		345,114,638	81,598	345,196,236	200
201	Less Observation Beds	9,851,396		9,851,396		9,851,396	201
202	Total (line 200 minus line 201)	335,263,242		335,263,242		335,344,840	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	144,975,992		144,975,992				30
31	Intensive Care Unit	20,101,014		20,101,014				31
40	Subprovider - IPF	12,473,021		12,473,021				40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	109,102,953	130,573,693	239,676,646	0.117747	0.117747	0.117747	50
51	Recovery Room	8,932,684	7,424,267	16,356,951	0.179300	0.179300	0.179300	51
53	Anesthesiology	26,377,550	27,482,283	53,859,833	0.016447	0.016447	0.016447	53
54	Radiology-Diagnostic	26,067,394	46,504,893	72,572,287	0.181060	0.181060	0.181060	54
54.01	ULTRASOUND	12,818,380	13,996,816	26,815,196	0.092395	0.092395	0.092395	54.01
57	CT Scan	65,730,124	86,599,039	152,329,163	0.025178	0.025178	0.025178	57
58	MRI	10,172,507	11,216,375	21,388,882	0.054499	0.054499	0.054499	58
59	Cardiac Catheterization	18,402,618	25,155,315	43,557,933	0.125750	0.125750	0.127073	59
60	Laboratory	134,549,605	109,879,975	244,429,580	0.088935	0.088935	0.088935	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,680,401	1,863,877	7,544,278	0.406887	0.406887	0.406887	63
64	Intravenous Therapy	1,293,398	20,990	1,314,388	1.644045	1.644045	1.644045	64
65	Respiratory Therapy	36,435,665	4,365,678	40,801,343	0.111946	0.111946	0.111946	65
66	Physical Therapy	8,104,388	17,292,354	25,396,742	0.253747	0.253747	0.253747	66
68	Speech Pathology	1,262,974	680,957	1,943,931	0.222731	0.222731	0.222731	68
69	Electrocardiology	26,095,985	26,320,211	52,416,196	0.082678	0.082678	0.082678	69
70	Electroencephalography	670,153	326,382	996,535	0.250093	0.250093	0.250093	70
70.01	EMG	246,879	2,267,497	2,514,376	0.144852	0.144852	0.144852	70.01
70.03	ANGIOGRAPHY	6,303,864	4,029,203	10,333,067	0.235370	0.235370	0.235370	70.03
71	Medical Supplies Charged to Patients	11,025,956	7,746,369	18,772,325	1.614909	1.614909	1.614909	71
72	Impl. Dev. Charged to Patients	24,790,293	11,512,574	36,302,867	0.554088	0.554088	0.554088	72
73	Drugs Charged to Patients	47,666,322	16,922,276	64,588,598	0.356378	0.356378	0.356378	73
74	Renal Dialysis	3,362,928	209,072	3,572,000	0.292741	0.292741	0.292741	74
76.97	CARDIAC REHABILITATION	491,863	2,455,810	2,947,673	0.309668	0.309668	0.309668	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	10,688	6,320,301	6,330,989	0.274282	0.274282	0.274282	90.01
91.01	PCC	61,862,520	98,651,596	160,514,116	0.098666	0.098666	0.098666	91
92	Observation Beds (Non-Distinct Part)	43,875	4,442,322	4,486,197	0.917040	0.917040	0.917040	91.01
92	Observation Beds (Non-Distinct Part)	4,377,478	27,241,824	31,619,302	0.311563	0.311563	0.311563	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,896	15,983,002	15,985,898				101
113	Interest Expense							113
116	Hospice		7,385,146	7,385,146				116
200	Subtotal (sum of lines 30 thru 199)	829,432,368	714,870,097	1,544,302,465				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	829,432,368	714,870,097	1,544,302,465				202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	10,258,352		10,258,352	89,198	115.01	44,336	5,099,083	30
31	Intensive Care Unit	1,265,160		1,265,160	6,543	193.36	4,594	888,296	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	650,833		650,833	6,104	106.62	1,393	148,522	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,423				43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	12,174,345		12,174,345	103,268		50,323	6,135,901	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	4,502,020	239,676,646	0.018784	54,805,414	1,029,465	50
51	Recovery Room	302,591	16,356,951	0.018499	4,508,792	83,408	51
53	Anesthesiology	175,338	53,859,833	0.003255	12,989,412	42,281	53
54	Radiology-Diagnostic	2,473,921	72,572,287	0.034089	15,548,123	530,020	54
54.01	ULTRASOUND	212,358	26,815,196	0.007919	7,291,210	57,739	54.01
57	CT Scan	317,951	152,329,163	0.002087	35,721,668	74,551	57
58	MRI	212,343	21,388,882	0.009928	5,393,115	53,543	58
59	Cardiac Catheterization	1,161,215	43,557,933	0.026659	9,099,957	242,596	59
60	Laboratory	2,098,982	244,429,580	0.008587	73,870,747	634,328	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	92,859	7,544,278	0.012309	3,412,413	42,003	63
64	Intravenous Therapy	115,106	1,314,388	0.087574	693,427	60,726	64
65	Respiratory Therapy	302,722	40,801,343	0.007419	22,420,021	166,334	65
66	Physical Therapy	588,510	25,396,742	0.023173	5,981,803	138,616	66
68	Speech Pathology	13,573	1,943,931	0.006982			68
69	Electrocardiology	549,944	52,416,196	0.010492	14,967,648	157,041	69
70	Electroencephalography	33,797	996,535	0.033915	359,593	12,196	70
70.01	EMG	47,208	2,514,376	0.018775	158,332	2,973	70.01
70.03	ANGIOGRAPHY	266,478	10,333,067	0.025789	3,809,447	98,242	70.03
71	Medical Supplies Charged to Pat	820,600	18,772,325	0.043713	5,987,290	261,722	71
72	Impl. Dev. Charged to Patients	565,369	36,302,867	0.015574	13,016,486	202,719	72
73	Drugs Charged to Patients	1,437,010	64,588,598	0.022249	26,039,170	579,345	73
74	Renal Dialysis	32,254	3,572,000	0.009030	2,076,601	18,752	74
76.97	CARDIAC REHABILITATION	30,348	2,947,673	0.010296	241,642	2,488	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	54,014	6,330,989	0.008532	235	2	90.01
91	Emergency	1,748,241	160,514,116	0.010892	32,086,933	349,491	91
91.01	PCC	392,547	4,486,197	0.087501	34,914	3,055	91.01
92	Observation Beds (Non-Distinct	1,091,072	31,619,302	0.034507			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	19,638,371	1,343,381,394		350,514,393	4,843,636	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	89,198		44,336	30
31	Intensive Care Unit	6,543		4,594	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	6,104		1,393	40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	1,423			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	103,268		50,323	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0062

