

Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | |
|------------------------------|--|---------------------------------------|--------|
| 141650 ACCORD HOSPICE | | Proprietary - Corporation | |
| 400 LAKE COOK RD, SUITE 208 | | 12/31/2019 365 Days Submitted Hospice | |
| DEERFIELD, IL 60015 | | | |
| LAKE | | Key Performance Ind. | |
| PALMETTO HHH C | | Skilled Nursing | 0.0% |
| | | Nursing | 0.0% |
| | | Home Healthcare | 0.0% |
| | | Length of Stay | |
| | | Medicare LOS | |
| | | Current Ratio | |
| | | Days to Collect | 32.5 |
| | | Avg Payment Days | 0.0 |
| | | Depreciation Rate | 0.0% |
| | | Return on Equity | 392.4% |

| Balance Sheet | | Income Statement | |
|------------------------|---------|--------------------|-----------|
| Current Assets | 305,033 | Total Charges | 3,374,884 |
| Fixed Assets | 459 | Contract Allowance | 0 |
| Other Assets | 0 | Operating Revenue | 3,374,884 |
| Total Assets | 305,492 | Operating Expense | 2,176,121 |
| Current Liabilities | 0 | Operating Margin | 1,198,763 |
| Long Term Liabilities | 0 | Other Income | 0 |
| Total Equity | 305,492 | Other Expense | 0 |
| Total Liab. and Equity | 305,492 | Net Profit or Loss | 1,198,763 |

| | | | |
|---|--|-----------------------------|------|
| 141507 ADVENTIST ST THOMAS HOSPICE | | Cost Report not filed. | |
| 119 E OGDEN AVE, STE 111 | | HINSDALE, IL 60521 | |
| DUPAGE | | | |
| BLUE CROSS (SOUTH CAROLINA) | | Key Performance Ind. | |
| | | Skilled Nursing | 0.0% |
| | | Nursing | 0.0% |
| | | Home Healthcare | 0.0% |
| | | Length of Stay | |
| | | Medicare LOS | |
| | | Current Ratio | |
| | | Days to Collect | |
| | | Avg Payment Days | |
| | | Depreciation Rate | 0.0% |
| | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | |
|------------------------|---|--------------------|---|
| Current Assets | 0 | Total Charges | 0 |
| Fixed Assets | 0 | Contract Allowance | 0 |
| Other Assets | 0 | Operating Revenue | 0 |
| Total Assets | 0 | Operating Expense | 0 |
| Current Liabilities | 0 | Operating Margin | 0 |
| Long Term Liabilities | 0 | Other Income | 0 |
| Total Equity | 0 | Other Expense | 0 |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 |

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|--------------------------------|------------|-------------------------------|------------|-----------------------------|-------|
| 141516 ADVOCATE HOSPICE | | | | Nonprofit - Church | |
| 2000 SPRINGER DRIVE | | 12/31/2019 365 Days Submitted | | Hospice | |
| LOMBARD, IL 60148 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 1.3% |
| | | | | Nursing | 18.7% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| Balance Sheet | | Income Statement | | Current Ratio | 1.4 |
| Current Assets | 3,890,881 | Total Charges | 39,967,668 | Days to Collect | 31.6 |
| Fixed Assets | 5,901,923 | Contract Allowance | 8,853,431 | Avg Payment Days | 26.7 |
| Other Assets | 0 | Operating Revenue | 31,114,237 | Depreciation Rate | 0.0% |
| Total Assets | 18,933,369 | Operating Expense | 25,491,796 | Return on Equity | 48.1% |
| Current Liabilities | 2,708,950 | Operating Margin | 5,622,441 | | |
| Long Term Liabilities | 4,525,755 | Other Income | 0 | | |
| Total Equity | 11,698,664 | Other Expense | 0 | | |
| Total Liab. and Equity | 18,933,369 | Net Profit or Loss | 5,622,441 | | |
| 141567 ADVOCATE HOSPICE | | | | | |
| Nonprofit - Church | | | | | |
| 303 N HERSHEY ROAD, SUITE C | | 12/31/2019 365 Days Submitted | | Hospice | |
| BLOOMINGTON, IL 61704 | | | | | |
| MCLEAN | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.3% |
| | | | | Nursing | 8.6% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| Balance Sheet | | Income Statement | | Current Ratio | 1.4 |
| Current Assets | 3,890,881 | Total Charges | 4,261,375 | Days to Collect | 312.5 |
| Fixed Assets | 5,901,923 | Contract Allowance | 1,111,515 | Avg Payment Days | 239.3 |
| Other Assets | 0 | Operating Revenue | 3,149,860 | Depreciation Rate | 0.0% |
| Total Assets | 18,933,369 | Operating Expense | 2,841,265 | Return on Equity | 2.6% |
| Current Liabilities | 2,708,950 | Operating Margin | 308,595 | | |
| Long Term Liabilities | 4,525,755 | Other Income | 0 | | |
| Total Equity | 11,698,664 | Other Expense | 0 | | |
| Total Liab. and Equity | 18,933,369 | Net Profit or Loss | 308,595 | | |

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| | | | | | |
|---|--------|-------------------------------|---------|---------------------------|-------------------|
| 141668 ALC PALLIATIVE AND HOSPICE CARE INC | | | | Proprietary - Corporation | |
| 477 E BUTTERFIELD RD SUITE 400 | | 12/31/2019 365 Days Submitted | | Hospice | |
| LOMBARD, IL 60148 | | | | | |
| DUPAGE | | | | | |
| Key Performance Ind. | | | | | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 17,176 | Total Charges | 706,683 | | |
| Fixed Assets | 12,767 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 706,683 | 100.0% | Medicare LOS |
| Total Assets | 29,943 | Operating Expense | 700,301 | 99.1% | Current Ratio |
| Current Liabilities | 21,595 | Operating Margin | 6,382 | 0.9% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 8,348 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 29,943 | Net Profit or Loss | 6,382 | 0.9% | Return on Equity |

| | | | | | |
|--|---|-------------------------|---|-----------------|-------------------|
| 141632 ALEXIAN BROTHERS HOSPICE | | | | | |
| 1515 EAST LAKE STREET, SUITE 206 | | Cost Report not filed. | | | |
| HANOVER PARK, IL 60133 | | | | | |
| ADAMS | | | | | |
| Key Performance Ind. | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity |

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|--|------------|-------------------------------|-------------|-----------------------------|---------|
| 141663 BEACON OF HOPE HOSPICE OF ILLINOIS | | | | Proprietary - Corporation | |
| 102 E MAIN ST A | | 12/31/2019 365 Days Submitted | | Hospice | |
| GALESBURG, IL 61401 | | | | | |
| KNOX | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.1% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.6 |
| | | | | Days to Collect | 2,652.6 |
| | | | | Avg Payment Days | 172.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -140.8% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 2,662,386 | Total Charges | 758,761 | | |
| Fixed Assets | 113,096 | Contract Allowance | 314,869 | 41.5% | |
| Other Assets | 0 | Operating Revenue | 443,892 | 58.5% | |
| Total Assets | 2,788,722 | Operating Expense | 2,000,284 | 450.6% | |
| Current Liabilities | 1,666,332 | Operating Margin | -1,556,392 | -350.6% | |
| Long Term Liabilities | 17,064 | Other Income | 0 | 0.0% | |
| Total Equity | 1,105,326 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 2,788,722 | Net Profit or Loss | (1,556,392) | -350.6% | |
| 141637 BJC HOSPICE | | | | Nonprofit - Private | |
| ONE PROFESSIONAL DRIVE SUITE 180 | | 12/31/2019 365 Days Submitted | | Hospice | |
| ALTON, IL 62002 | | | | | |
| MADISON | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.1% |
| | | | | Nursing | 1.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.3 |
| | | | | Days to Collect | 55.3 |
| | | | | Avg Payment Days | 14.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -12.5% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 17,026,223 | Total Charges | 99,615,822 | | |
| Fixed Assets | 12,542,084 | Contract Allowance | 5,126,482 | 5.1% | |
| Other Assets | 2,355,834 | Operating Revenue | 94,489,340 | 94.9% | |
| Total Assets | 31,924,141 | Operating Expense | 97,491,619 | 103.2% | |
| Current Liabilities | 7,272,781 | Operating Margin | -3,002,279 | -3.2% | |
| Long Term Liabilities | 658,682 | Other Income | 0 | 0.0% | |
| Total Equity | 23,992,678 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 31,924,141 | Net Profit or Loss | (3,002,279) | -3.2% | |

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141501 BLESSING HOSPICE AND PALLIATIVE CARE

936 BROADWAY , PO BOX 7005

Cost Report not filed.

QUINCY, IL 62305

ADAMS

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

Current Assets 0

Total Charges 0

Home Healthcare 0.0%

Fixed Assets 0

Contract Allowance 0

0.0% Length of Stay

Other Assets 0

Operating Revenue 0

0.0% Medicare LOS

Total Assets 0

Operating Expense 0

0.0% Current Ratio

Current Liabilities 0

Operating Margin 0

0.0% Days to Collect

Long Term Liabilities 0

Other Income 0

0.0% Avg Payment Days

Total Equity 0

Other Expense 0

0.0% Depreciation Rate 0.0%

Total Liab. and Equity 0

Net Profit or Loss 0

0.0% Return on Equity 0.0%

141594 BOND COUNTY HEALTH DEPARTMENT

1520 SOUTH FOURTH STREET

Cost Report not filed.

GREENVILLE, IL 62246

BOND

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

Current Assets 0

Total Charges 0

Home Healthcare 0.0%

Fixed Assets 0

Contract Allowance 0

0.0% Length of Stay

Other Assets 0

Operating Revenue 0

0.0% Medicare LOS

Total Assets 0

Operating Expense 0

0.0% Current Ratio

Current Liabilities 0

Operating Margin 0

0.0% Days to Collect

Long Term Liabilities 0

Other Income 0

0.0% Avg Payment Days

Total Equity 0

Other Expense 0

0.0% Depreciation Rate 0.0%

Total Liab. and Equity 0

Net Profit or Loss 0

0.0% Return on Equity 0.0%

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| | | | | | |
|----------------------------------|-----------|-------------------------------|-----------|-----------------------------|---------|
| 141659 BREEZE HOSPICE LLC | | | | Proprietary - Corporation | |
| 1909 DUBLIN BLVD SUITE A | | 12/31/2019 365 Days Submitted | | Hospice | |
| BELLEVILLE, IL 62221 | | | | | |
| SAINT CLAIR | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| Balance Sheet | | Income Statement | | Skilled Nursing | 0.1% |
| Current Assets | 1,289,760 | Total Charges | 2,714,496 | Nursing | 0.0% |
| Fixed Assets | 3,751 | Contract Allowance | 94,801 | Home Healthcare | 0.0% |
| Other Assets | 15,749 | Operating Revenue | 2,619,695 | Length of Stay | |
| Total Assets | 1,309,260 | Operating Expense | 2,021,113 | Medicare LOS | |
| Current Liabilities | 441,040 | Operating Margin | 598,582 | Current Ratio | 2.9 |
| Long Term Liabilities | 18,181 | Other Income | 0 | Days to Collect | 159.1 |
| Total Equity | 850,039 | Other Expense | 0 | Avg Payment Days | 74.0 |
| Total Liab. and Equity | 1,309,260 | Net Profit or Loss | 598,582 | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 70.4% |
| 141665 BROOKDALE HOSPICE | | | | Proprietary - Corporation | |
| 3701 ALGONQUIN RD, STE 100 | | 12/31/2019 365 Days Submitted | | Hospice | |
| ROLLING MDWS, IL 60008 | | | | | |
| COOK | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| Balance Sheet | | Income Statement | | Skilled Nursing | 0.2% |
| Current Assets | 294,707 | Total Charges | 2,478,882 | Nursing | 0.0% |
| Fixed Assets | 61,490 | Contract Allowance | 200,953 | Home Healthcare | 0.0% |
| Other Assets | 0 | Operating Revenue | 2,277,929 | Length of Stay | |
| Total Assets | -116,338 | Operating Expense | 2,020,108 | Medicare LOS | |
| Current Liabilities | 89,710 | Operating Margin | 257,821 | Current Ratio | 3.3 |
| Long Term Liabilities | 0 | Other Income | 0 | Days to Collect | 52.8 |
| Total Equity | -206,048 | Other Expense | 0 | Avg Payment Days | 10.1 |
| Total Liab. and Equity | -116,338 | Net Profit or Loss | 257,821 | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -125.1% |

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141571 CASS-SCHUYLER AREA HOSPICE

331 S MAIN ST Cost Report not filed.

VIRGINIA, IL 62691

| | | | | | |
|-----------------------------|--|--|--|-----------------------------|------|
| CASS | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|--|
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

141667 CHICAGO HOPE & PALLIATIVE HEALTHCARE INC

Proprietary - Corporation

9944 S ROBERTS ROAD SUITE 101 12/31/2019 365 Days Submitted

Hospice

PALOS HILLS, IL 60465

| | | | | | |
|----------------|--|--|--|-----------------------------|-------|
| COOK | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.3 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 0.0 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 15.9% |

| Balance Sheet | | Income Statement | | | |
|------------------------|---------|--------------------|-----------|--------|--|
| Current Assets | 21,280 | Total Charges | 1,112,140 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 1,112,140 | 100.0% | |
| Total Assets | 21,280 | Operating Expense | 1,119,957 | 100.7% | |
| Current Liabilities | 70,556 | Operating Margin | -7,817 | -0.7% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | -49,276 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 21,280 | Net Profit or Loss | (7,817) | -0.7% | |

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| | | | | | |
|---|------------------|------------------------------|------------------|-----------------------------|-------|
| 141611 CLAY COUNTY HEALTH DEPARTMENT | | | | Government - County | |
| 601 EAST 12TH STREET | | 6/30/2019 365 Days Submitted | | Hospice | |
| FLORA, IL 62839 | | | | | |
| CLAY | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 3.4 |
| | | | | Days to Collect | 267.3 |
| | | | | Avg Payment Days | 166.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 11.6% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,712,012 | Total Charges | 1,256,010 | | |
| Fixed Assets | 143,959 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 1,256,010 | 100.0% | |
| Total Assets | <u>1,855,971</u> | Operating Expense | <u>1,098,715</u> | 87.5% | |
| Current Liabilities | 501,898 | Operating Margin | 157,295 | 12.5% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | <u>1,354,073</u> | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | <u>1,855,971</u> | Net Profit or Loss | <u>157,295</u> | 12.5% | |

| | | | | | |
|---|----------|-------------------------|----------|-----------------------------|------|
| 141647 COMFORT HOSPICE AND PALLIATIVE CARE LLC | | | | | |
| 1S660 MIDWEST ROAD SUITE 308 | | Cost Report not filed. | | | |
| OAKBROOK TER, IL 60181 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | <u>0</u> | Operating Expense | <u>0</u> | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | <u>0</u> | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | <u>0</u> | Net Profit or Loss | <u>0</u> | 0.0% | |

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|---------------------------------|--|-------------------------------|----------|
| 141623 COMPASSUS-CHICAGO | | Proprietary - Partnership | |
| 4371 VENTURE DRIVE, SUITE 4373 | | 12/31/2019 365 Days Submitted | |
| PERU, IL 61354 | | Hospice | |
| LA SALLE | | Key Performance Ind. | |
| PALMETTO HHH C | | Skilled Nursing | 0.1% |
| | | Nursing | 0.0% |
| | | Home Healthcare | 0.0% |
| | | Length of Stay | |
| | | Medicare LOS | |
| | | Current Ratio | 1.4 |
| | | Days to Collect | 18,358.5 |
| | | Avg Payment Days | 17,545.8 |
| | | Depreciation Rate | 0.0% |
| | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | |
|------------------------|---------------|--------------------|-----------|
| Current Assets | 99,178,523 | Total Charges | 1,472,247 |
| Fixed Assets | 14,675,159 | Contract Allowance | 3,804 |
| Other Assets | 1,022,825,008 | Operating Revenue | 1,468,443 |
| Total Assets | 1,136,678,690 | Operating Expense | 1,323,568 |
| Current Liabilities | 72,199,666 | Operating Margin | 144,875 |
| Long Term Liabilities | 385,470,569 | Other Income | 0 |
| Total Equity | 679,008,455 | Other Expense | 0 |
| Total Liab. and Equity | 1,136,678,690 | Net Profit or Loss | 144,875 |

| | | | |
|------------------------------------|--|-----------------------------|------|
| 141639 COVENANTCARE HOSPICE | | Cost Report not filed. | |
| 3755 EAST MAIN STREET, SUITE 165 | | SAINT CHARLES, IL 60174 | |
| KANE | | Key Performance Ind. | |
| PALMETTO HHH C | | Skilled Nursing | 0.0% |
| | | Nursing | 0.0% |
| | | Home Healthcare | 0.0% |
| | | Length of Stay | |
| | | Medicare LOS | |
| | | Current Ratio | |
| | | Days to Collect | |
| | | Avg Payment Days | |
| | | Depreciation Rate | 0.0% |
| | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | |
|------------------------|---|--------------------|---|
| Current Assets | 0 | Total Charges | 0 |
| Fixed Assets | 0 | Contract Allowance | 0 |
| Other Assets | 0 | Operating Revenue | 0 |
| Total Assets | 0 | Operating Expense | 0 |
| Current Liabilities | 0 | Operating Margin | 0 |
| Long Term Liabilities | 0 | Other Income | 0 |
| Total Equity | 0 | Other Expense | 0 |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 |

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| | | | | | |
|---|--|-------------------------------|--|-----------------------------|--------|
| 141602 DEKALB COUNTY HOSPICE INC | | | | Nonprofit - Private | |
| 2727 SYCAMORE ROAD, SUITE 1B | | 5/31/2019 273 Days Submitted | | Hospice | |
| DEKALB, IL 60115 | | 12/31/2019 273 Days Submitted | | | |
| DEKALB | | 12/31/2019 273 Days Submitted | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.4% |
| | | | | Nursing | 1.7% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | (61.1) |
| | | | | Days to Collect | 13.6 |
| | | | | Avg Payment Days | 1.4 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 11.4% |
| <hr/> | | | | | |
| 141690 DELTA HOSPICE & PALLIATIVE CARE LLC | | | | Proprietary - Partnership | |
| 234 GARDEN STREET | | 12/31/2019 365 Days Submitted | | Hospice | |
| YORKVILLE, IL 60560 | | | | | |
| KENDALL | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.3% |
| | | | | Nursing | 0.2% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.6 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 5.0 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 169.7% |

All Providers

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141517 DMH HOME HEALTH SERVICES - HOSPICE

2870 N MAIN ST Cost Report not filed.

DECATUR, IL 62526

MACON

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Nursing 0.0%

Home Healthcare 0.0%

0.0% Length of Stay

0.0% Medicare LOS

0.0% Current Ratio

0.0% Days to Collect

0.0% Avg Payment Days

0.0% Depreciation Rate 0.0%

0.0% Return on Equity 0.0%

Balance Sheet

Income Statement

| | | | |
|------------------------|---|--------------------|---|
| Current Assets | 0 | Total Charges | 0 |
| Fixed Assets | 0 | Contract Allowance | 0 |
| Other Assets | 0 | Operating Revenue | 0 |
| Total Assets | 0 | Operating Expense | 0 |
| Current Liabilities | 0 | Operating Margin | 0 |
| Long Term Liabilities | 0 | Other Income | 0 |
| Total Equity | 0 | Other Expense | 0 |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 |

141596 ELARA CARING I

Proprietary - Corporation

1400 EAST TOUHY AVENUE SUITE 160 12/31/2019 365 Days Submitted

Hospice

DES PLAINES, IL 60018

COOK

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.3%

Nursing 0.0%

Home Healthcare 0.0%

7.6% Length of Stay

92.4% Medicare LOS

60.0% Current Ratio 1.2

40.0% Days to Collect 10,301.4

0.0% Avg Payment Days 11,055.0

0.0% Depreciation Rate 0.0%

40.0% Return on Equity 16.6%

Balance Sheet

Income Statement

| | | | |
|------------------------|---------------|--------------------|-----------|
| Current Assets | 154,894,337 | Total Charges | 7,425,246 |
| Fixed Assets | 15,678,258 | Contract Allowance | 562,040 |
| Other Assets | 870,217,561 | Operating Revenue | 6,863,206 |
| Total Assets | 1,041,743,806 | Operating Expense | 4,119,800 |
| Current Liabilities | 125,265,624 | Operating Margin | 2,743,406 |
| Long Term Liabilities | 899,990,692 | Other Income | 0 |
| Total Equity | 16,487,490 | Other Expense | 0 |
| Total Liab. and Equity | 1,041,743,806 | Net Profit or Loss | 2,743,406 |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--------------------------------|---------------|-------------------------------|-----------|-----------------------------|-------------------|
| 141692 ELARA CARING VII | | | | Proprietary - Corporation | |
| 924 CLOCKTOWER DRIVE SUITE B | | 12/31/2019 365 Days Submitted | | Hospice | |
| SPRINGFIELD, IL 62704 | | | | | |
| SANGAMON | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.2% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 154,894,337 | Total Charges | 4,421,007 | | |
| Fixed Assets | 15,678,258 | Contract Allowance | 139,222 | 3.1% | Length of Stay |
| Other Assets | 870,217,561 | Operating Revenue | 4,281,785 | 96.9% | Medicare LOS |
| Total Assets | 1,041,743,806 | Operating Expense | 2,162,900 | 50.5% | Current Ratio |
| Current Liabilities | 125,265,624 | Operating Margin | 2,118,885 | 49.5% | Days to Collect |
| Long Term Liabilities | 899,990,692 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 16,487,490 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 1,041,743,806 | Net Profit or Loss | 2,118,885 | 49.5% | Return on Equity |

| | | | | | |
|--------------------------------|---------|-------------------------------|---------|-----------------------------|-------------------|
| 141695 ELYSIAN HOSPICE | | | | Proprietary - Corporation | |
| 111 WEST WASHINGTON ST STE 310 | | 12/31/2019 365 Days Submitted | | Hospice | |
| EAST PEORIA, IL 61611 | | | | | |
| TAZEWELL | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 450,009 | Total Charges | 517,862 | | |
| Fixed Assets | 44,262 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 517,862 | 100.0% | Medicare LOS |
| Total Assets | 494,271 | Operating Expense | 347,127 | 67.0% | Current Ratio |
| Current Liabilities | 66,901 | Operating Margin | 170,735 | 33.0% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 427,370 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 494,271 | Net Profit or Loss | 170,735 | 33.0% | Return on Equity |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141622 FAMILY CENTERED HOSPICE

2171 EXECUTIVE DRIVE Cost Report not filed.

ADDISON, IL 60101

DUPAGE

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| | |
|-------------------|------|
| Skilled Nursing | 0.0% |
| Nursing | 0.0% |
| Home Healthcare | 0.0% |
| Length of Stay | |
| Medicare LOS | |
| Current Ratio | |
| Days to Collect | |
| Avg Payment Days | |
| Depreciation Rate | 0.0% |
| Return on Equity | 0.0% |

Balance Sheet

| | |
|-------------------------------|----------|
| Current Assets | 0 |
| Fixed Assets | 0 |
| Other Assets | 0 |
| Total Assets | 0 |
| Current Liabilities | 0 |
| Long Term Liabilities | 0 |
| Total Equity | 0 |
| Total Liab. and Equity | 0 |

Income Statement

| | |
|---------------------------|----------|
| Total Charges | 0 |
| Contract Allowance | 0 |
| Operating Revenue | 0 |
| Operating Expense | 0 |
| Operating Margin | 0 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 0 |

141544 FAMILY HOSPICE OF BELLEVILLE A

Nonprofit - Private

5110 WEST MAIN STREET 12/31/2019 365 Days Submitted

Hospice

BELLEVILLE, IL 62226

SAINT CLAIR

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

| | |
|-------------------|-------|
| Skilled Nursing | 0.4% |
| Nursing | 1.8% |
| Home Healthcare | 0.0% |
| Length of Stay | |
| Medicare LOS | |
| Current Ratio | 6.4 |
| Days to Collect | 53.9 |
| Avg Payment Days | 38.7 |
| Depreciation Rate | 0.0% |
| Return on Equity | 18.4% |

Balance Sheet

| | |
|-------------------------------|------------------|
| Current Assets | 1,685,606 |
| Fixed Assets | 388,572 |
| Other Assets | 0 |
| Total Assets | 2,074,178 |
| Current Liabilities | 264,506 |
| Long Term Liabilities | 0 |
| Total Equity | 1,809,672 |
| Total Liab. and Equity | 2,074,178 |

Income Statement

| | |
|---------------------------|----------------|
| Total Charges | 2,857,112 |
| Contract Allowance | 41,975 |
| Operating Revenue | 2,815,137 |
| Operating Expense | 2,482,138 |
| Operating Margin | 332,999 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 332,999 |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141607 FAYETTE COUNTY HEALTH DEPARTMENT HOSPICE

416 W EDWARDS STREET

Cost Report not filed.