**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					230,375		230,375	230,375	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
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					230,375		230,375	230,375	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	239,676,646			54,805,414		43,596,509		50
51	Recovery Room	16,356,951			4,508,792		2,044,839		51
53	Anesthesiology	53,859,833			12,989,412		9,076,515		53
54	Radiology-Diagnostic	72,572,287			15,548,123		14,894,589		54
54.01	ULTRASOUND	26,815,196			7,291,210		5,006,442		54.01
57	CT Scan	152,329,163			35,721,668		29,793,176		57
58	MRI	21,388,882			5,393,115		4,165,411		58
59	Cardiac Catheterization	43,557,933			9,099,957		11,925,823		59
60	Laboratory	244,429,580			73,870,747		21,750,507		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,544,278			3,412,413		596,897		63
64	Intravenous Therapy	1,314,388			693,427		17,934		64
65	Respiratory Therapy	40,801,343			22,420,021		2,098,797		65
66	Physical Therapy	25,396,742			5,981,803		2,737,366		66
68	Speech Pathology	1,943,931							68
69	Electrocardiology	52,416,196			14,967,648		9,488,205		69
70	Electroencephalography	996,535			359,593		151,026		70
70.01	EMG	2,514,376			158,332		956,661		70.01
70.03	ANGIOGRAPHY	10,333,067			3,809,447		1,999,266		70.03
71	Medical Supplies Charged to Pat	18,772,325			5,987,290		2,720,915		71
72	Impl. Dev. Charged to Patients	36,302,867			13,016,486		5,516,120		72
73	Drugs Charged to Patients	64,588,598	0.003567	0.003567	26,039,170	92,882	5,870,149	20,939	73
74	Renal Dialysis	3,572,000			2,076,601		96,162		74
76.97	CARDIAC REHABILITATION	2,947,673			241,642		1,241,390		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	6,330,989			235		743,406		90.01
91	Emergency	160,514,116			32,086,933		23,924,337		91
91.01	PCC	4,486,197			34,914		697,110		91.01
92	Observation Beds (Non-Distinct	31,619,302					10,720,684		92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,343,381,394			350,514,393	92,882	211,830,236	20,939	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.117747	43,596,509			5,133,358			50
51	Recovery Room	0.179300	2,044,839			366,640			51
53	Anesthesiology	0.016447	9,076,515			149,281			53
54	Radiology-Diagnostic	0.181060	14,894,589			2,696,814			54
54.01	ULTRASOUND	0.092395	5,006,442			462,570			54.01
57	CT Scan	0.025178	29,793,176			750,133			57
58	MRI	0.054499	4,165,411			227,011			58
59	Cardiac Catheterization	0.125750	11,925,823			1,499,672			59
60	Laboratory	0.088935	21,750,507		396	1,934,381		35	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.406887	596,897			242,870			63
64	Intravenous Therapy	1.644045	17,934			29,484			64
65	Respiratory Therapy	0.111946	2,098,797			234,952			65
66	Physical Therapy	0.253747	2,737,366			694,598			66
68	Speech Pathology	0.222731							68
69	Electrocardiology	0.082678	9,488,205			784,466			69
70	Electroencephalography	0.250093	151,026			37,771			70
70.01	EMG	0.144852	956,661			138,574			70.01
70.03	ANGIOGRAPHY	0.235370	1,999,266			470,567			70.03
71	Medical Supplies Charged to Pat	1.614909	2,720,915			4,394,030			71
72	Impl. Dev. Charged to Patients	0.554088	5,516,120			3,056,416			72
73	Drugs Charged to Patients	0.356378	5,870,149		53,798	2,091,992		19,172	73
74	Renal Dialysis	0.292741	96,162			28,151			74
76.97	CARDIAC REHABILITATION	0.309668	1,241,390			384,419			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	0.274282	743,406			203,903			90.01
91	Emergency	0.098666	23,924,337			2,360,519			91
91.01	PCC	0.917040	697,110			639,278			91.01
92	Observation Beds (Non-Distinct	0.311563	10,720,684			3,340,168			92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		211,830,236		54,194	32,352,018		19,207	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		211,830,236		54,194	32,352,018		19,207	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	4,502,020	239,676,646	0.018784	35,200	661	50
51	Recovery Room	302,591	16,356,951	0.018499			51
53	Anesthesiology	175,338	53,859,833	0.003255	6,249	20	53
54	Radiology-Diagnostic	2,473,921	72,572,287	0.034089	38,626	1,317	54
54.01	ULTRASOUND	212,358	26,815,196	0.007919	30,866	244	54.01
57	CT Scan	317,951	152,329,163	0.002087	185,410	387	57
58	MRI	212,343	21,388,882	0.009928	39,344	391	58
59	Cardiac Catheterization	1,161,215	43,557,933	0.026659			59
60	Laboratory	2,098,982	244,429,580	0.008587	708,208	6,081	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	92,859	7,544,278	0.012309	217	3	63
64	Intravenous Therapy	115,106	1,314,388	0.087574			64
65	Respiratory Therapy	302,722	40,801,343	0.007419	48,926	363	65
66	Physical Therapy	588,510	25,396,742	0.023173	28,626	663	66
68	Speech Pathology	13,573	1,943,931	0.006982			68
69	Electrocardiology	549,944	52,416,196	0.010492	42,858	450	69
70	Electroencephalography	33,797	996,535	0.033915	8,742	296	70
70.01	EMG	47,208	2,514,376	0.018775	2,801	53	70.01
70.03	ANGIOGRAPHY	266,478	10,333,067	0.025789	6,571	169	70.03
71	Medical Supplies Charged to Pat	820,600	18,772,325	0.043713	2,750	120	71
72	Impl. Dev. Charged to Patients	565,369	36,302,867	0.015574			72
73	Drugs Charged to Patients	1,437,010	64,588,598	0.022249	139,553	3,105	73
74	Renal Dialysis	32,254	3,572,000	0.009030			74
76.97	CARDIAC REHABILITATION	30,348	2,947,673	0.010296			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	54,014	6,330,989	0.008532	2,205	19	90.01
91	Emergency	1,748,241	160,514,116	0.010892	564,691	6,151	91
91.01	PCC	392,547	4,486,197	0.087501			91.01
92	Observation Beds (Non-Distinct		31,619,302				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	18,547,299	1,343,381,394		1,891,843	20,493	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S062

**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					230,375		230,375	230,375	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
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					230,375		230,375	230,375	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	239,676,646			35,200				50
51	Recovery Room	16,356,951							51
53	Anesthesiology	53,859,833			6,249				53
54	Radiology-Diagnostic	72,572,287			38,626				54
54.01	ULTRASOUND	26,815,196			30,866				54.01
57	CT Scan	152,329,163			185,410				57
58	MRI	21,388,882			39,344				58
59	Cardiac Catheterization	43,557,933							59
60	Laboratory	244,429,580			708,208				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,544,278			217				63
64	Intravenous Therapy	1,314,388							64
65	Respiratory Therapy	40,801,343			48,926				65
66	Physical Therapy	25,396,742			28,626				66
68	Speech Pathology	1,943,931							68
69	Electrocardiology	52,416,196			42,858				69
70	Electroencephalography	996,535			8,742				70
70.01	EMG	2,514,376			2,801				70.01
70.03	ANGIOGRAPHY	10,333,067			6,571				70.03
71	Medical Supplies Charged to Pat	18,772,325			2,750				71
72	Impl. Dev. Charged to Patients	36,302,867							72
73	Drugs Charged to Patients	64,588,598	0.003567	0.003567	139,553	498			73
74	Renal Dialysis	3,572,000							74
76.97	CARDIAC REHABILITATION	2,947,673							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	6,330,989			2,205				90.01
91	Emergency	160,514,116			564,691				91
91.01	PCC	4,486,197							91.01
92	Observation Beds (Non-Distinct	31,619,302							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,343,381,394			1,891,843	498			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	0.117747							50
51	Recovery Room	0.179300							51
53	Anesthesiology	0.016447							53
54	Radiology-Diagnostic	0.181060							54
54.01	ULTRASOUND	0.092395							54.01
57	CT Scan	0.025178							57
58	MRI	0.054499							58
59	Cardiac Catheterization	0.125750							59
60	Laboratory	0.088935							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.406887							63
64	Intravenous Therapy	1.644045							64
65	Respiratory Therapy	0.111946							65
66	Physical Therapy	0.253747							66
68	Speech Pathology	0.222731							68
69	Electrocardiology	0.082678							69
70	Electroencephalography	0.250093							70
70.01	EMG	0.144852							70.01
70.03	ANGIOGRAPHY	0.235370							70.03
71	Medical Supplies Charged to Pat	1.614909							71
72	Impl. Dev. Charged to Patients	0.554088							72
73	Drugs Charged to Patients	0.356378							73
74	Renal Dialysis	0.292741							74
76.97	CARDIAC REHABILITATION	0.309668							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	0.274282							90.01
91	Emergency	0.098666							91
91.01	PCC	0.917040							91.01
92	Observation Beds (Non-Distinct	0.311563							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	10,258,352		10,258,352	89,198	115.01	1,290	148,363	30
31	Intensive Care Unit	1,265,160		1,265,160	6,543	193.36	176	34,031	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	650,833		650,833	6,104	106.62	566	60,347	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				1,423		71		43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	12,174,345		12,174,345	103,268		2,103	242,741	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	4,502,020	239,676,646	0.018784	5,358,830	100,660	50
51	Recovery Room	302,591	16,356,951	0.018499	414,799	7,673	51
53	Anesthesiology	175,338	53,859,833	0.003255	1,218,440	3,966	53
54	Radiology-Diagnostic	2,473,921	72,572,287	0.034089	1,671,220	56,970	54
54.01	ULTRASOUND	212,358	26,815,196	0.007919	1,010,048	7,999	54.01
57	CT Scan	317,951	152,329,163	0.002087	6,174,167	12,885	57
58	MRI	212,343	21,388,882	0.009928	805,084	7,993	58
59	Cardiac Catheterization	1,161,215	43,557,933	0.026659	1,429,411	38,107	59
60	Laboratory	2,098,982	244,429,580	0.008587	10,703,469	91,911	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	92,859	7,544,278	0.012309	325,794	4,010	63
64	Intravenous Therapy	115,106	1,314,388	0.087574	116,466	10,199	64
65	Respiratory Therapy	302,722	40,801,343	0.007419	2,515,055	18,659	65
66	Physical Therapy	588,510	25,396,742	0.023173	360,654	8,357	66
68	Speech Pathology	13,573	1,943,931	0.006982			68
69	Electrocardiology	549,944	52,416,196	0.010492	1,848,083	19,390	69
70	Electroencephalography	33,797	996,535	0.033915	92,758	3,146	70
70.01	EMG	47,208	2,514,376	0.018775	3,319	62	70.01
70.03	ANGIOGRAPHY	266,478	10,333,067	0.025789	424,075	10,936	70.03
71	Medical Supplies Charged to Pat	820,600	18,772,325	0.043713	519,509	22,709	71
72	Impl. Dev. Charged to Patients	565,369	36,302,867	0.015574	409,131	6,372	72
73	Drugs Charged to Patients	1,437,010	64,588,598	0.022249	3,707,005	82,477	73
74	Renal Dialysis	32,254	3,572,000	0.009030	348,006	3,142	74
76.97	CARDIAC REHABILITATION	30,348	2,947,673	0.010296	21,501	221	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	54,014	6,330,989	0.008532			90.01
91	Emergency	1,748,241	160,514,116	0.010892	5,540,124	60,343	91
91.01	PCC	392,547	4,486,197	0.087501	189	17	91.01
92	Observation Beds (Non-Distinct	1,091,072	31,619,302	0.034507			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	19,638,371	1,343,381,394		45,017,137	578,204	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	89,198		1,290		30
31	Intensive Care Unit	6,543		176		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	6,104		566		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,423		71		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	103,268		2,103		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0062

**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					230,375		230,375	230,375	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
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					230,375		230,375	230,375	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	239,676,646			5,358,830				50
51	Recovery Room	16,356,951			414,799				51
53	Anesthesiology	53,859,833			1,218,440				53
54	Radiology-Diagnostic	72,572,287			1,671,220				54
54.01	ULTRASOUND	26,815,196			1,010,048				54.01
57	CT Scan	152,329,163			6,174,167				57
58	MRI	21,388,882			805,084				58
59	Cardiac Catheterization	43,557,933			1,429,411				59
60	Laboratory	244,429,580			10,703,469				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,544,278			325,794				63
64	Intravenous Therapy	1,314,388			116,466				64
65	Respiratory Therapy	40,801,343			2,515,055				65
66	Physical Therapy	25,396,742			360,654				66
68	Speech Pathology	1,943,931							68
69	Electrocardiology	52,416,196			1,848,083				69
70	Electroencephalography	996,535			92,758				70
70.01	EMG	2,514,376			3,319				70.01
70.03	ANGIOGRAPHY	10,333,067			424,075				70.03
71	Medical Supplies Charged to Pat	18,772,325			519,509				71
72	Impl. Dev. Charged to Patients	36,302,867			409,131				72
73	Drugs Charged to Patients	64,588,598	0.003567	0.003567	3,707,005	13,223			73
74	Renal Dialysis	3,572,000			348,006				74
76.97	CARDIAC REHABILITATION	2,947,673			21,501				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	6,330,989							90.01
91	Emergency	160,514,116			5,540,124				91
91.01	PCC	4,486,197			189				91.01
92	Observation Beds (Non-Distinct	31,619,302							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,343,381,394			45,017,137	13,223			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0062

WORKSHEET D
PART V

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

(A)	Cost Center Description	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	0.117747							50
51	Recovery Room	0.179300							51
53	Anesthesiology	0.016447							53
54	Radiology-Diagnostic	0.181060							54
54.01	ULTRASOUND	0.092395							54.01
57	CT Scan	0.025178							57
58	MRI	0.054499							58
59	Cardiac Catheterization	0.125750							59
60	Laboratory	0.088935							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.406887							63
64	Intravenous Therapy	1.644045							64
65	Respiratory Therapy	0.111946							65
66	Physical Therapy	0.253747							66
68	Speech Pathology	0.222731							68
69	Electrocardiology	0.082678							69
70	Electroencephalography	0.250093							70
70.01	EMG	0.144852							70.01
70.03	ANGIOGRAPHY	0.235370							70.03
71	Medical Supplies Charged to Pat	1.614909							71
72	Impl. Dev. Charged to Patients	0.554088							72
73	Drugs Charged to Patients	0.356378							73
74	Renal Dialysis	0.292741							74
76.97	CARDIAC REHABILITATION	0.309668							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	0.274282							90.01
91	Emergency	0.098666							91
91.01	PCC	0.917040							91.01
92	Observation Beds (Non-Distinct	0.311563							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S062

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,502,020	239,676,646	0.018784	20,173	379	50
51	Recovery Room	302,591	16,356,951	0.018499			51
53	Anesthesiology	175,338	53,859,833	0.003255	2,890	9	53
54	Radiology-Diagnostic	2,473,921	72,572,287	0.034089	64,555	2,201	54
54.01	ULTRASOUND	212,358	26,815,196	0.007919	44,356	351	54.01
57	CT Scan	317,951	152,329,163	0.002087	216,415	452	57
58	MRI	212,343	21,388,882	0.009928	57,571	572	58
59	Cardiac Catheterization	1,161,215	43,557,933	0.026659			59
60	Laboratory	2,098,982	244,429,580	0.008587	1,285,858	11,042	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	92,859	7,544,278	0.012309	263	3	63
64	Intravenous Therapy	115,106	1,314,388	0.087574			64
65	Respiratory Therapy	302,722	40,801,343	0.007419	43,432	322	65
66	Physical Therapy	588,510	25,396,742	0.023173	10,797	250	66
68	Speech Pathology	13,573	1,943,931	0.006982			68
69	Electrocardiology	549,944	52,416,196	0.010492	79,981	839	69
70	Electroencephalography	33,797	996,535	0.033915	6,769	230	70
70.01	EMG	47,208	2,514,376	0.018775			70.01
70.03	ANGIOGRAPHY	266,478	10,333,067	0.025789			70.03
71	Medical Supplies Charged to Pat	820,600	18,772,325	0.043713	1,608	70	71
72	Impl. Dev. Charged to Patients	565,369	36,302,867	0.015574			72
73	Drugs Charged to Patients	1,437,010	64,588,598	0.022249	213,010	4,739	73
74	Renal Dialysis	32,254	3,572,000	0.009030			74
76.97	CARDIAC REHABILITATION	30,348	2,947,673	0.010296			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	54,014	6,330,989	0.008532			90.01
91	Emergency	1,748,241	160,514,116	0.010892	1,353,058	14,738	91
91.01	PCC	392,547	4,486,197	0.087501			91.01
92	Observation Beds (Non-Distinct		31,619,302				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	18,547,299	1,343,381,394		3,400,736	36,197	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S062

**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRASOUND									54.01
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
70.01	EMG									70.01
70.03	ANGIOGRAPHY									70.03
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients					230,375		230,375	230,375	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
93.99	PARTIAL HOSPITALIZATION PROGRAM									93.99
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					230,375		230,375	230,375	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	239,676,646			20,173				50
51	Recovery Room	16,356,951							51
53	Anesthesiology	53,859,833			2,890				53
54	Radiology-Diagnostic	72,572,287			64,555				54
54.01	ULTRASOUND	26,815,196			44,356				54.01
57	CT Scan	152,329,163			216,415				57
58	MRI	21,388,882			57,571				58
59	Cardiac Catheterization	43,557,933							59
60	Laboratory	244,429,580			1,285,858				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	7,544,278			263				63
64	Intravenous Therapy	1,314,388							64
65	Respiratory Therapy	40,801,343			43,432				65
66	Physical Therapy	25,396,742			10,797				66
68	Speech Pathology	1,943,931							68
69	Electrocardiology	52,416,196			79,981				69
70	Electroencephalography	996,535			6,769				70
70.01	EMG	2,514,376							70.01
70.03	ANGIOGRAPHY	10,333,067							70.03
71	Medical Supplies Charged to Pat	18,772,325			1,608				71
72	Impl. Dev. Charged to Patients	36,302,867							72
73	Drugs Charged to Patients	64,588,598	0.003567	0.003567	213,010	760			73
74	Renal Dialysis	3,572,000							74
76.97	CARDIAC REHABILITATION	2,947,673							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	6,330,989							90.01
91	Emergency	160,514,116			1,353,058				91
91.01	PCC	4,486,197							91.01
92	Observation Beds (Non-Distinct	31,619,302							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,343,381,394			3,400,736	760			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S062

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.117747							50
51	Recovery Room	0.179300							51
53	Anesthesiology	0.016447							53
54	Radiology-Diagnostic	0.181060							54
54.01	ULTRASOUND	0.092395							54.01
57	CT Scan	0.025178							57
58	MRI	0.054499							58
59	Cardiac Catheterization	0.125750							59
60	Laboratory	0.088935							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.406887							63
64	Intravenous Therapy	1.644045							64
65	Respiratory Therapy	0.111946							65
66	Physical Therapy	0.253747							66
68	Speech Pathology	0.222731							68
69	Electrocardiology	0.082678							69
70	Electroencephalography	0.250093							70
70.01	EMG	0.144852							70.01
70.03	ANGIOGRAPHY	0.235370							70.03
71	Medical Supplies Charged to Pat	1.614909							71
72	Impl. Dev. Charged to Patients	0.554088							72
73	Drugs Charged to Patients	0.356378							73
74	Renal Dialysis	0.292741							74
76.97	CARDIAC REHABILITATION	0.309668							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	0.274282							90.01
91	Emergency	0.098666							91
91.01	PCC	0.917040							91.01
92	Observation Beds (Non-Distinct	0.311563							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0062

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	89,198	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	89,198	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)	79,711	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)	44,336	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)	92,623,897	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)	92,623,897	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)	92,623,897	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,038.41	38	
39	Program general inpatient routine service cost (line 9 x line 38)					46,038,946	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)					46,038,946	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	12,810,658	6,543	1,957.92	4,594	8,994,684	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)					58,728,304	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					113,761,934	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,987,379	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,936,518	51
52	Total Program excludable cost (sum of lines 50 and 51)					10,923,897	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					102,838,037	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	9,487	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,038.41	88				
89	Observation bed cost (line 87 x line 88) (see instructions)	9,851,396	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	10,258,352	92,623,897	0.110753	9,851,396	1,091,072	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,104	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,104	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)	6,104	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)	1,393	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)	7,417,382	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)	7,417,382	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)	7,417,382	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,215.17	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,692,732	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,692,732	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	214,897	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,907,629	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	148,522	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	20,991	51
52	Total Program excludable cost (sum of lines 50 and 51)	169,513	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,738,116	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	89,198	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	89,198	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)	79,711	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)	1,290	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)	1,423	15
16	Nursery days (title V or XIX only)	71	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)	92,623,897	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)	92,623,897	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)	92,623,897	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	9,487	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	6,104	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,104	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)	6,104	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)	566	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)	7,417,382	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)	7,417,382	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)	7,417,382	37