VANDALIA, IL 62471

FAYETTE

Key Performance Ind.

PALMETTO HHH C

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

| | | | | | | |
|------------------------|---|--------------------|---|-----------------|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Home Healthcare | 0.0% | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate | 0.0% |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity | 0.0% |

141560 FHN HOSPICE

773 WEST LINCOLN BLVD STE 403

Cost Report not filed.

FREEPORT, IL 61032

STEPHENSON

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

| | | | | | | |
|------------------------|---|--------------------|---|-----------------|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Home Healthcare | 0.0% | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate | 0.0% |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity | 0.0% |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141638 GAFFEY HOME NURSING & HOSPICE, INC

3408 EAST 23RD STREET

Cost Report not filed.

STERLING, IL 61081

WHITESIDE

Key Performance Ind.

PALMETTO HHH C

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

| | | | | | | |
|------------------------|---|--------------------|---|-----------------|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Home Healthcare | 0.0% | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate | 0.0% |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity | 0.0% |

141640 GOOD SAMARITAN HOSPICE

Government - County

11190 COUNTRY CLUB RD

12/31/2019 365 Days Submitted

Hospice

LAWRENCEVILLE, IL 62439

LAWRENCE

Key Performance Ind.

PALMETTO HHH C

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

| | | | | | | |
|------------------------|-------------|--------------------|-----------|-----------------|-------------------|----------|
| Current Assets | 71,816,237 | Total Charges | 1,062,800 | Home Healthcare | 0.0% | |
| Fixed Assets | 176,061,481 | Contract Allowance | 0 | 0.0% | Length of Stay | |
| Other Assets | 632,816 | Operating Revenue | 1,062,800 | 100.0% | Medicare LOS | |
| Total Assets | 307,535,615 | Operating Expense | 270,122 | 25.4% | Current Ratio | 3.2 |
| Current Liabilities | 22,211,714 | Operating Margin | 792,678 | 74.6% | Days to Collect | 47,034.0 |
| Long Term Liabilities | 109,499,701 | Other Income | 0 | 0.0% | Avg Payment Days | 24,155.9 |
| Total Equity | 175,824,200 | Other Expense | 0 | 0.0% | Depreciation Rate | 0.0% |
| Total Liab. and Equity | 307,535,615 | Net Profit or Loss | 792,678 | 74.6% | Return on Equity | 0.5% |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|-----------|-------------------------------|------------|-----------------------------|--------|
| 141630 GUARDIAN HEALTHCARE & HOSPICE, LLC | | | | Proprietary - Other | |
| 1775 WINNETKA ROAD, STE 101 | | 12/31/2019 365 Days Submitted | | Hospice | |
| NORTHFIELD, IL 60093 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.6% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.5 |
| | | | | Days to Collect | 60.7 |
| | | | | Avg Payment Days | 16.8 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 128.3% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 1,522,639 | Total Charges | 7,029,985 | | |
| Fixed Assets | 0 | Contract Allowance | 2,599 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 7,027,386 | 100.0% | |
| Total Assets | 1,522,639 | Operating Expense | 6,353,666 | 90.4% | |
| Current Liabilities | 997,374 | Operating Margin | 673,720 | 9.6% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 525,265 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 1,522,639 | Net Profit or Loss | 673,720 | 9.6% | |
| 141569 HARBOR LIGHT HOSPICE | | | | | |
| 1 NORTH 131 COUNTY FARM RD | | 12/31/2019 365 Days Submitted | | Hospice | |
| WINFIELD, IL 60190 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.3% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 4.8 |
| | | | | Days to Collect | 113.0 |
| | | | | Avg Payment Days | 21.2 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 18.0% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 7,862,986 | Total Charges | 22,101,065 | | |
| Fixed Assets | 314,264 | Contract Allowance | 453,130 | 2.1% | |
| Other Assets | 35,200 | Operating Revenue | 21,647,935 | 97.9% | |
| Total Assets | 9,054,404 | Operating Expense | 20,312,173 | 93.8% | |
| Current Liabilities | 1,638,896 | Operating Margin | 1,335,762 | 6.2% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 7,415,508 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 9,054,404 | Net Profit or Loss | 1,335,762 | 6.2% | |

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| | | | | | |
|--|-----------|------------------------------|-----------|-----------------------------|-------------------|
| 141586 HEARTLAND HOME HEALTH CARE AND HOSPICE | | | | Nonprofit - Private | |
| 2100 SANDERS ROAD STE 100 | | 9/30/2019 365 Days Submitted | | Hospice | |
| NORTHBROOK, IL 60062 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.5% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,082,521 | Total Charges | 7,207,542 | | |
| Fixed Assets | 11,584 | Contract Allowance | 206,583 | 2.9% | Length of Stay |
| Other Assets | 8,139 | Operating Revenue | 7,000,959 | 97.1% | Medicare LOS |
| Total Assets | 1,102,244 | Operating Expense | 5,206,137 | 74.4% | Current Ratio |
| Current Liabilities | 466,606 | Operating Margin | 1,794,822 | 25.6% | Days to Collect |
| Long Term Liabilities | 13,043 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 622,595 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 1,102,244 | Net Profit or Loss | 1,794,822 | 25.6% | Return on Equity |

| | | | | | |
|---|-----------|-------------------------------|------------|-----------------------------|-------------------|
| 141636 HEARTLAND HOME HEALTHCARE AND HOSPICE | | | | Nonprofit - Private | |
| 333 SALEM PLACE, SUITE 165 | | 12/31/2019 365 Days Submitted | | Hospice | |
| FAIRVIEW HEIGHTS, IL 62208 | | | | | |
| SAINT CLAIR | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.4% |
| | | | | Nursing | 2.8% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,459,601 | Total Charges | 11,355,747 | | |
| Fixed Assets | 37,119 | Contract Allowance | 907,235 | 8.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 10,448,512 | 92.0% | Medicare LOS |
| Total Assets | 1,496,720 | Operating Expense | 7,478,837 | 71.6% | Current Ratio |
| Current Liabilities | 922,513 | Operating Margin | 2,969,675 | 28.4% | Days to Collect |
| Long Term Liabilities | 1,576 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 572,631 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 1,496,720 | Net Profit or Loss | 2,969,675 | 28.4% | Return on Equity |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|-----------|-------------------------------|------------|-----------------------------|--------|
| 141617 HEARTLAND HOSPICE SERVICES, INC | | | | Nonprofit - Private | |
| 6000 E STATE STREET, 1ST FLOOR | | 12/31/2019 365 Days Submitted | | Hospice | |
| ROCKFORD, IL 61108 | | | | | |
| WINNEBAGO | | | | | |
| NATIONAL GOVERNMENT SERVICES | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.2% |
| | | | | Nursing | 0.5% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.1 |
| | | | | Days to Collect | 96.1 |
| | | | | Avg Payment Days | 27.1 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 230.1% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 2,125,051 | Total Charges | 14,352,390 | | |
| Fixed Assets | 84,334 | Contract Allowance | 1,389,055 | 9.7% | |
| Other Assets | 7,398 | Operating Revenue | 12,963,335 | 90.3% | |
| Total Assets | 2,216,783 | Operating Expense | 10,175,005 | 78.5% | |
| Current Liabilities | 989,528 | Operating Margin | 2,788,330 | 21.5% | |
| Long Term Liabilities | 15,357 | Other Income | 0 | 0.0% | |
| Total Equity | 1,211,898 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 2,216,783 | Net Profit or Loss | 2,788,330 | 21.5% | |

| | | | | | |
|--|---|-------------------------|---|-----------------------------|------|
| 141631 HENDERSON COUNTY HEALTH DEPARTMENT HOSPICE | | | | | |
| 208 WEST ELM STREET | | Cost Report not filed. | | | |
| GLADSTONE, IL 61437 | | | | | |
| HENDERSON | | | | | |
| PALMETTO GBA | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|-----------------------------------|--|-------------------------------|--|-----------------------------|-------|
| 141618 HERITAGE HEALTHCARE | | | | Proprietary - Corporation | |
| 7444 W WILSON AVE, SUITE 102 | | 12/31/2019 365 Days Submitted | | Hospice | |
| HARWOOD HEIGHTS, IL 60706 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.7 |
| | | | | Days to Collect | 188.8 |
| | | | | Avg Payment Days | 224.4 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -0.1% |

| Balance Sheet | | Income Statement | | | |
|------------------------|------------|--------------------|-----------|--------|--|
| Current Assets | 1,975,811 | Total Charges | 4,557,207 | | |
| Fixed Assets | 91,986 | Contract Allowance | 209,269 | 4.6% | |
| Other Assets | 0 | Operating Revenue | 4,347,938 | 95.4% | |
| Total Assets | 2,067,797 | Operating Expense | 4,346,372 | 100.0% | |
| Current Liabilities | 2,672,412 | Operating Margin | 1,566 | 0.0% | |
| Long Term Liabilities | 1,392,573 | Other Income | 0 | 0.0% | |
| Total Equity | -1,997,188 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 2,067,797 | Net Profit or Loss | 1,566 | 0.0% | |

| | | | | | |
|---|--|------------------------|--|-----------------------------|------|
| 141635 HOME BOUND HEALTHCARE HOSPICE LLC | | | | | |
| 14216 MCCARTHY RD | | Cost Report not filed. | | | |
| LEMONT, IL 60439 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|--|
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|---------|-------------------------------|-----------|-----------------------------|-------------------|
| 141627 HOPE PALLIATIVE AND HOSPICE CARE | | | | Proprietary - Corporation | |
| 1274 W NORTHWEST HWY | | 12/31/2019 365 Days Submitted | | Hospice | |
| PALATINE, IL 60067 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 364,326 | Total Charges | 1,393,303 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 1,393,303 | 100.0% | Medicare LOS |
| Total Assets | 364,326 | Operating Expense | 1,289,636 | 92.6% | Current Ratio |
| Current Liabilities | 360,785 | Operating Margin | 103,667 | 7.4% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 3,541 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 364,326 | Net Profit or Loss | 103,667 | 7.4% | Return on Equity |
| | | | | | 2,927.6% |

| | | | | | |
|---|---|-------------------------|---|-----------------------------|-------------------|
| 141512 HORIZON HOSPICE & PALLIATIVE CARE | | | | | |
| 833 WEST CHICAGO AVENUE | | Cost Report not filed. | | | |
| CHICAGO, IL 60622 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity |
| | | | | | 0.0% |

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Sample Hospice reports from the Halmanac.com website.