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S062

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,215.17	38
39	Program general inpatient routine service cost (line 9 x line 38)	687,786	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)	687,786	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	369,179	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,056,965	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	60,347	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	36,957	51
52	Total Program excludable cost (sum of lines 50 and 51)	97,304	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	959,661	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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/ID 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		81,440,011		30
31	Intensive Care Unit		10,944,792		31
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.117747	54,805,414	6,453,173	50
51	Recovery Room	0.179300	4,508,792	808,426	51
53	Anesthesiology	0.016447	12,989,412	213,637	53
54	Radiology-Diagnostic	0.181060	15,548,123	2,815,143	54
54.01	ULTRASOUND	0.092395	7,291,210	673,671	54.01
57	CT Scan	0.025178	35,721,668	899,400	57
58	MRI	0.054499	5,393,115	293,919	58
59	Cardiac Catheterization	0.127073	9,099,957	1,156,359	59
60	Laboratory	0.088935	73,870,747	6,569,695	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.406887	3,412,413	1,388,466	63
64	Intravenous Therapy	1.644045	693,427	1,140,025	64
65	Respiratory Therapy	0.111946	22,420,021	2,509,832	65
66	Physical Therapy	0.253747	5,981,803	1,517,865	66
68	Speech Pathology	0.222731			68
69	Electrocardiology	0.082678	14,967,648	1,237,495	69
70	Electroencephalography	0.250093	359,593	89,932	70
70.01	EMG	0.144852	158,332	22,935	70.01
70.03	ANGIOGRAPHY	0.235370	3,809,447	896,630	70.03
71	Medical Supplies Charged to Patients	1.614909	5,987,290	9,668,929	71
72	Impl. Dev. Charged to Patients	0.554088	13,016,486	7,212,279	72
73	Drugs Charged to Patients	0.356378	26,039,170	9,279,787	73
74	Renal Dialysis	0.292741	2,076,601	607,906	74
76.97	CARDIAC REHABILITATION	0.309668	241,642	74,829	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.274282	235	64	90.01
91	Emergency	0.098666	32,086,933	3,165,889	91
91.01	PCC	0.917040	34,914	32,018	91.01
92	Observation Beds (Non-Distinct Part)	0.311563			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		350,514,393	58,728,304	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		350,514,393		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		3,129,925		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.117747	35,200	4,145	50
51	Recovery Room	0.179300			51
53	Anesthesiology	0.016447	6,249	103	53
54	Radiology-Diagnostic	0.181060	38,626	6,994	54
54.01	ULTRASOUND	0.092395	30,866	2,852	54.01
57	CT Scan	0.025178	185,410	4,668	57
58	MRI	0.054499	39,344	2,144	58
59	Cardiac Catheterization	0.127073			59
60	Laboratory	0.088935	708,208	62,984	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.406887	217	88	63
64	Intravenous Therapy	1.644045			64
65	Respiratory Therapy	0.111946	48,926	5,477	65
66	Physical Therapy	0.253747	28,626	7,264	66
68	Speech Pathology	0.222731			68
69	Electrocardiology	0.082678	42,858	3,543	69
70	Electroencephalography	0.250093	8,742	2,186	70
70.01	EMG	0.144852	2,801	406	70.01
70.03	ANGIOGRAPHY	0.235370	6,571	1,547	70.03
71	Medical Supplies Charged to Patients	1.614909	2,750	4,441	71
72	Impl. Dev. Charged to Patients	0.554088			72
73	Drugs Charged to Patients	0.356378	139,553	49,734	73
74	Renal Dialysis	0.292741			74
76.97	CARDIAC REHABILITATION	0.309668			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.274282	2,205	605	90.01
91	Emergency	0.098666	564,691	55,716	91
91.01	PCC	0.917040			91.01
92	Observation Beds (Non-Distinct Part)	0.311563			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,891,843	214,897	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,891,843		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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/ID 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		10,583,887		30
31	Intensive Care Unit		2,194,775		31
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.117747	5,358,830	630,986	50
51	Recovery Room	0.179300	414,799	74,373	51
53	Anesthesiology	0.016447	1,218,440	20,040	53
54	Radiology-Diagnostic	0.181060	1,671,220	302,591	54
54.01	ULTRASOUND	0.092395	1,010,048	93,323	54.01
57	CT Scan	0.025178	6,174,167	155,453	57
58	MRI	0.054499	805,084	43,876	58
59	Cardiac Catheterization	0.127073	1,429,411	181,640	59
60	Laboratory	0.088935	10,703,469	951,913	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.406887	325,794	132,561	63
64	Intravenous Therapy	1.644045	116,466	191,475	64
65	Respiratory Therapy	0.111946	2,515,055	281,550	65
66	Physical Therapy	0.253747	360,654	91,515	66
68	Speech Pathology	0.222731			68
69	Electrocardiology	0.082678	1,848,083	152,796	69
70	Electroencephalography	0.250093	92,758	23,198	70
70.01	EMG	0.144852	3,319	481	70.01
70.03	ANGIOGRAPHY	0.235370	424,075	99,815	70.03
71	Medical Supplies Charged to Patients	1.614909	519,509	838,960	71
72	Impl. Dev. Charged to Patients	0.554088	409,131	226,695	72
73	Drugs Charged to Patients	0.356378	3,707,005	1,321,095	73
74	Renal Dialysis	0.292741	348,006	101,876	74
76.97	CARDIAC REHABILITATION	0.309668	21,501	6,658	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.274282			90.01
91	Emergency	0.098666	5,540,124	546,622	91
91.01	PCC	0.917040	189	173	91.01
92	Observation Beds (Non-Distinct Part)	0.311563			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		45,017,137	6,469,665	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		45,017,137		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		4,223,337		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.117747	20,173	2,375	50
51	Recovery Room	0.179300			51
53	Anesthesiology	0.016447	2,890	48	53
54	Radiology-Diagnostic	0.181060	64,555	11,688	54
54.01	ULTRASOUND	0.092395	44,356	4,098	54.01
57	CT Scan	0.025178	216,415	5,449	57
58	MRI	0.054499	57,571	3,138	58
59	Cardiac Catheterization	0.127073			59
60	Laboratory	0.088935	1,285,858	114,358	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.406887	263	107	63
64	Intravenous Therapy	1.644045			64
65	Respiratory Therapy	0.111946	43,432	4,862	65
66	Physical Therapy	0.253747	10,797	2,740	66
68	Speech Pathology	0.222731			68
69	Electrocardiology	0.082678	79,981	6,613	69
70	Electroencephalography	0.250093	6,769	1,693	70
70.01	EMG	0.144852			70.01
70.03	ANGIOGRAPHY	0.235370			70.03
71	Medical Supplies Charged to Patients	1.614909	1,608	2,597	71
72	Impl. Dev. Charged to Patients	0.554088			72
73	Drugs Charged to Patients	0.356378	213,010	75,912	73
74	Renal Dialysis	0.292741			74
76.97	CARDIAC REHABILITATION	0.309668			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PSYCHE SERVICES	0.274282			90.01
91	Emergency	0.098666	1,353,058	133,501	91
91.01	PCC	0.917040			91.01
92	Observation Beds (Non-Distinct Part)	0.311563			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,400,736	369,179	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,400,736		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	65,355,637			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	21,785,211			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)	939,840			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)	351.01			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0136			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.0703			31
32	Sum of lines 30 and 31	0.0839			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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	88,080,688			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)	88,080,688			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,277,908			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	45,041			53
54	Special add-on payments for new technologies				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)	92,882			58
59	Total (sum of amounts on lines 49 through 58)	95,496,519			59
60	Primary payer payments	49,321			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	95,447,198			61
62	Deductibles billed to program beneficiaries	8,777,916			62
63	Coinsurance billed to program beneficiaries	374,654			63
64	Allowable bad debts (see instructions)	681,050			64
65	Adjusted reimbursable bad debts (see instructions)	442,683			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	576,121			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	86,737,311			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)	658,803			70.93
70.94	HRR adjustment amount (see instructions)	-497,897			70.94
70.99	HAC adjustment amount (see instructions)	716,396			70.99
71	Amount due provider (see instructions)	86,181,821			71
71.01	Sequestration adjustment (see instructions)	1,723,636			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	85,014,858			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-556,673			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
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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1	On or After October 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	65,355,637	65,355,637	65,355,637	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	21,785,211		21,785,211	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	939,840	704,880	234,960	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	88,080,688	66,060,517	22,020,171	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	88,080,688	66,060,517	22,020,171	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	7,277,908	5,458,431	1,819,477	16
17	Special add-on payments for new technologies				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		71,518,948	23,839,648	19
20	Capital DRG other than outlier	7,064,528	5,298,396	1,766,132	20
20.01	Model 4 BPCI Capital DRG other than outlier				20.01
21	Capital DRG outlier payments	92,577	69,433	23,144	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	0.0171	0.0171	0.0171	24
25	Disproportionate share adjustment	120,803	90,602	30,201	25
26	Total prospective capital payments	7,277,908	5,458,431	1,819,477	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	658,803	494,103	164,700	30
30.01	HVBP payment adjustment for HSP bonus payment				30.01
31	HRR adjustment	-497,897	-373,423	-124,474	31
31.01	HRR adjustment for HSP bonus payment				31.01
32	HAC Reduction Program adjustment		716,396		32

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	19,207			1
2	Medical and other services reimbursed under OPPTS (see instructions)	32,331,079			2
3	OPPTS payments	30,287,639			3
4	Outlier payment (see instructions)	50,552			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	20,939			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	19,207			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	54,194			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)	54,194			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)	54,194			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	34,987			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	19,207			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	30,359,130			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	5,661,231			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)	24,717,106			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	24,717,106			30
31	Primary payer payments	3,126			31
32	Subtotal (line 30 minus line 31)	24,713,980			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)	282,793			34
35	Adjusted reimbursable bad debts (see instructions)	183,815			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	282,793			36
37	Subtotal (see instructions)	24,897,795			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)	24,897,795			40
40.01	Sequestration adjustment (see instructions)	497,956			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	24,343,142			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	56,697			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S062

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)				2
3	OPPTS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0062

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		84,167,132		24,188,372
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		329,125		154,770
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	12/21/2017		518,601
		.02			
		.03			
		.04			
		.05			
		.06			
		.07			
		.08			
		.09			
		.10			
		.50			
		.51			
		.52			
		.53			
		.54			
		.55			
		.56			
		.57			
		.58			
		.59			
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	518,601		
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		85,014,858		24,343,142
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
		.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		.52			5.52
		.53			5.53
		.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			56,697
		.02			
7	Total Medicare program liability (see instructions)		84,458,185		24,399,839
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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		1,122,125		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment	.01			3.01
	amount based on subsequent revision of the interim	.02			3.02
	rate for the cost reporting period. Also show date of	Program	.03		3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04		3.04
		Provider	.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		3.50
			.51		3.51
		Provider	.52		3.52
		to	.53		3.53
		Program	.54		3.54
			.55		3.55
			.56		3.56
			.57		3.57
			.58		3.58
			.59		3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,122,125		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment	.01			5.01
	after desk review. Also show date of each payment.	.02			5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03		5.03
		to	.04		5.04
		Provider	.05		5.05
			.06		5.06
			.07		5.07
			.08		5.08
			.09		5.09
			.10		5.10
			.50		5.50
			.51		5.51
		Provider	.52		5.52
		to	.53		5.53
		Program	.54		5.54
			.55		5.55
			.56		5.56
			.57		5.57
			.58		5.58
			.59		5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	25,782		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		1,147,907		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	1,340,652	1
2	Net IPF PPS Outlier payment	167	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)	16.723288	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)	1,340,819	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)	1,340,819	16
17	Primary payer payments	2,089	17
18	Subtotal (line 16 less line 17)	1,338,730	18
19	Deductibles	181,524	19
20	Subtotal (line 18 minus line 19)	1,157,206	20
21	Coinsurance	12,173	21
22	Subtotal (line 20 minus line 21)	1,145,033	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	39,697	23
24	Adjusted reimbursable bad debts (see instructions)	25,803	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	39,697	25
26	Subtotal (sum of lines 22 and 24)	1,170,836	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)	498	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)	1,171,334	31
31.01	Sequestration adjustment (see instructions)	23,427	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,122,125	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	25,782	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	3,400,736		9
10			10
11			11
12	3,400,736		12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	3,400,736		16
17	3,400,736		17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26	760		26
27	760		27
28			28
29	760		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	760		31
32			32
33			33
34			34
35			35
36	760		36
37			37
38	760		38
39			39
40	760		40
41			41
42	760		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	
		1	2	3	4	
Assets						
(Omit Cents)						
CURRENT ASSETS						
1	Cash on hand and in banks	6,821,000				1
2	Temporary investments	94,606,000				2
3	Notes receivable					3
4	Accounts receivable	255,733,000				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-198,793,000				6
7	Inventory	5,508,000				7
8	Prepaid expenses					8
9	Other current assets	10,914,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	174,789,000				11
FIXED ASSETS						
12	Land	9,535,000				12
13	Land improvements	7,085,000				13
14	Accumulated depreciation	-6,345,000				14
15	Buildings	584,927,000				15
16	Accumulated depreciation	-149,245,000				16
17	Leasehold improvements	1,612,000				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	217,036,000				23
24	Accumulated depreciation	-115,803,000				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)	548,802,000				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	40,971,762				34
35	Total other assets (sum of lines 31-34)	40,971,762				35
36	Total assets (sum of lines 11, 30 and 35)	764,562,762				36
Liabilities and Fund Balances						
(Omit Cents)						
CURRENT LIABILITIES						
37	Accounts payable	19,175,000				37
38	Salaries, wages and fees payable	25,741,000				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	69,732,000				44
45	Total current liabilities (sum of lines 37 thru 44)	114,648,000				45
LONG TERM LIABILITIES						
46	Mortgage payable	352,144,000				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	26,890,000				49
50	Total long term liabilities (sum of lines 46 thru 49)	379,034,000				50
51	Total liabilities (sum of lines 45 and 50)	493,682,000				51
CAPITAL ACCOUNTS						
52	General fund balance	270,880,762				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)	270,880,762				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	764,562,762				60

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		274,850,187		1
2	Net income (loss) (from Worksheet G-3, line 29)		8,052,476		2
3	Total (sum of line 1 and line 2)		282,902,663		3
4	Additions (credit adjustments) (specify)				4
5	CONTRIBUTIONS	33,940			5
6	UNREALIZED GAINS	250,849			6
7	TRANSFER FROM AFFILIATE				7
8					8
9					9
10	Total additions (sum of lines 4-9)		284,789		10
11	Subtotal (line 3 plus line 10)		283,187,452		11
12	Deductions (debit adjustments) (specify)				12
13	UNREALIZED LOSSES				13
14	TRANSFER TO AFFILIATE	12,306,690			14
15	LOSS ON EARLY DEBT EXTINGUISHMENT				15
16					16
17					17
18	Total deductions (sum of lines 12-17)		12,306,690		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		270,880,762		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	154,129,797		154,129,797	1
2	Subprovider IPF	12,004,640		12,004,640	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)	166,134,437		166,134,437	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)	166,134,437		166,134,437	17
18	Ancillary services	663,297,931		663,297,931	18
19	Outpatient services		691,613,324	691,613,324	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		15,983,002	15,983,002	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		8,238,293	8,238,293	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	829,432,368	715,834,619	1,545,266,987	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		362,263,756	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)		362,263,756	43

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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)	1,545,266,987	1
2	Less contractual allowances and discounts on patients' accounts	1,186,696,763	2
3	Net patient revenues (line 1 minus line 2)	358,570,224	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	362,263,756	4
5	Net income from service to patients (line 3 minus line 4)	-3,693,532	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	1,929,537	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	24,414	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	1,441,235	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	183,957	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	1,324,044	22
23	Governmental appropriations		23
24	Other (COMMUNITY EDUCATION)	12,416	24
24.01	Other (MISCELLANEOUS)	2,314,500	24.01
24.02	Other (HOME DELIVERED MEALS)	38,458	24.02
24.03	Other (LIFELINE)	32,092	24.03
24.04	Other (INTERCOMPANY)	3,956,011	24.04
24.05	Other (BABY PHOTO)	1,116	24.05
24.06	Other (OTHER)	-15,494	24.06
24.07	Other (JOINT VENTURE)	503,722	24.07
25	Total other income (sum of lines 6-24)	11,746,008	25
26	Total (line 5 plus line 25)	8,052,476	26
29	Net income (or loss) for the period (line 26 minus line 28)	8,052,476	29

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	2,504,189		236,910		414,308	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,624,375				153,282	6
7	Physical Therapy	711,172			1,697,211		7
8	Occupational Therapy	157,851			274,271		8
9	Speech Pathology	41,770			4,416		9
10	Medical Social Services	100,064					10
11	Home Health Aide	407,547					11
12	Supplies (see instructions)					155,559	12
13	Drugs					2,270	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)	8,546,968		236,910	1,975,898	725,419	24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	3,155,407	14,186	3,169,593	-642	3,168,951	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	4,777,657		4,777,657		4,777,657	6
7	Physical Therapy	2,408,383		2,408,383		2,408,383	7
8	Occupational Therapy	432,122		432,122		432,122	8
9	Speech Pathology	46,186		46,186		46,186	9
10	Medical Social Services	100,064		100,064		100,064	10
11	Home Health Aide	407,547		407,547		407,547	11
12	Supplies (see instructions)	155,559		155,559		155,559	12
13	Drugs	2,270		2,270		2,270	13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	11,485,195	14,186	11,499,381	-642	11,498,739	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	3,168,951			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	4,777,657			6
7	Physical Therapy	2,408,383			7
8	Occupational Therapy	432,122			8
9	Speech Pathology	46,186			9
10	Medical Social Services	100,064			10
11	Home Health Aide	407,547			11
12	Supplies (see instructions)	155,559			12
13	Drugs	2,270			13
14	DME				14
HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	11,498,739			24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7470