141612 HOSPICE-CARE OF SANGAMON COUNTY

319 EAST MADISON, SUITE 2M

Cost Report not filed.

SPRINGFIELD, IL 62701

SANGAMON

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

Current Assets 0

Total Charges 0

Home Healthcare 0.0%

Fixed Assets 0

Contract Allowance 0

0.0% Length of Stay

Other Assets 0

Operating Revenue 0

0.0% Medicare LOS

Total Assets 0

Operating Expense 0

0.0% Current Ratio

Current Liabilities 0

Operating Margin 0

0.0% Days to Collect

Long Term Liabilities 0

Other Income 0

0.0% Avg Payment Days

Total Equity 0

Other Expense 0

0.0% Depreciation Rate 0.0%

Total Liab. and Equity 0

Net Profit or Loss 0

0.0% Return on Equity 0.0%

141621 HOSPICE CARE OF AMERICA

Proprietary - Corporation

3815 NORTH MULFORD, STE 4

12/31/2019 365 Days Submitted

Hospice

ROCKFORD, IL 61114

WINNEBAGO

Key Performance Ind.

DUMMY FOR MEDICAID HHA

Skilled Nursing 0.2%

Balance Sheet

Income Statement

Nursing 0.0%

Current Assets 516,974

Total Charges 2,164,760

Home Healthcare 0.0%

Fixed Assets 0

Contract Allowance 0

0.0% Length of Stay

Other Assets 355,240

Operating Revenue 2,164,760

100.0% Medicare LOS

Total Assets 873,849

Operating Expense 2,110,660

97.5% Current Ratio 1.9

Current Liabilities 274,737

Operating Margin 54,100

2.5% Days to Collect 53.4

Long Term Liabilities 191,463

Other Income 0

0.0% Avg Payment Days 47.5

Total Equity 407,649

Other Expense 0

0.0% Depreciation Rate 0.0%

Total Liab. and Equity 873,849

Net Profit or Loss 54,100

2.5% Return on Equity 13.3%

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141540 HOSPICE CARE OF ILLINOIS

701 NORTH FIRST STREET

Cost Report not filed.

SPRINGFIELD, IL 62781

SANGAMON

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

Current Assets

0

Total Charges

0

Home Healthcare 0.0%

Fixed Assets

0

Contract Allowance

0

0.0% Length of Stay

Other Assets

0

Operating Revenue

0

0.0% Medicare LOS

Total Assets

0

Operating Expense

0

0.0% Current Ratio

Current Liabilities

0

Operating Margin

0

0.0% Days to Collect

Long Term Liabilities

0

Other Income

0

0.0% Avg Payment Days

Total Equity

0

Other Expense

0

0.0% Depreciation Rate 0.0%

Total Liab. and Equity

0

Net Profit or Loss

0

0.0% Return on Equity 0.0%

141581 HOSPICE COMPASSUS - NORTHWEST ILLINOIS

Proprietary - Corporation

755 NORTH HENDERSON STREET

12/31/2019 365 Days Submitted

Hospice

GALESBURG, IL 61401

KNOX

Key Performance Ind.

BLUE CROSS (IOWA/SOUTH DAKOTA)

Skilled Nursing 0.1%

Balance Sheet

Income Statement

Nursing 0.1%

Current Assets

99,178,523

Total Charges

18,798,146

Home Healthcare 0.0%

Fixed Assets

14,675,159

Contract Allowance

75,808

0.4% Length of Stay

Other Assets

1,022,825,008

Operating Revenue

18,722,338

99.6% Medicare LOS

Total Assets

1,136,678,690

Operating Expense

13,148,812

70.2% Current Ratio

1.4

Current Liabilities

72,199,666

Operating Margin

5,573,526

29.8% Days to Collect

1,439.9

Long Term Liabilities

385,470,569

Other Income

0

0.0% Avg Payment Days

1,766.2

Total Equity

679,008,455

Other Expense

0

0.0% Depreciation Rate 0.0%

Total Liab. and Equity

1,136,678,690

Net Profit or Loss

5,573,526

29.8% Return on Equity 0.8%

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|-------------|-------------------------------|------------|-----------------------------|-------|
| 141648 HOSPICE OF GREATER CHICAGO LLC | | | | Proprietary - Partnership | |
| 1727 S INDIANA AVE SUITE G2 | | 12/31/2019 365 Days Submitted | | Hospice | |
| CHICAGO, IL 60616 | | | | | |
| COOK | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.3% |
| | | | | Nursing | 0.4% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.9 |
| | | | | Days to Collect | 769.0 |
| | | | | Avg Payment Days | 301.1 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 3.7% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 48,700,334 | Total Charges | 20,488,749 | | |
| Fixed Assets | 1,471,917 | Contract Allowance | 243,033 | 1.2% | |
| Other Assets | 222,682,653 | Operating Revenue | 20,245,716 | 98.8% | |
| Total Assets | 273,057,555 | Operating Expense | 18,467,005 | 91.2% | |
| Current Liabilities | 25,890,415 | Operating Margin | 1,778,711 | 8.8% | |
| Long Term Liabilities | 198,864,191 | Other Income | 0 | 0.0% | |
| Total Equity | 48,302,949 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 273,057,555 | Net Profit or Loss | 1,778,711 | 8.8% | |
| 141556 HOSPICE OF KANKAKEE VALLEY INC | | | | | |
| 482 MAIN STREET NW | | 12/31/2019 365 Days Submitted | | Nonprofit - Private | |
| BOURBONNAIS, IL 60914 | | | | Hospice | |
| KANKAKEE | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.4% |
| | | | | Nursing | 5.3% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 4.6 |
| | | | | Days to Collect | 114.3 |
| | | | | Avg Payment Days | 54.6 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 18.4% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 6,943,410 | Total Charges | 18,587,657 | | |
| Fixed Assets | 3,568,134 | Contract Allowance | 5,144,879 | 27.7% | |
| Other Assets | 0 | Operating Revenue | 13,442,778 | 72.3% | |
| Total Assets | 19,614,028 | Operating Expense | 10,108,732 | 75.2% | |
| Current Liabilities | 1,512,020 | Operating Margin | 3,334,046 | 24.8% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 18,102,008 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 19,614,028 | Net Profit or Loss | 3,334,046 | 24.8% | |

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Sample Hospice reports from the Halmanac.com website.

141511 HOSPICE OF LITTLE CO OF MARY H

9800 SOUTHWEST HIGHWAY Cost Report not filed.

OAK LAWN, IL 60453

| | | | | | | |
|-----------------------------|--|--|--|--|-----------------------------|------|
| COOK | | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | | Skilled Nursing | 0.0% |
| | | | | | Nursing | 0.0% |
| | | | | | Home Healthcare | 0.0% |
| | | | | | Length of Stay | |
| | | | | | Medicare LOS | |
| | | | | | Current Ratio | |
| | | | | | Days to Collect | |
| | | | | | Avg Payment Days | |
| | | | | | Depreciation Rate | 0.0% |
| | | | | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | | | | |
|------------------------|---|--------------------|---|------|--|--|
| Current Assets | 0 | Total Charges | 0 | | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | | |

141542 HOSPICE OF SOUTHEASTERN ILLINOIS INC

800 EAST LOCUST STREET Cost Report not filed.

OLNEY, IL 62450

| | | | | | | |
|-----------------------------|--|--|--|--|-----------------------------|------|
| RICHLAND | | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | | Skilled Nursing | 0.0% |
| | | | | | Nursing | 0.0% |
| | | | | | Home Healthcare | 0.0% |
| | | | | | Length of Stay | |
| | | | | | Medicare LOS | |
| | | | | | Current Ratio | |
| | | | | | Days to Collect | |
| | | | | | Avg Payment Days | |
| | | | | | Depreciation Rate | 0.0% |
| | | | | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | | | | |
|------------------------|---|--------------------|---|------|--|--|
| Current Assets | 0 | Total Charges | 0 | | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| 141504 HOSPICE OF SOUTHERN ILLINOIS, INC | | | | Nonprofit - Private | |
|---|-------------------|-------------------------------|-------------------|-----------------------------|---------|
| 305 S ILLINOIS ST | | 12/31/2019 365 Days Submitted | | Hospice | |
| BELLEVILLE, IL 62220 | | | | | |
| SAINT CLAIR | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.2% |
| | | | | Nursing | 4.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.4 |
| | | | | Days to Collect | 41.6 |
| | | | | Avg Payment Days | 37.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 12.9% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 3,217,998 | Total Charges | 14,999,488 | | |
| Fixed Assets | 2,792,140 | Contract Allowance | 76,432 | 0.5% | |
| Other Assets | 137,499 | Operating Revenue | 14,923,056 | 99.5% | |
| Total Assets | <u>14,475,884</u> | Operating Expense | <u>13,230,378</u> | 88.7% | |
| Current Liabilities | 1,367,165 | Operating Margin | 1,692,678 | 11.3% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | <u>13,108,719</u> | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | <u>14,475,884</u> | Net Profit or Loss | <u>1,692,678</u> | 11.3% | |
| 141529 HOSPICE OF THE CALUMET AREA INC | | | | Nonprofit - Private | |
| 3256 RIDGE ROAD, SUITE 207 | | 12/31/2019 365 Days Submitted | | Hospice | |
| LANSING, IL 60438 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.6 |
| | | | | Days to Collect | 542.2 |
| | | | | Avg Payment Days | (940.0) |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 9.9% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,629,416 | Total Charges | 655,405 | | |
| Fixed Assets | 1,580,412 | Contract Allowance | 100,829 | 15.4% | |
| Other Assets | 0 | Operating Revenue | 554,576 | 84.6% | |
| Total Assets | <u>8,629,588</u> | Operating Expense | <u>-235,178</u> | -42.4% | |
| Current Liabilities | 621,276 | Operating Margin | 789,754 | 142.4% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | <u>8,008,312</u> | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | <u>8,629,588</u> | Net Profit or Loss | <u>789,754</u> | 142.4% | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--------------------------------|------------|-------------------------------|-----------|-----------------------------|---------|
| 141689 HOSPICECARE, INC | | | | Nonprofit - Private | |
| 7290 ARGUS DRIVE | | 11/19/2019 323 Days Submitted | | Hospice | |
| ROCKFORD, IL 61107 | | | | | |
| WINNEBAGO | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 1.1% |
| | | | | Nursing | 0.6% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.1 |
| | | | | Days to Collect | 1,228.1 |
| | | | | Avg Payment Days | 790.3 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.2% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 14,642,367 | Total Charges | 4,022,130 | | |
| Fixed Assets | 1,650,341 | Contract Allowance | 1,482,911 | 36.9% | |
| Other Assets | 82,654,183 | Operating Revenue | 2,539,219 | 63.1% | |
| Total Assets | 99,349,657 | Operating Expense | 2,353,819 | 92.7% | |
| Current Liabilities | 6,941,106 | Operating Margin | 185,400 | 7.3% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 92,408,551 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 99,349,657 | Net Profit or Loss | 185,400 | 7.3% | |

| | | | | | |
|--|---|-------------------------|---|-----------------------------|------|
| 141658 HSHS HOSPICE SOUTHERN ILLINOIS | | | | | |
| 701 WEST TEMPLE AVE SUITE B | | Cost Report not filed. | | | |
| EFFINGHAM, IL 62401 | | | | | |
| EFFINGHAM | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141533 ILLINOIS VALLEY HOSPICE

1305 6TH STREET

Cost Report not filed.

PERU, IL 61354

LA SALLE

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|------------------------|
| Current Assets | 0 | Total Charges | 0 | | Skilled Nursing 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Nursing 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Home Healthcare 0.0% |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Length of Stay |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Medicare LOS |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Current Ratio |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Days to Collect |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Avg Payment Days |
| | | | | | Depreciation Rate 0.0% |
| | | | | | Return on Equity 0.0% |

141535 INGALLS HOME HOSPICE

ONE INGALLS DRIVE, WYMAN GORDON
PAV

Cost Report not filed.

HARVEY, IL 60426

COOK

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|------------------------|
| Current Assets | 0 | Total Charges | 0 | | Skilled Nursing 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Nursing 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Home Healthcare 0.0% |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Length of Stay |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Medicare LOS |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Current Ratio |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Days to Collect |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Avg Payment Days |
| | | | | | Depreciation Rate 0.0% |
| | | | | | Return on Equity 0.0% |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|--|-------------------------------|--|-----------------------------|-------|
| 141653 INTEGRATED PALLIATIVE AND HOSPICE LLC | | | | Proprietary - Partnership | |
| 900 TECHNOLOGY WAY, SUITE 280 | | 12/31/2019 365 Days Submitted | | Hospice | |
| LIBERTYVILLE, IL 60048 | | | | | |
| LAKE | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 3.8% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 362.0 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 0.6 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 7.3% |

| Balance Sheet | | Income Statement | | | |
|------------------------|---------|-------------------------|-----------|-------|--|
| Current Assets | 710,946 | Total Charges | 1,228,217 | | |
| Fixed Assets | 0 | Contract Allowance | 2,958 | 0.2% | |
| Other Assets | 0 | Operating Revenue | 1,225,259 | 99.8% | |
| Total Assets | 710,946 | Operating Expense | 1,173,663 | 95.8% | |
| Current Liabilities | 1,964 | Operating Margin | 51,596 | 4.2% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 708,982 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 710,946 | Net Profit or Loss | 51,596 | 4.2% | |

| | | | | | |
|---|--|------------------------|--|-----------------------------|------|
| 141616 IROQUOIS MEMORIAL HOSPICE | | | | | |
| 200 NORTH LAIRD LANE | | Cost Report not filed. | | | |
| WATSEKA, IL 60970 | | | | | |
| IROQUOIS | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | | | |
|------------------------|---|-------------------------|---|------|--|
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| 141539 JOLIET AREA COMMUNITY HOSPICE | | | | Nonprofit - Private | |
|---|------------|-------------------------------|--------------|-----------------------------|---------|
| 250 WATER STONE CIRCLE | | 12/31/2019 365 Days Submitted | | Hospice | |
| JOLIET, IL 60431 | | | | | |
| WILL | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 1.1% |
| | | | | Nursing | 14.1% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 4.6 |
| | | | | Days to Collect | 104.0 |
| | | | | Avg Payment Days | 33.9 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 20.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 16,867,337 | Total Charges | 41,849,641 | | |
| Fixed Assets | 5,408,856 | Contract Allowance | 12,551,520 | 30.0% | |
| Other Assets | 0 | Operating Revenue | 29,298,121 | 70.0% | |
| Total Assets | 37,070,219 | Operating Expense | 22,677,464 | 77.4% | |
| Current Liabilities | 3,699,716 | Operating Margin | 6,620,657 | 22.6% | |
| Long Term Liabilities | 214,724 | Other Income | 0 | 0.0% | |
| Total Equity | 33,155,779 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 37,070,219 | Net Profit or Loss | 6,620,657 | 22.6% | |
| 141525 JOURNEYCARE INC | | | | Nonprofit - Private | |
| 405 LAKE ZURICH ROAD | | 12/31/2019 365 Days Submitted | | Hospice | |
| BARRINGTON, IL 60010 | | | | | |
| LAKE | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 1.7% |
| | | | | Nursing | 27.5% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.8 |
| | | | | Days to Collect | 234.6 |
| | | | | Avg Payment Days | 47.9 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -502.3% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 37,433,515 | Total Charges | 125,655,485 | | |
| Fixed Assets | 34,085,059 | Contract Allowance | 70,027,125 | 55.7% | |
| Other Assets | 11,740,199 | Operating Revenue | 55,628,360 | 44.3% | |
| Total Assets | 83,465,473 | Operating Expense | 93,820,058 | 168.7% | |
| Current Liabilities | 45,986,203 | Operating Margin | -38,191,698 | -68.7% | |
| Long Term Liabilities | 29,876,629 | Other Income | 0 | 0.0% | |
| Total Equity | 7,602,641 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 83,465,473 | Net Profit or Loss | (38,191,698) | -68.7% | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|-----------------------------------|------------|-------------------------------|------------|-----------------------------|-------------------|
| 141608 KINDRED HOSPICE | | | | Proprietary - Corporation | |
| 85 WEST ALGONQUIN ROAD, SUITE 100 | | 12/31/2019 365 Days Submitted | | Hospice | |
| ARLINGTON HEIGHTS, IL 60005 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.1% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 2,622,203 | Total Charges | 11,474,592 | | |
| Fixed Assets | 48,613 | Contract Allowance | 102,948 | 0.9% | Length of Stay |
| Other Assets | 419,166 | Operating Revenue | 11,371,644 | 99.1% | Medicare LOS |
| Total Assets | 3,089,982 | Operating Expense | 8,159,298 | 71.8% | Current Ratio |
| Current Liabilities | 37,281 | Operating Margin | 3,212,346 | 28.2% | Days to Collect |
| Long Term Liabilities | -2,853,155 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 5,905,856 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 3,089,982 | Net Profit or Loss | 3,212,346 | 28.2% | Return on Equity |

| | | | | | |
|---------------------------------|-----------|-------------------------------|-----------|-----------------------------|-------------------|
| 141610 KINDRED HOSPICE | | | | Proprietary - Corporation | |
| 800 ENTERPRISE DRIVE, SUITE 111 | | 12/31/2019 365 Days Submitted | | Hospice | |
| OAK BROOK, IL 60523 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.2% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,397,906 | Total Charges | 7,442,265 | | |
| Fixed Assets | 31,616 | Contract Allowance | 35,897 | 0.5% | Length of Stay |
| Other Assets | 419,167 | Operating Revenue | 7,406,368 | 99.5% | Medicare LOS |
| Total Assets | 1,848,689 | Operating Expense | 5,078,038 | 68.6% | Current Ratio |
| Current Liabilities | -4,509 | Operating Margin | 2,328,330 | 31.4% | Days to Collect |
| Long Term Liabilities | -551,497 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 2,404,695 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 1,848,689 | Net Profit or Loss | 2,328,330 | 31.4% | Return on Equity |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|-----------|-------------------------------|-----------|-----------------------------|-------|
| 141624 LEXINGTON HOSPICE SERVICES, LLC | | | | Proprietary - Other | |
| 665 W NORTH AVE, SUITE 105 | | 12/31/2019 365 Days Submitted | | Hospice | |
| LOMBARD, IL 60148 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.1% |
| | | | | Nursing | 0.2% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.0 |
| | | | | Days to Collect | 346.9 |
| | | | | Avg Payment Days | 11.6 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -4.6% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 9,245,887 | Total Charges | 7,502,196 | | |
| Fixed Assets | 1,887 | Contract Allowance | 2,276,496 | 30.3% | |
| Other Assets | 0 | Operating Revenue | 5,225,700 | 69.7% | |
| Total Assets | 9,247,774 | Operating Expense | 5,442,945 | 104.2% | |
| Current Liabilities | 4,514,644 | Operating Margin | -217,245 | -4.2% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 4,733,130 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 9,247,774 | Net Profit or Loss | (217,245) | -4.2% | |
| 141699 LIFECHOICE HOSPICE AND PALLIATIVE CARE | | | | | |
| 275 12TH STREET, STE 2C | | 12/31/2019 251 Days Submitted | | Hospice | |
| WHEELING, IL 60090 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.2% |
| | | | | Nursing | 0.4% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.3 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 25.5 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 80.7% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 163,700 | Total Charges | 213,139 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 17,180 | Operating Revenue | 213,139 | 100.0% | |
| Total Assets | 180,880 | Operating Expense | 299,787 | 140.7% | |
| Current Liabilities | 129,308 | Operating Margin | -86,648 | -40.7% | |
| Long Term Liabilities | 159,000 | Other Income | 0 | 0.0% | |
| Total Equity | -107,428 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 180,880 | Net Profit or Loss | (86,648) | -40.7% | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141599 LINCOLNLAND HOSPICE OF SARAH B

1004 HEALTH CENTER DRIVE SUITE 202 Cost Report not filed.

MATTOON, IL 61938

COLES

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

| Balance Sheet | | Income Statement | | Key Performance Ind. | | |
|------------------------|---|--------------------|---|----------------------|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Home Healthcare | 0.0% | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Nursing | 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Length of Stay | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Medicare LOS | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Current Ratio | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Days to Collect | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Avg Payment Days | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Depreciation Rate | 0.0% |
| | | | | 0.0% | Return on Equity | 0.0% |

141629 LOVING HANDS HOSPICE

Proprietary - Corporation

6535 NORTH OLMSTEAD AVENUE, SUITE 11/5/2019 309 Days Submitted Hospice
150

CHICAGO, IL 60631

COOK

Key Performance Ind.

BLUE CROSS (SOUTH CAROLINA)

Skilled Nursing 0.0%

Balance Sheet

Income Statement

| Balance Sheet | | Income Statement | | Key Performance Ind. | | |
|------------------------|---------|--------------------|-----------|----------------------|-------------------|--------|
| Current Assets | 323,098 | Total Charges | 2,473,642 | Home Healthcare | 0.0% | |
| Fixed Assets | 23,287 | Contract Allowance | 0 | 0.0% | Nursing | 5.6% |
| Other Assets | 0 | Operating Revenue | 2,473,642 | 100.0% | Length of Stay | |
| Total Assets | 346,385 | Operating Expense | 2,661,011 | 107.6% | Medicare LOS | |
| Current Liabilities | 36,183 | Operating Margin | -187,369 | -7.6% | Current Ratio | 8.9 |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Days to Collect | 0.0 |
| Total Equity | 310,202 | Other Expense | 0 | 0.0% | Avg Payment Days | 4.2 |
| Total Liab. and Equity | 346,385 | Net Profit or Loss | (187,369) | -7.6% | Depreciation Rate | 0.0% |
| | | | | | Return on Equity | -60.4% |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141566 LOYOLA MEDICINE HOSPICE

2301 W 22ND STREET, STE 107

Cost Report not filed.

OAK BROOK, IL 60523

DUPAGE

Key Performance Ind.

PALMETTO HHH C

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

| Balance Sheet | | Income Statement | | Key Performance Ind. | | |
|------------------------|---|--------------------|---|----------------------|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Home Healthcare | 0.0% | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate | 0.0% |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity | 0.0% |

141698 MAPLE CREEK HOSPICE INC

Proprietary - Other

706 S SAINT LOUIS ST

12/31/2019 365 Days Submitted

Hospice

SPARTA, IL 62286

RANDOLPH

Key Performance Ind.

PALMETTO HHH C

Skilled Nursing 0.0%

Balance Sheet

Income Statement

Nursing 0.0%

| Balance Sheet | | Income Statement | | Key Performance Ind. | | |
|------------------------|---------|--------------------|---------|----------------------|-------------------|--------|
| Current Assets | -32,117 | Total Charges | 291,495 | Home Healthcare | 0.0% | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay | |
| Other Assets | 0 | Operating Revenue | 291,495 | 100.0% | Medicare LOS | |
| Total Assets | -32,117 | Operating Expense | 279,018 | 95.7% | Current Ratio | |
| Current Liabilities | 0 | Operating Margin | 12,477 | 4.3% | Days to Collect | 0.0 |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days | 0.0 |
| Total Equity | -32,117 | Other Expense | 0 | 0.0% | Depreciation Rate | 0.0% |
| Total Liab. and Equity | -32,117 | Net Profit or Loss | 12,477 | 4.3% | Return on Equity | -38.8% |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141524 MDH HOSPICE,THE

525 E GRANT ST

Cost Report not filed.