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		3,168,951	3,168,951		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		4,777,657	1,817,591	6,595,248	6
7	Physical Therapy		2,408,383	916,236	3,324,619	7
8	Occupational Therapy		432,122	164,395	596,517	8
9	Speech Pathology		46,186	17,571	63,757	9
10	Medical Social Services		100,064	38,068	138,132	10
11	Home Health Aide		407,547	155,046	562,593	11
12	Supplies (see instructions)		155,559	59,180	214,739	12
13	Drugs		2,270	864	3,134	13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		11,498,739		11,498,739	24

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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					-3,168,951	8,329,788	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						4,777,657	6
7	Physical Therapy						2,408,383	7
8	Occupational Therapy						432,122	8
9	Speech Pathology						46,186	9
10	Medical Social Services						100,064	10
11	Home Health Aide						407,547	11
12	Supplies (see instructions)						155,559	12
13	Drugs						2,270	13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-3,168,951	8,329,788	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						3,168,951	25
26	Unit Cost Multiplier						0.380436	26

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		64,532	28,979	2,077,501	24,055	634,113	1
2	Skilled Nursing Care	6,595,248						2
3	Physical Therapy	3,324,619						3
4	Occupational Therapy	596,517						4
5	Speech Pathology	63,757						5
6	Medical Social Services	138,132						6
7	Home Health Aide	562,593						7
8	Supplies	214,739						8
9	Drugs	3,134						9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	11,498,739	64,532	28,979	2,077,501	24,055	634,113	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	10,406	16	21	2,839,623	507,282	78,263	1
2	Skilled Nursing Care				6,595,248	1,178,201		2
3	Physical Therapy				3,324,619	593,923		3
4	Occupational Therapy				596,517	106,564		4
5	Speech Pathology				63,757	11,390		5
6	Medical Social Services				138,132	24,676		6
7	Home Health Aide				562,593	100,504		7
8	Supplies				214,739	38,362		8
9	Drugs				3,134	560		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)	10,406	16	21	14,338,362	2,561,462	78,263	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	1,244					5,893	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)	1,244					5,893	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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			104,200	1,759			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)			104,200	1,759			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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						3,538,264	1
2	Skilled Nursing Care						7,773,449	2
3	Physical Therapy						3,918,542	3
4	Occupational Therapy						703,081	4
5	Speech Pathology						75,147	5
6	Medical Social Services						162,808	6
7	Home Health Aide						663,097	7
8	Supplies						253,101	8
9	Drugs						3,694	9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						17,091,183	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28		
1	Administrative and General		3,538,264				1
2	Skilled Nursing Care		7,773,449	2,029,418	9,802,867		2
3	Physical Therapy		3,918,542	1,023,014	4,941,556		3
4	Occupational Therapy		703,081	183,553	886,634		4
5	Speech Pathology		75,147	19,619	94,766		5
6	Medical Social Services		162,808	42,504	205,312		6
7	Home Health Aide		663,097	173,115	836,212		7
8	Supplies		253,101	66,077	319,178		8
9	Drugs		3,694	964	4,658		9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)		17,091,183	3,538,264	17,091,183		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.261070			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTES	COMMUNICATIONS # OF PHONES	DATA PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	4,424	55,282	120	86	428	331	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	4,424	55,282	120	86	428	331	20
21	Total cost to be allocated	64,532	28,979	2,077,501	24,055	634,113	10,406	21
22	Unit Cost Multiplier	14.586799		17,312.508333		1,481.572430		22
22	Unit Cost Multiplier		0.524203		279.709302		31.438066	22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	2,896	2,896		2,839,623	4,424	11	1
2	Skilled Nursing Care				6,595,248			2
3	Physical Therapy				3,324,619			3
4	Occupational Therapy				596,517			4
5	Speech Pathology				63,757			5
6	Medical Social Services				138,132			6
7	Home Health Aide				562,593			7
8	Supplies				214,739			8
9	Drugs				3,134			9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	2,896	2,896		14,338,362	4,424	11	20
21	Total cost to be allocated	16	21		2,561,462	78,263	1,244	21
22	Unit Cost Multiplier	0.005525				17.690552		22
22	Unit Cost Multiplier		0.007251		0.178644		113.090909	22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7470

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General					3		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)					3		20
21	Total cost to be allocated					5,893		21
22	Unit Cost Multiplier					1,964.333333		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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 ADMINISTRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General		153,282	2,270				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)		153,282	2,270				20
21	Total cost to be allocated		104,200	1,759				21
22	Unit Cost Multiplier			0.774890				22
22	Unit Cost Multiplier		0.679793					22

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	9,802,867		9,802,867	47,797	205.09
2	Physical Therapy	3	4,941,556		4,941,556	26,539	186.20
3	Occupational Therapy	4	886,634		886,634	4,787	185.22
4	Speech Pathology	5	94,766		94,766	589	160.89
5	Medical Social Services	6	205,312		205,312	743	276.33
6	Home Health Aide	7	836,212		836,212	9,681	86.38
7	Total (sum of lines 1-6)		16,767,347		16,767,347	90,136	

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		34,756		8
9	Physical Therapy	16974		18,874		9
10	Occupational Therapy	16974		3,523		10
11	Speech Pathology	16974		386		11
12	Medical Social Services	16974		561		12
13	Home Health Aide	16974		8,129		13
14	Total (sum of lines 8-13)			66,229		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	319,178		319,178	104,265	3.061219
16	Cost of Drugs	9	4,658		4,658	2,320	2.007759

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	5
1	Physical Therapy	66	0.253747			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.222731			col. 2, line 4
4	Medical Supplies Charged to Pat	71	1.614909			col. 2, line 15
5	Drugs Charged to Patients	73	0.356378			col. 2, line 16

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7470

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6	7	8	9	10	11	12		
1 Skilled Nursing Care		34,756			7,128,108		7,128,108	1	
2 Physical Therapy		18,874			3,514,339		3,514,339	2	
3 Occupational Therapy		3,523			652,530		652,530	3	
4 Speech Pathology		386			62,104		62,104	4	
5 Medical Social Services		561			155,021		155,021	5	
6 Home Health Aide		8,129			702,183		702,183	6	
7 Total (sum of lines 1-6)		66,229			12,214,285		12,214,285	7	

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
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	12		
15 Cost of Medical Supplies								15	
16 Cost of Drugs		2,320				4,658		16	

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7470

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

Check applicable box: Title V Title XVIII Title XIX

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

		Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
Description		1	2	3
Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)		4,658	1
2	Total charges		2,320	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)		2,320	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)		2,338	8
9	Primary payer amounts		6,545	9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		Part A Services	Part B Services	
Description		1	2	
10	Total reasonable cost (see instructions)		-1,887	10
11	Total PPS Reimbursement - Full Episodes without Outliers		9,831,209	11
12	Total PPS Reimbursement - Full Episodes with Outliers		669,541	12
13	Total PPS Reimbursement - LUPA Episodes		202,500	13
14	Total PPS Reimbursement - PEP Episodes		111,916	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		174,291	15
16	Total PPS Outlier Reimbursement - PSP Episodes		3,357	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)		10,990,927	22
23	Excess reasonable cost (from line 8)		2,338	23
24	Subtotal (line 22 minus line 23)		10,988,589	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		10,988,589	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)		10,988,589	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		10,988,589	31
31.01	Sequestration adjustment (see instructions)		219,769	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		10,768,819	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		1	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				10,766,545	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.				2,274	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)				10,768,819	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			1	6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				10,768,820	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0062

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	7,064,528	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	92,577	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)	236.90	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)	0.0136	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.0703	8
9	Sum of lines 7 and 8	0.0839	9
10	Allowable disproportionate share percentage (see instructions)	0.0171	10
11	Disproportionate share adjustment (see instructions)	120,803	11
12	Total prospective capital payments (see instructions)	7,277,908	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices						192
194	NEW DIRECTION						194

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		
194.01	PRIVATE DUTY NURSING							194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	295,139	356,495	651,634	2,013	653,647	-285	653,362	4
5								5
6								6
7								7
8								8
9								9
10		4,567	4,567		4,567		4,567	10
11								11
12		69,577	69,577		69,577		69,577	12
13								13
14		281,227	281,227		281,227		281,227	14
15								15
16								16
17								17
DIRECT PATIENT CARE SERVICE COST CENTERS								
25								25
26								26
27								27
28	1,258,967		1,258,967		1,258,967		1,258,967	28
29								29
30	82,496	2,113	84,609		84,609		84,609	30
31								31
32								32
33	222,915		222,915		222,915		222,915	33
34	34,286		34,286		34,286		34,286	34
35	7,784		7,784		7,784		7,784	35
36								36
37	222,427		222,427		222,427		222,427	37
38								38
39								39
40								40
41								41
42								42
42.50								42.50
43								43
44								44
45								45
46								46
NONREIMBURSABLE COST CENTERS								
60	80,862		80,862		80,862		80,862	60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
100	2,204,876	713,979	2,918,855	2,013	2,920,868	-285	2,920,583	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	174	174		174		174	28
29	LPN/LVN							29
30	Physical Therapy	11	11		11		11	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	31	31		31		31	33
34	Spiritual Counseling	5	5		5		5	34
35	Dietary Counseling	1	1		1		1	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	31	31		31		31	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	253	253		253		253	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-2