MACOMB, IL 61455

MCDONOUGH

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

Skilled Nursing 0.0%

Nursing 0.0%

Home Healthcare 0.0%

0.0% Length of Stay

0.0% Medicare LOS

0.0% Current Ratio

0.0% Days to Collect

0.0% Avg Payment Days

0.0% Depreciation Rate 0.0%

0.0% Return on Equity 0.0%

Balance Sheet

| | |
|-------------------------------|----------|
| Current Assets | 0 |
| Fixed Assets | 0 |
| Other Assets | 0 |
| Total Assets | 0 |
| Current Liabilities | 0 |
| Long Term Liabilities | 0 |
| Total Equity | 0 |
| Total Liab. and Equity | 0 |

Income Statement

| | |
|---------------------------|----------|
| Total Charges | 0 |
| Contract Allowance | 0 |
| Operating Revenue | 0 |
| Operating Expense | 0 |
| Operating Margin | 0 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 0 |

141548 MERCY HEALTH - HOSPICE, METROPOLIS

704 E 5TH ST, STE 5

Cost Report not filed.

METROPOLIS, IL 62960

MASSAC

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

Skilled Nursing 0.0%

Nursing 0.0%

Home Healthcare 0.0%

0.0% Length of Stay

0.0% Medicare LOS

0.0% Current Ratio

0.0% Days to Collect

0.0% Avg Payment Days

0.0% Depreciation Rate 0.0%

0.0% Return on Equity 0.0%

Balance Sheet

| | |
|-------------------------------|----------|
| Current Assets | 0 |
| Fixed Assets | 0 |
| Other Assets | 0 |
| Total Assets | 0 |
| Current Liabilities | 0 |
| Long Term Liabilities | 0 |
| Total Equity | 0 |
| Total Liab. and Equity | 0 |

Income Statement

| | |
|---------------------------|----------|
| Total Charges | 0 |
| Contract Allowance | 0 |
| Operating Revenue | 0 |
| Operating Expense | 0 |
| Operating Margin | 0 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 0 |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|------------|-------------------------------|--------------|-----------------------------|---------|
| 141691 MERIDIAN PALLIATIVE & HOSPICE CARE SERVICES LLC | | | | Proprietary - Partnership | |
| 4 N DEER POINT DRIVE SUITE 1006 | | 12/31/2019 365 Days Submitted | | Hospice | |
| HAINESVILLE, IL 60030 | | | | | |
| LAKE | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.8 |
| | | | | Days to Collect | 37.7 |
| | | | | Avg Payment Days | 4.5 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -110.0% |
| Balance Sheet | | | | | |
| Current Assets | 148,894 | Total Charges | 1,044,164 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 1,044,164 | 100.0% | |
| Total Assets | 148,894 | Operating Expense | 1,115,752 | 106.9% | |
| Current Liabilities | 83,791 | Operating Margin | -71,588 | -6.9% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 65,103 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 148,894 | Net Profit or Loss | (71,588) | -6.9% | |
| Income Statement | | | | | |
| 141527 MIDWEST PALLIATIVE & HOSPICE CARECENTER | | | | | |
| 2050 CLAIRE COURT | | 12/31/2019 365 Days Submitted | | Nonprofit - Private | |
| GLENVIEW, IL 60025 | | | | Hospice | |
| COOK | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.4% |
| | | | | Nursing | 32.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.8 |
| | | | | Days to Collect | 818.5 |
| | | | | Avg Payment Days | 83.0 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -502.3% |
| Balance Sheet | | | | | |
| Current Assets | 37,433,515 | Total Charges | 36,257,702 | | |
| Fixed Assets | 34,085,059 | Contract Allowance | 20,310,431 | 56.0% | |
| Other Assets | 11,740,199 | Operating Revenue | 15,947,271 | 44.0% | |
| Total Assets | 83,465,473 | Operating Expense | 54,138,969 | 339.5% | |
| Current Liabilities | 45,986,203 | Operating Margin | -38,191,698 | -239.5% | |
| Long Term Liabilities | 29,876,629 | Other Income | 0 | 0.0% | |
| Total Equity | 7,602,641 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 83,465,473 | Net Profit or Loss | (38,191,698) | -239.5% | |
| Income Statement | | | | | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|-----------|-------------------------------|------------|-----------------------------|------|
| 141520 NORTHERN ILLINOIS HOSPICE | | | | Nonprofit - Private | |
| 4215 NEWBURG ROAD | | 12/31/2019 365 Days Submitted | | Hospice | |
| ROCKFORD, IL 61108 | | | | | |
| WINNEBAGO | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.4% |
| | | | | Nursing | 0.2% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 5.2 |
| | | | | Days to Collect | 83.4 |
| | | | | Avg Payment Days | 36.1 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 3.8% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 3,643,811 | Total Charges | 13,216,145 | | |
| Fixed Assets | 2,898,893 | Contract Allowance | 5,912,098 | 44.7% | |
| Other Assets | 0 | Operating Revenue | 7,304,047 | 55.3% | |
| Total Assets | 7,589,265 | Operating Expense | 7,093,356 | 97.1% | |
| Current Liabilities | 702,214 | Operating Margin | 210,691 | 2.9% | |
| Long Term Liabilities | 1,359,643 | Other Income | 0 | 0.0% | |
| Total Equity | 5,527,408 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 7,589,265 | Net Profit or Loss | 210,691 | 2.9% | |

| | | | | | |
|--|---|-------------------------|---|-----------------------------|------|
| 141522 NORTSHORE UNIVERSITY HEALTHSYSTEM HOME & HOSPICE | | | | | |
| 4901 SEARLE PARKWAY, SUITE 160 | | Cost Report not filed. | | | |
| SKOKIE, IL 60077 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141518 NORTHWESTERN MEDICINE HOME HEALTH AND HOSPICE

690 E NORTH AVENUE Cost Report not filed.

CAROL STREAM, IL 60188

DUPAGE

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|------------------------|
| Current Assets | 0 | Total Charges | 0 | | Skilled Nursing 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Nursing 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Home Healthcare 0.0% |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Length of Stay |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Medicare LOS |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Current Ratio |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Days to Collect |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Avg Payment Days |
| | | | | | Depreciation Rate 0.0% |
| | | | | | Return on Equity 0.0% |

141662 OASIS HOSPICE & PALLIATIVE CARE INC

Proprietary - Corporation

11700 S WESTERN AVENUE SUITE 13-14 12/31/2019 365 Days Submitted

Hospice

CHICAGO, IL 60643

COOK

Key Performance Ind.

| Balance Sheet | | Income Statement | | | |
|------------------------|---------|--------------------|-----------|--------|------------------------|
| Current Assets | 855,694 | Total Charges | 1,770,253 | | Skilled Nursing 0.1% |
| Fixed Assets | 40,492 | Contract Allowance | 0 | 0.0% | Nursing 0.0% |
| Other Assets | 0 | Operating Revenue | 1,770,253 | 100.0% | Home Healthcare 0.0% |
| Total Assets | 900,786 | Operating Expense | 1,471,135 | 83.1% | Length of Stay |
| Current Liabilities | 435,168 | Operating Margin | 299,118 | 16.9% | Medicare LOS |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Current Ratio 2.0 |
| Total Equity | 465,618 | Other Expense | 0 | 0.0% | Days to Collect 143.7 |
| Total Liab. and Equity | 900,786 | Net Profit or Loss | 299,118 | 16.9% | Avg Payment Days 106.6 |
| | | | | | Depreciation Rate 0.0% |
| | | | | | Return on Equity 64.2% |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|------------------------------|-------------|------------------------------|------------|-----------------------------|-------------------|
| 141546 OSF HOSPICE | | | | Nonprofit - Church | |
| 2265 WEST ALTORFER DRIVE | | 9/30/2019 365 Days Submitted | | Hospice | |
| PEORIA, IL 61615 | | | | | |
| PEORIA | | | | | |
| WISCONSIN PHYSICIANS SERVICE | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.4% |
| | | | | Nursing | 12.9% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 16,324,000 | Total Charges | 12,660,986 | | |
| Fixed Assets | 6,484,000 | Contract Allowance | 620,286 | 4.9% | Length of Stay |
| Other Assets | 3,494,000 | Operating Revenue | 12,040,700 | 95.1% | Medicare LOS |
| Total Assets | 26,700,000 | Operating Expense | 8,999,700 | 74.7% | Current Ratio |
| Current Liabilities | 9,966,000 | Operating Margin | 3,041,000 | 25.3% | Days to Collect |
| Long Term Liabilities | 29,818,000 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | -13,084,000 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 26,700,000 | Net Profit or Loss | 3,041,000 | 25.3% | Return on Equity |

| | | | | | |
|-----------------------------|-------------|------------------------------|-----------|-----------------------------|-------------------|
| 141605 OSF HOSPICE | | | | Nonprofit - Church | |
| 5501 E STATE STREET | | 9/30/2019 365 Days Submitted | | Hospice | |
| ROCKFORD, IL 61108 | | | | | |
| WINNEBAGO | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.6% |
| | | | | Nursing | 0.5% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 16,324,000 | Total Charges | 5,137,355 | | |
| Fixed Assets | 6,484,000 | Contract Allowance | 169,984 | 3.3% | Length of Stay |
| Other Assets | 3,494,000 | Operating Revenue | 4,967,371 | 96.7% | Medicare LOS |
| Total Assets | 26,700,000 | Operating Expense | 1,926,371 | 38.8% | Current Ratio |
| Current Liabilities | 9,966,000 | Operating Margin | 3,041,000 | 61.2% | Days to Collect |
| Long Term Liabilities | 29,818,000 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | -13,084,000 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 26,700,000 | Net Profit or Loss | 3,041,000 | 61.2% | Return on Equity |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|-----------|-------------------------------|-----------|-----------------------------|-------------------|
| 141628 PEACE HOSPICE AND PALLIATIVE CARE, INC | | | | Proprietary - Corporation | |
| 1717 N NAPER BLVD SUITE 301 | | 12/31/2019 365 Days Submitted | | Hospice | |
| NAPERVILLE, IL 60563 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.3% |
| | | | | Nursing | 0.3% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,368,416 | Total Charges | 5,600,036 | | |
| Fixed Assets | 8,228 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 360,450 | Operating Revenue | 5,600,036 | 100.0% | Medicare LOS |
| Total Assets | 1,737,094 | Operating Expense | 6,457,105 | 115.3% | Current Ratio |
| Current Liabilities | 394,276 | Operating Margin | -857,069 | -15.3% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 1,342,818 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 1,737,094 | Net Profit or Loss | (857,069) | -15.3% | Return on Equity |

| | | | | | |
|--|---|-------------------------|---|-----------------------------|-------------------|
| 141701 PEARL PALLIATIVE AND HOSPICE | | | | | |
| 1901 S VALLEY RD | | Cost Report not filed. | | | |
| LOMBARD, IL 60148 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|----------------------------------|-----------|-------------------------------|-----------|-----------------------------|-------------------|
| 141609 PROVIDENCE HOSPICE | | | | Nonprofit - Private | |
| 18601 N CREEK DRIVE SUITE A | | 12/31/2019 365 Days Submitted | | Hospice | |
| TINLEY PARK, IL 60477 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| NATIONAL GOVERNMENT SERVICES | | | | Skilled Nursing | 0.3% |
| | | | | Nursing | 0.4% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 735,009 | Total Charges | 3,205,339 | | |
| Fixed Assets | 6,918 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 6,379,043 | Operating Revenue | 3,205,339 | 100.0% | Medicare LOS |
| Total Assets | 7,120,970 | Operating Expense | 2,616,929 | 81.6% | Current Ratio |
| Current Liabilities | 122,921 | Operating Margin | 588,410 | 18.4% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 6,998,049 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 7,120,970 | Net Profit or Loss | 588,410 | 18.4% | Return on Equity |

| | | | | | |
|-----------------------------------|---|-------------------------|---|-----------------------------|-------------------|
| 141575 QUAD COUNTY HOSPICE | | | | | |
| 8 HUBER STREET | | Cost Report not filed. | | | |
| PANA, IL 62557 | | | | | |
| CHRISTIAN | | | | | |
| | | | | Key Performance Ind. | |
| NGS (IL) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Length of Stay |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Medicare LOS |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Current Ratio |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Days to Collect |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Avg Payment Days |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Depreciation Rate |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Return on Equity |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| 141513 RAINBOW HOSPICE AND PALLIATIVE CARE | | | | Nonprofit - Private | |
|---|-----------|-------------------------------|------------|-----------------------------|--------|
| 1550 BISHOP COURT | | 6/30/2019 181 Days Submitted | | Hospice | |
| MOUNT PROSPECT, IL 60056 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 6.7% |
| | | | | Nursing | 17.7% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.4 |
| | | | | Days to Collect | 127.7 |
| | | | | Avg Payment Days | 0.0 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -41.3% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 4,320,582 | Total Charges | 20,528,732 | | |
| Fixed Assets | 753,044 | Contract Allowance | 8,140,694 | 39.7% | |
| Other Assets | 0 | Operating Revenue | 12,388,038 | 60.3% | |
| Total Assets | 5,337,802 | Operating Expense | 13,314,341 | 107.5% | |
| Current Liabilities | 3,093,514 | Operating Margin | -926,303 | -7.5% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 2,244,288 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 5,337,802 | Net Profit or Loss | (926,303) | -7.5% | |
| 141655 RESIDENTIAL HOSPICE LLC | | | | Proprietary - Partnership | |
| 1431 OPUS PLACE SUITE 310 | | 12/31/2019 365 Days Submitted | | Hospice | |
| DOWNS GROVE, IL 60515 | | | | | |
| DUPAGE | | | | | |
| | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 1.1% |
| | | | | Nursing | 14.4% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 2.0 |
| | | | | Days to Collect | 40.4 |
| | | | | Avg Payment Days | 51.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 56.4% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 2,741,000 | Total Charges | 12,210,682 | | |
| Fixed Assets | 51,048 | Contract Allowance | 320,362 | 2.6% | |
| Other Assets | 2,773,000 | Operating Revenue | 11,890,320 | 97.4% | |
| Total Assets | 5,565,048 | Operating Expense | 9,537,617 | 80.2% | |
| Current Liabilities | 1,351,715 | Operating Margin | 2,352,703 | 19.8% | |
| Long Term Liabilities | 44,685 | Other Income | 0 | 0.0% | |
| Total Equity | 4,168,648 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 5,565,048 | Net Profit or Loss | 2,352,703 | 19.8% | |

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Sample Hospice reports from the Halmanac.com website.

141576 RESIDENTIAL HOSPICE OF SOUTHERN ILLINOIS

104 AIRWAY DRIVE, SUITE 1

Cost Report not filed.

MARION, IL 62959

WILLIAMSON

PALMETTO HHH C

Key Performance Ind.

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|------------------------|
| Current Assets | 0 | Total Charges | 0 | | Skilled Nursing 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | Nursing 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | Home Healthcare 0.0% |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | Length of Stay |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | Medicare LOS |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | Current Ratio |
| Total Equity | 0 | Other Expense | 0 | 0.0% | Days to Collect |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | Avg Payment Days |
| | | | | | Depreciation Rate 0.0% |
| | | | | | Return on Equity 0.0% |

141552 ROCK RIVER HOSPICE AND HOME

Nonprofit - Private

2706 AVENUE E

12/31/2019 365 Days Submitted

Hospice

STERLING, IL 61081

WHITESIDE

Key Performance Ind.

| Balance Sheet | | Income Statement | | | |
|------------------------|-----------|--------------------|-----------|--------|-------------------------|
| Current Assets | 172,757 | Total Charges | 1,821,045 | | Skilled Nursing 0.2% |
| Fixed Assets | 3,939,025 | Contract Allowance | 16,693 | 0.9% | Nursing 12.2% |
| Other Assets | 141,033 | Operating Revenue | 1,804,352 | 99.1% | Home Healthcare 0.0% |
| Total Assets | 4,252,815 | Operating Expense | 1,994,909 | 110.6% | Length of Stay |
| Current Liabilities | 2,328,020 | Operating Margin | -190,557 | -10.6% | Medicare LOS |
| Long Term Liabilities | 19,328 | Other Income | 0 | 0.0% | Current Ratio 0.1 |
| Total Equity | 1,905,467 | Other Expense | 0 | 0.0% | Days to Collect 24.1 |
| Total Liab. and Equity | 4,252,815 | Net Profit or Loss | (190,557) | -10.6% | Avg Payment Days 43.8 |
| | | | | | Depreciation Rate 0.0% |
| | | | | | Return on Equity -10.0% |

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Sample Hospice reports from the Halmanac.com website.

141521 ROCKFORD VNA HOSPICE

4223 E STATE ST Cost Report not filed.

ROCKFORD, IL 61108

WINNEBAGO

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| | |
|-------------------|------|
| Skilled Nursing | 0.0% |
| Nursing | 0.0% |
| Home Healthcare | 0.0% |
| Length of Stay | 0.0% |
| Medicare LOS | 0.0% |
| Current Ratio | 0.0% |
| Days to Collect | 0.0% |
| Avg Payment Days | 0.0% |
| Depreciation Rate | 0.0% |
| Return on Equity | 0.0% |

Balance Sheet

| | |
|-------------------------------|----------|
| Current Assets | 0 |
| Fixed Assets | 0 |
| Other Assets | 0 |
| Total Assets | 0 |
| Current Liabilities | 0 |
| Long Term Liabilities | 0 |
| Total Equity | 0 |
| Total Liab. and Equity | 0 |

Income Statement

| | |
|---------------------------|----------|
| Total Charges | 0 |
| Contract Allowance | 0 |
| Operating Revenue | 0 |
| Operating Expense | 0 |
| Operating Margin | 0 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 0 |

141643 SAFE HAVEN HOSPICE LLC

Nonprofit - Church

200 N POSTVILLE DR 6/30/2019 365 Days Submitted Hospice

LINCOLN, IL 62656

LOGAN

PALMETTO HHH C

Key Performance Ind.

| | |
|-------------------|-------|
| Skilled Nursing | 0.0% |
| Nursing | 0.0% |
| Home Healthcare | 0.0% |
| Length of Stay | 33.9% |
| Medicare LOS | 66.1% |
| Current Ratio | 1.5 |
| Days to Collect | 82.8 |
| Avg Payment Days | 14.0 |
| Depreciation Rate | 0.0% |
| Return on Equity | -3.9% |

Balance Sheet

| | |
|-------------------------------|-------------------|
| Current Assets | 416,956 |
| Fixed Assets | 6,368 |
| Other Assets | 175 |
| Total Assets | 423,499 |
| Current Liabilities | 274,593 |
| Long Term Liabilities | 1,754,620 |
| Total Equity | -1,605,714 |
| Total Liab. and Equity | 423,499 |

Income Statement

| | |
|---------------------------|---------------|
| Total Charges | 2,911,608 |
| Contract Allowance | 986,741 |
| Operating Revenue | 1,924,867 |
| Operating Expense | 1,862,972 |
| Operating Margin | 61,895 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 61,895 |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|------------|-------------------------------|------------|-----------------------------|--------|
| 141582 SEASONS HOSPICE & PALLIATIVE CARE | | | | Proprietary - Corporation | |
| 606 POTTER ROAD, 6TH FLOOR | | 12/31/2019 365 Days Submitted | | Hospice | |
| DES PLAINES, IL 60016 | | | | | |
| COOK | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.6% |
| | | | | Nursing | 21.7% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.5 |
| | | | | Days to Collect | 101.0 |
| | | | | Avg Payment Days | 62.0 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -46.3% |
| Balance Sheet | | | | | |
| Current Assets | 12,156,691 | Total Charges | 41,079,653 | | |
| Fixed Assets | 1,974,835 | Contract Allowance | 343,770 | 0.8% | |
| Other Assets | 102,146 | Operating Revenue | 40,735,883 | 99.2% | |
| Total Assets | 15,000,985 | Operating Expense | 41,681,671 | 102.3% | |
| Current Liabilities | 8,090,485 | Operating Margin | -945,788 | -2.3% | |
| Long Term Liabilities | 4,867,284 | Other Income | 0 | 0.0% | |
| Total Equity | 2,043,216 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 15,000,985 | Net Profit or Loss | (945,788) | -2.3% | |
| Income Statement | | | | | |
| 141579 SERENITY HOSPICE AND HOME | | | | | |
| 1658 S ILLINOIS ROUTE 2 | | 12/31/2019 365 Days Submitted | | Nonprofit - Private | |
| OREGON, IL 61061 | | | | Hospice | |
| OGLE | | | | | |
| | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.7% |
| | | | | Nursing | 10.2% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 15.5 |
| | | | | Days to Collect | 44.7 |
| | | | | Avg Payment Days | 15.1 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 14.9% |
| Balance Sheet | | | | | |
| Current Assets | 3,274,282 | Total Charges | 8,184,785 | | |
| Fixed Assets | 17,193 | Contract Allowance | 2,598,922 | 31.8% | |
| Other Assets | 0 | Operating Revenue | 5,585,863 | 68.2% | |
| Total Assets | 3,291,475 | Operating Expense | 5,128,468 | 91.8% | |
| Current Liabilities | 211,839 | Operating Margin | 457,395 | 8.2% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 3,079,636 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 3,291,475 | Net Profit or Loss | 457,395 | 8.2% | |
| Income Statement | | | | | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|------------|-------------------------------|-----------|-----------------------------|--------|
| 141652 SOLACE HOSPICE & PALLIATIVE CARE INC | | | | Proprietary - Corporation | |
| 650 EAST DEVON AVENUE SUITE 188 | | 12/31/2019 365 Days Submitted | | Hospice | |
| ITASCA, IL 60143 | | | | | |
| DUPAGE | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 70.0 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 0.1 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 132.1% |
| Balance Sheet | | | | | |
| Current Assets | 25,907 | Total Charges | 2,167,419 | | |
| Fixed Assets | 900 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 95,000 | Operating Revenue | 2,167,419 | 100.0% | |
| Total Assets | 121,807 | Operating Expense | 2,006,981 | 92.6% | |
| Current Liabilities | 370 | Operating Margin | 160,438 | 7.4% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 121,437 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 121,807 | Net Profit or Loss | 160,438 | 7.4% | |
| Income Statement | | | | | |
| 141530 SSM HEALTH AT HOME HOSPICE-ILLINOIS | | | | | |
| #2 GOOD SAMARITAN WAY, SUITE 325 | | 12/31/2019 365 Days Submitted | | Nonprofit - Private | |
| MOUNT VERNON, IL 62864 | | | | | |
| JEFFERSON | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.2% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.0 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 0.0 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 42.7% |
| Balance Sheet | | | | | |
| Current Assets | 0 | Total Charges | 2,560,543 | | |
| Fixed Assets | 0 | Contract Allowance | 338,308 | 13.2% | |
| Other Assets | 0 | Operating Revenue | 2,222,235 | 86.8% | |
| Total Assets | 0 | Operating Expense | 2,779,303 | 125.1% | |
| Current Liabilities | 1,305,815 | Operating Margin | -557,068 | -25.1% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | -1,305,815 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | (557,068) | -25.1% | |
| Income Statement | | | | | |

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Sample Hospice reports from the Halmanac.com website.