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse	1,200,091	1,200,091		1,200,091		1,200,091	28
29	LPN/LVN							29
30	Physical Therapy	78,638	80,751	2,113	80,751		80,751	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	212,490	212,490		212,490		212,490	33
34	Spiritual Counseling	32,682	32,682		32,682		32,682	34
35	Dietary Counseling	7,420	7,420		7,420		7,420	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	212,025	212,025		212,025		212,025	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	1,743,346	1,745,459	2,113	1,745,459		1,745,459	100

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-3

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse	3,658	3,658		3,658		3,658	28
29	LPN/LVN							29
30	Physical Therapy	240	240		240		240	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	648	648		648		648	33
34	Spiritual Counseling	100	100		100		100	34
35	Dietary Counseling	23	23		23		23	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	646	646		646		646	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	5,315	5,315		5,315		5,315	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**

HOSPICE CCN: 14-1591

WORKSHEET O-4

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse	55,044	55,044		55,044		55,044	28
29	LPN/LVN							29
30	Physical Therapy	3,607	3,607		3,607		3,607	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	9,746	9,746		9,746		9,746	33
34	Spiritual Counseling	1,499	1,499		1,499		1,499	34
35	Dietary Counseling	340	340		340		340	35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	9,725	9,725		9,725		9,725	37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	79,961	79,961		79,961		79,961	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		146	146	2
3	Employee Benefits Department		554,000	554,000	3
4	Administrative & General	653,362	625,475	1,278,837	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies	4,567	2,429	6,996	10
11	Medical Records				11
12	Staff Transportation	69,577		69,577	12
13	Volunteer Service Coordination				13
14	Pharmacy	281,227	217,963	499,190	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	253		253	50
51	Hospice Routine Home Care	1,745,459		1,745,459	51
52	Hospice Inpatient Respite Care	5,315		5,315	52
53	Hospice General Inpatient Care	79,961		79,961	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	80,862		80,862	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	2,920,583	1,400,013	4,320,596	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1591

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPART-MENT	SUBTOTAL	ADMINI-STRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip	146		146					2
3	Employee Benefits Department	554,000		1	554,001				3
4	Administrative & General	1,278,837		145	554,001	1,832,983	1,832,983		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	6,996				6,996	5,155		10
11	Medical Records								11
12	Staff Transportation	69,577				69,577	51,267		12
13	Volunteer Service Coordination								13
14	Pharmacy	499,190				499,190	367,825		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	253				253	186		50
51	Hospice Routine Home Care	1,745,459				1,745,459	1,286,132		51
52	Hospice Inpatient Respite Care	5,315				5,315	3,916		52
53	Hospice General Inpatient Care	79,961				79,961	58,919		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	80,862				80,862	59,583		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	4,320,596		146	554,001	4,320,596	1,832,983		100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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 ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 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					12,151			10
11	Medical Records								11
12	Staff Transportation							120,844	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		17	50
51	Hospice Routine Home Care					11,583		115,192	51
52	Hospice Inpatient Respite Care					35		351	52
53	Hospice General Inpatient Care					531		5,284	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					12,151		120,844	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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		867,015					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		120				578	50
51	Hospice Routine Home Care		826,468				3,984,834	51
52	Hospice Inpatient Respite Care		2,519				12,136	52
53	Hospice General Inpatient Care		37,908				182,603	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						140,445	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		867,015				4,320,596	100

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	-1,832,983	2,487,613			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					6,996			10
11	Medical Records								11
12	Staff Transportation					69,577			12
13	Volunteer Service Coordination								13
14	Pharmacy					499,190			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					253			50
51	Hospice Routine Home Care					1,745,459			51
52	Hospice Inpatient Respite Care					5,315			52
53	Hospice General Inpatient Care					79,961			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program					80,862			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)		146	554,001		1,832,983			100
101	Unit cost multiplier		0.523297	15,828.600000		0.736844			101

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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				28,910				10
11	Medical Records								11
12	Staff Transportation						28,910		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care				4		4		50
51	Hospice Routine Home Care				27,558		27,558		51
52	Hospice Inpatient Respite Care				84		84		52
53	Hospice General Inpatient Care				1,264		1,264		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)				12,151		120,844		100
101	Unit cost multiplier				0.420304		4.180007		101

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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	28,910				14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care	4				50
51	Hospice Routine Home Care	27,558				51
52	Hospice Inpatient Respite Care	84				52
53	Hospice General Inpatient Care	1,264				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)	867,015				100
101	Unit cost multiplier	29.990142				101

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED
SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 14-1591

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
Cost Center Descriptions	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1 Physical Therapy	66	0.253747	872				1
2 Occupational Therapy	67						2
3 Speech Language Pathology	68	0.222731					3
4 Drugs, Biological & Infusion Therapy	73	0.356378	44,183				4
5 Durable Medical Equipment/Oxygen	96						5
6 Labs and Diagnostics	60	0.088935	10,061				6
7 Medical Supplies	71	1.614909					7
8 Outpatient Services (incl E/R)	93		5,972				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	221					1
2 Occupational Therapy						2
3 Speech Language Pathology						3
4 Drugs, Biological & Infusion Therapy	15,746					4
5 Durable Medical Equipment/Oxygen						5
6 Labs and Diagnostics	895					6
7 Medical Supplies						7
8 Outpatient Services (incl E/R)						8
9 Radiation Therapy						9
10 Other						10
11 Totals (sum of lines 1-10)	16,862					11

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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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			17,440	1
2	Total unduplicated days			4	2
3	Total average cost per diem			4,360.00	3
4	Unduplicated program days	4			4
5	Program cost	17,440			5
HOSPICE ROUTINE HOME CARE					
6	Total cost			3,984,834	6
7	Total unduplicated days			27,558	7
8	Total average cost per diem			144.60	8
9	Unduplicated program days	27,102	193		9
10	Program cost	3,918,949	27,908		10
HOSPICE INPATIENT RESPITE CARE					
11	Total cost			12,136	11
12	Total unduplicated days			84	12
13	Total average cost per diem			144.48	13
14	Unduplicated program days	80			14
15	Program cost	11,558			15
HOSPICE GENERAL INPATIENT CARE					
16	Total cost			182,603	16
17	Total unduplicated days			1,264	17
18	Total average cost per diem			144.46	18
19	Unduplicated program days	1,145	22		19
20	Program cost	165,407	3,178		20
TOTAL HOSPICE CARE					
21	Total cost			4,197,013	21
22	Total unduplicated days			28,910	22
23	Average cost per diem			145.18	23

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	49.71		1.45				51.16	30
31	Intensive Care Unit	70.21		2.69				72.90	31
43	Nursery			4.99				4.99	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	22.87	18.19	2.24				43.30	50
51	Recovery Room	27.56	12.50	2.54				42.60	51
53	Anesthesiology	24.12	16.85	2.26				43.23	53
54	Radiology-Diagnostic	21.42	20.52	2.30				44.24	54
54.01	ULTRASOUND	27.19	18.67	3.77				49.63	54.01
57	CT Scan	23.45	19.56	4.05				47.06	57
58	MRI	25.21	19.47	3.76				48.44	58
59	Cardiac Catheterization	20.89	27.38	3.28				51.55	59
60	Laboratory	30.22	8.90	4.38				43.50	60
63	Blood Storing, Processing & Tra	45.23	7.91	4.32				57.46	63
64	Intravenous Therapy	52.76	1.36	8.86				62.98	64
65	Respiratory Therapy	54.95	5.14	6.16				66.25	65
66	Physical Therapy	23.55	10.78	1.42				35.75	66
69	Electrocardiology	28.56	18.10	3.53				50.19	69
70	Electroencephalography	36.08	15.16	9.31				60.55	70
70.01	EMG	6.30	38.05	0.13				44.48	70.01
70.03	ANGIOGRAPHY	36.87	19.35	4.10				60.32	70.03
71	Medical Supplies Charged to Pat	31.89	14.49	2.77				49.15	71
72	Impl. Dev. Charged to Patients	35.86	15.19	1.13				52.18	72
73	Drugs Charged to Patients	40.32	9.17	5.74				55.23	73
74	Renal Dialysis	58.14	2.69	9.74				70.57	74
76.97	CARDIAC REHABILITATION	8.20	42.11	0.73				51.04	76.97
90.01	OUTPATIENT PSYCHE SERVICES		11.74					11.74	90.01
91	Emergency	19.99	14.90	3.45				38.34	91
91.01	PCC	0.78	15.54					16.32	91.01
92	Observation Beds (Non-Distinct		33.91					33.91	92
200	TOTAL CHARGES	26.09	15.77	3.35				45.21	200

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
	UTILIZATION PERCENTAGES BASED ON DAYS								
40	Subprovider - IPF	22.82		9.27				32.09	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	0.01		0.01				0.02	50
53	Anesthesiology	0.01		0.01				0.02	53
54	Radiology-Diagnostic	0.05		0.09				0.14	54
54.01	ULTRASOUND	0.12		0.17				0.29	54.01
57	CT Scan	0.12		0.14				0.26	57
58	MRI	0.18		0.27				0.45	58
60	Laboratory	0.29		0.53				0.82	60
65	Respiratory Therapy	0.12		0.11				0.23	65
66	Physical Therapy	0.11		0.04				0.15	66
69	Electrocardiology	0.08		0.15				0.23	69
70	Electroencephalography	0.88		0.68				1.56	70
70.01	EMG	0.11						0.11	70.01
70.03	ANGIOGRAPHY	0.06						0.06	70.03
71	Medical Supplies Charged to Pat	0.01		0.01				0.02	71
73	Drugs Charged to Patients	0.22		0.33				0.55	73
90.01	OUTPATIENT PSYCHE SERVICES	0.03						0.03	90.01
91	Emergency	0.35		0.84				1.19	91
200	TOTAL CHARGES	0.14		0.25				0.39	200

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	15,171,837	4.43	-15,171,837	-9.67			1
2	Cap Rel Costs-Mvble Equip	16,436,306	4.80	-16,436,306	-10.47			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	39,023,606	11.40	-39,023,606	-24.87			4
5.01	COMMUNICATIONS	607,420	0.18	-607,420	-0.39			5.01
5.02	DATA PROCESSING	11,915,706	3.48	-11,915,706	-7.59			5.02
5.03	PURCHASING & STORES	464,358	0.14	-464,358	-0.30			5.03
5.04	ADMITTING	2,845,385	0.83	-2,845,385	-1.81			5.04
5.05	CASHIERING	4,194,828	1.23	-4,194,828	-2.67			5.05
5.06	ADMINISTRATIVE & GENERAL	35,842,229	10.47	-35,842,229	-22.84			5.06
6	Maintenance & Repairs	7,877,828	2.30	-7,877,828	-5.02			6
6.01	CLINICAL ENGINEERING	640,958	0.19	-640,958	-0.41			6.01
7	Operation of Plant							7
8	Laundry & Linen Service	1,233,192	0.36	-1,233,192	-0.79			8
9	Housekeeping	3,880,430	1.13	-3,880,430	-2.47			9
10	Dietary	1,081,158	0.32	-1,081,158	-0.69			10
11	Cafeteria	2,436,376	0.71	-2,436,376	-1.55			11
12	Maintenance of Personnel							12
13	Nursing Administration	953,287	0.28	-953,287	-0.61			13
14	Central Services & Supply	3,619,066	1.06	-3,619,066	-2.31			14
15	Pharmacy	3,797,588	1.11	-3,797,588	-2.42			15
16	Medical Records & Library	3,760,425	1.10	-3,760,425	-2.40			16
17	Social Service	998,671	0.29	-998,671	-0.64			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	136,109	0.04	-136,109	-0.09			23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	41,614,413	12.16	50,988,483	32.49	92,602,896	27.05	30
31	Intensive Care Unit	6,560,071	1.92	6,247,635	3.98	12,807,706	3.74	31
40	Subprovider - IPF	3,844,615	1.12	3,572,767	2.28	7,417,382	2.17	40
43	Nursery							43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	11,408,090	3.33	16,813,203	10.71	28,221,293	8.24	50
51	Recovery Room	1,478,005	0.43	1,454,804	0.93	2,932,809	0.86	51
53	Anesthesiology	77,874	0.02	807,982	0.51	885,856	0.26	53
54	Radiology-Diagnostic	6,922,790	2.02	6,217,146	3.96	13,139,936	3.84	54
54.01	ULTRASOUND	1,380,355	0.40	1,097,233	0.70	2,477,588	0.72	54.01
57	CT Scan	1,497,432	0.44	2,337,911	1.49	3,835,343	1.12	57
58	MRI	505,631	0.15	660,052	0.42	1,165,683	0.34	58
59	Cardiac Catheterization	2,031,324	0.59	3,446,077	2.20	5,477,401	1.60	59
60	Laboratory	11,263,136	3.29	10,475,137	6.68	21,738,273	6.35	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,394,638	0.70	675,031	0.43	3,069,669	0.90	63
64	Intravenous Therapy	1,310,803	0.38	850,110	0.54	2,160,913	0.63	64
65	Respiratory Therapy	2,292,305	0.67	2,275,224	1.45	4,567,529	1.33	65
66	Physical Therapy	3,724,261	1.09	2,720,085	1.73	6,444,346	1.88	66
68	Speech Pathology	291,281	0.09	141,692	0.09	432,973	0.13	68
69	Electrocardiology	1,788,005	0.52	2,545,650	1.62	4,333,655	1.27	69
70	Electroencephalography	116,622	0.03	132,604	0.08	249,226	0.07	70
70.01	EMG	93,863	0.03	270,350	0.17	364,213	0.11	70.01
70.03	ANGIOGRAPHY	1,302,853	0.38	1,129,245	0.72	2,432,098	0.71	70.03
71	Medical Supplies Charged to Patients	25,713,551	7.51	4,602,040	2.93	30,315,591	8.85	71
72	Impl. Dev. Charged to Patients	16,746,772	4.89	3,368,196	2.15	20,114,968	5.88	72
73	Drugs Charged to Patients	12,357,733	3.61	10,660,205	6.79	23,017,938	6.72	73
74	Renal Dialysis	839,096	0.25	206,575	0.13	1,045,671	0.31	74
76.97	CARDIAC REHABILITATION	601,984	0.18	310,815	0.20	912,799	0.27	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	1,186,520	0.35	549,959	0.35	1,736,479	0.51	90.01
91	Emergency	7,005,312	2.05	8,831,894	5.63	15,837,206	4.63	91
91.01	PCC	2,371,401	0.69	1,742,622	1.11	4,114,023	1.20	91.01
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	11,498,739	3.36	5,592,444	3.56	17,091,183	4.99	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice	2,920,583	0.85	1,400,013	0.89	4,320,596	1.26	116
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices	1,485,042	0.43	4,219,595	2.69	5,704,637	1.67	192
194	NEW DIRECTION							194
194.01	PRIVATE DUTY NURSING	814,316	0.24	573,984	0.37	1,388,300	0.41	194.01
194.02	PHYSICIAN REFERRAL CENTER							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
202	TOTAL	342,356,179	100.00			342,356,179	100.00	202

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,502,020	239,676,646	0.018784	54,805,414	1,029,465	50
51	Recovery Room	302,591	16,356,951	0.018499	4,508,792	83,408	51
53	Anesthesiology	175,338	53,859,833	0.003255	12,989,412	42,281	53
54	Radiology-Diagnostic	2,473,921	72,572,287	0.034089	15,548,123	530,020	54
54.01	ULTRASOUND	212,358	26,815,196	0.007919	7,291,210	57,739	54.01
57	CT Scan	317,951	152,329,163	0.002087	35,721,668	74,551	57
58	MRI	212,343	21,388,882	0.009928	5,393,115	53,543	58
59	Cardiac Catheterization	1,161,215	43,557,933	0.026659	9,099,957	242,596	59
60	Laboratory	2,098,982	244,429,580	0.008587	73,870,747	634,328	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	92,859	7,544,278	0.012309	3,412,413	42,003	63
64	Intravenous Therapy	115,106	1,314,388	0.087574	693,427	60,726	64
65	Respiratory Therapy	302,722	40,801,343	0.007419	22,420,021	166,334	65
66	Physical Therapy	588,510	25,396,742	0.023173	5,981,803	138,616	66
68	Speech Pathology	13,573	1,943,931	0.006982			68
69	Electrocardiology	549,944	52,416,196	0.010492	14,967,648	157,041	69
70	Electroencephalography	33,797	996,535	0.033915	359,593	12,196	70
70.01	EMG	47,208	2,514,376	0.018775	158,332	2,973	70.01
70.03	ANGIOGRAPHY	266,478	10,333,067	0.025789	3,809,447	98,242	70.03
71	Medical Supplies Charged to Pat	820,600	18,772,325	0.043713	5,987,290	261,722	71
72	Impl. Dev. Charged to Patients	565,369	36,302,867	0.015574	13,016,486	202,719	72
73	Drugs Charged to Patients	1,437,010	64,588,598	0.022249	26,039,170	579,345	73
74	Renal Dialysis	32,254	3,572,000	0.009030	2,076,601	18,752	74
76.97	CARDIAC REHABILITATION	30,348	2,947,673	0.010296	241,642	2,488	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES	54,014	6,330,989	0.008532	235	2	90.01
91	Emergency	1,748,241	160,514,116	0.010892	32,086,933	349,491	91
91.01	PCC	392,547	4,486,197	0.087501	34,914	3,055	91.01
92	Observation Beds (Non-Distinct	1,091,072	31,619,302	0.034507			92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	19,638,371	1,343,381,394		350,514,393	4,843,636	200

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PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	10,258,352		10,258,352	89,198	115.01	44,336	5,099,083	30
31	Intensive Care Unit	1,265,160		1,265,160	6,543	193.36	4,594	888,296	31
200	TOTAL	11,523,512		11,523,512	95,741		48,930	5,987,379	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	5,987,379
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4,843,636
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	10,831,015
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	9,839
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	48,930
PER DISCHARGE CAPITAL COSTS	1,100.82

KPMG LLP Compu-Max 2552-10

PALOS COMMUNITY HOSPITAL Provider CCN: 14-0062	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 11:59 Version: 2018.04 (04/29/2018)
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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	102,838,037
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	442,899,196
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.232

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	1,907,131
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	5,021,768
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.380

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	10,831,015
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x (Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	31,608,330
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	208,996,708
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.151