141503 ST JOHN'S HOSPITAL HOSPICE PRO

2667 FARRAGUT DRIVE Cost Report not filed.

SPRINGFIELD, IL 62704

SANGAMON

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| | |
|-------------------|------|
| Skilled Nursing | 0.0% |
| Nursing | 0.0% |
| Home Healthcare | 0.0% |
| Length of Stay | 0.0% |
| Medicare LOS | 0.0% |
| Current Ratio | 0.0% |
| Days to Collect | 0.0% |
| Avg Payment Days | 0.0% |
| Depreciation Rate | 0.0% |
| Return on Equity | 0.0% |

Balance Sheet

| | |
|------------------------|---|
| Current Assets | 0 |
| Fixed Assets | 0 |
| Other Assets | 0 |
| Total Assets | 0 |
| Current Liabilities | 0 |
| Long Term Liabilities | 0 |
| Total Equity | 0 |
| Total Liab. and Equity | 0 |

Income Statement

| | |
|--------------------|---|
| Total Charges | 0 |
| Contract Allowance | 0 |
| Operating Revenue | 0 |
| Operating Expense | 0 |
| Operating Margin | 0 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 0 |

141595 ST MARGARETS HOSPICE

600 E 1ST STREET Cost Report not filed.

SPRING VALLEY, IL 61362

BUREAU

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

| | |
|-------------------|------|
| Skilled Nursing | 0.0% |
| Nursing | 0.0% |
| Home Healthcare | 0.0% |
| Length of Stay | 0.0% |
| Medicare LOS | 0.0% |
| Current Ratio | 0.0% |
| Days to Collect | 0.0% |
| Avg Payment Days | 0.0% |
| Depreciation Rate | 0.0% |
| Return on Equity | 0.0% |

Balance Sheet

| | |
|------------------------|---|
| Current Assets | 0 |
| Fixed Assets | 0 |
| Other Assets | 0 |
| Total Assets | 0 |
| Current Liabilities | 0 |
| Long Term Liabilities | 0 |
| Total Equity | 0 |
| Total Liab. and Equity | 0 |

Income Statement

| | |
|--------------------|---|
| Total Charges | 0 |
| Contract Allowance | 0 |
| Operating Revenue | 0 |
| Operating Expense | 0 |
| Operating Margin | 0 |
| Other Income | 0 |
| Other Expense | 0 |
| Net Profit or Loss | 0 |

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|------------|-------------------------------|-----------|-----------------------------|--------|
| 141543 STAR HOSPICE | | | | Proprietary - Corporation | |
| 1790 NATIONS DRIVE SUITE 205 | | 11/30/2019 365 Days Submitted | | Hospice | |
| GURNEE, IL 60031 | | | | | |
| LAKE | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.3% |
| | | | | Nursing | 8.3% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | (42.4) |
| | | | | Days to Collect | (21.0) |
| | | | | Avg Payment Days | 0.5 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 301.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | -128,088 | Total Charges | 2,271,466 | | |
| Fixed Assets | 0 | Contract Allowance | 41,695 | 1.8% | |
| Other Assets | 76,916 | Operating Revenue | 2,229,771 | 98.2% | |
| Total Assets | -51,172 | Operating Expense | 2,392,888 | 107.3% | |
| Current Liabilities | 3,019 | Operating Margin | -163,117 | -7.3% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | -54,191 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | -51,172 | Net Profit or Loss | (163,117) | -7.3% | |
| 141696 SUNCREST HOSPICE ILLINOIS LLC | | | | | |
| 5750 OLD ORCHARD RD, STE 450 | | 12/31/2019 365 Days Submitted | | Hospice | |
| SKOKIE, IL 60077 | | | | | |
| COOK | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.1% |
| | | | | Nursing | 0.2% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.6 |
| | | | | Days to Collect | 84.4 |
| | | | | Avg Payment Days | 28.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -0.7% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 1,148,061 | Total Charges | 5,141,255 | | |
| Fixed Assets | 1,132 | Contract Allowance | 125,848 | 2.4% | |
| Other Assets | 0 | Operating Revenue | 5,015,407 | 97.6% | |
| Total Assets | 1,192,342 | Operating Expense | 5,002,304 | 99.7% | |
| Current Liabilities | 700,611 | Operating Margin | 13,103 | 0.3% | |
| Long Term Liabilities | 2,373,360 | Other Income | 0 | 0.0% | |
| Total Equity | -1,881,629 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 1,192,342 | Net Profit or Loss | 13,103 | 0.3% | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|-----------------------------------|------------|-------------------------------|------------|-----------------------------|---------|
| 141626 TRANSITIONS HOSPICE | | | | Proprietary - Corporation | |
| 12040 RAYMOND COURT | | 12/31/2019 365 Days Submitted | | Hospice | |
| HUNTLEY, IL 60142 | | | | | |
| MCHENRY | | | | Key Performance Ind. | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.2 |
| | | | | Days to Collect | 43.5 |
| | | | | Avg Payment Days | 95.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -101.1% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 2,538,827 | Total Charges | 20,798,726 | | |
| Fixed Assets | 165,572 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 8,332,265 | Operating Revenue | 20,798,726 | 100.0% | |
| Total Assets | 11,036,664 | Operating Expense | 18,187,013 | 87.4% | |
| Current Liabilities | 10,741,344 | Operating Margin | 2,611,713 | 12.6% | |
| Long Term Liabilities | 2,877,522 | Other Income | 0 | 0.0% | |
| Total Equity | -2,582,202 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 11,036,664 | Net Profit or Loss | 2,611,713 | 12.6% | |

| | | | | | |
|--|---|-------------------------|---|-----------------------------|------|
| 141702 TRANSITIONS HOSPICE CENTRAL ILLINOIS LLC | | | | | |
| 201 N RANDOLPH ST | | Cost Report not filed. | | | |
| CHAMPAIGN, IL 61820 | | | | | |
| CHAMPAIGN | | | | Key Performance Ind. | |
| PALMETTO HHH C | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |
| Balance Sheet | | Income Statement | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|-----------|-------------------------------|-------------|-----------------------------|----------|
| 141697 UNITED HOSPICE, INC | | | | Proprietary - Partnership | |
| 8340 LINCOLN AVE, SUITE 100 | | 12/31/2019 365 Days Submitted | | Hospice | |
| SKOKIE, IL 60077 | | | | | |
| COOK | | | | | |
| PALMETTO HHH C | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.5 |
| | | | | Days to Collect | 0.0 |
| | | | | Avg Payment Days | 7.3 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 1,331.2% |
| Balance Sheet | | | | | |
| Current Assets | 4,263 | Total Charges | 519,450 | | |
| Fixed Assets | 1,369 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 8,416 | Operating Revenue | 519,450 | 100.0% | |
| Total Assets | 14,048 | Operating Expense | 453,716 | 87.3% | |
| Current Liabilities | 9,110 | Operating Margin | 65,734 | 12.7% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 4,938 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 14,048 | Net Profit or Loss | 65,734 | 12.7% | |
| Income Statement | | | | | |
| 141551 UNITY HOSPICE OF CHICAGOLAND, LLC | | | | | |
| 600 W CERMAK RD SUITE 3D | | 12/31/2019 365 Days Submitted | | Proprietary - Partnership | |
| CHICAGO, IL 60616 | | | | Hospice | |
| COOK | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 1.0% |
| | | | | Nursing | 0.3% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 3.7 |
| | | | | Days to Collect | 103.5 |
| | | | | Avg Payment Days | 12.6 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -35.9% |
| Balance Sheet | | | | | |
| Current Assets | 3,407,871 | Total Charges | 12,184,140 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 1,865,365 | Operating Revenue | 12,184,140 | 100.0% | |
| Total Assets | 5,273,236 | Operating Expense | 13,751,255 | 112.9% | |
| Current Liabilities | 909,689 | Operating Margin | -1,567,115 | -12.9% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 4,363,547 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 5,273,236 | Net Profit or Loss | (1,567,115) | -12.9% | |
| Income Statement | | | | | |

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Sample Hospice reports from the Halmanac.com website.

141583 UNITYPOINT HOSPICE

106 19TH AVENUE, SUITE 101

Cost Report not filed.

MOLINE, IL 61265

ROCK ISLAND

CAHABA

Key Performance Ind.

Balance Sheet

Income Statement

| | | | | | |
|------------------------|---|--------------------|---|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Skilled Nursing | 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | Nursing | 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | Home Healthcare | 0.0% |
| Total Assets | 0 | Operating Expense | 0 | Length of Stay | |
| Current Liabilities | 0 | Operating Margin | 0 | Medicare LOS | |
| Long Term Liabilities | 0 | Other Income | 0 | Current Ratio | |
| Total Equity | 0 | Other Expense | 0 | Days to Collect | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |

141537 UNITYPOINT HOSPICE - PEORIA

120 NE GLEN OAK

Cost Report not filed.

PEORIA, IL 61636

PEORIA

BLUE CROSS (SOUTH CAROLINA)

Key Performance Ind.

Balance Sheet

Income Statement

| | | | | | |
|------------------------|---|--------------------|---|-------------------|------|
| Current Assets | 0 | Total Charges | 0 | Skilled Nursing | 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | Nursing | 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | Home Healthcare | 0.0% |
| Total Assets | 0 | Operating Expense | 0 | Length of Stay | |
| Current Liabilities | 0 | Operating Margin | 0 | Medicare LOS | |
| Long Term Liabilities | 0 | Other Income | 0 | Current Ratio | |
| Total Equity | 0 | Other Expense | 0 | Days to Collect | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|---|---------|-------------------------------|-----------|-----------------------------|--------|
| 141654 V CARE HOSPICE SERVICES OF ILLINOIS | | | | Proprietary - Other | |
| 3100 DUNDEE ROAD, SUITE 303 | | 12/31/2019 365 Days Submitted | | Hospice | |
| NORTHBROOK, IL 60062 | | | | | |
| COOK | | | | | |
| PALMETTO HHH C | | | | | |
| | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.1% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 1.5 |
| | | | | Days to Collect | 62.5 |
| | | | | Avg Payment Days | 42.1 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | -12.0% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 513,176 | Total Charges | 2,968,159 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 2,968,159 | 100.0% | |
| Total Assets | 513,176 | Operating Expense | 2,988,472 | 100.7% | |
| Current Liabilities | 344,392 | Operating Margin | -20,313 | -0.7% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 168,784 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 513,176 | Net Profit or Loss | (20,313) | -0.7% | |

| | | | | | |
|---|---|------------------------|---|-----------------------------|------|
| 141693 VIP HOME HEALTH AND HOSPCIE INC | | | | | |
| 167 W BOUGHTON RD | | Cost Report not filed. | | | |
| BOLINGBROOK, IL 60440 | | | | | |
| WILL | | | | | |
| PALMETTO HHH C | | | | | |
| | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

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| | | | | | |
|----------------------------------|------------|-------------------------------|------------|-----------------------------|-------|
| 141531 VITAS CORPORATION | | | | Proprietary - Corporation | |
| 105 MARQUETTE STREET, SUITE A | | 12/31/2019 365 Days Submitted | | Hospice | |
| LA SALLE, IL 61301 | | | | | |
| LA SALLE | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.2% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | (1.7) |
| | | | | Days to Collect | 47.6 |
| | | | | Avg Payment Days | 14.8 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 43.6% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 1,415,315 | Total Charges | 11,163,812 | | |
| Fixed Assets | 344,594 | Contract Allowance | 309,366 | 2.8% | |
| Other Assets | 289,698 | Operating Revenue | 10,854,446 | 97.2% | |
| Total Assets | 2,049,607 | Operating Expense | 9,690,417 | 89.3% | |
| Current Liabilities | -845,558 | Operating Margin | 1,164,029 | 10.7% | |
| Long Term Liabilities | 226,141 | Other Income | 0 | 0.0% | |
| Total Equity | 2,669,024 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 2,049,607 | Net Profit or Loss | 1,164,029 | 10.7% | |
| 141574 VITAS CORPORATION | | | | | |
| 1340 SOUTH DAMEN AVENUE, STE 200 | | 12/31/2019 365 Days Submitted | | Hospice | |
| CHICAGO, IL 60608 | | | | | |
| COOK | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.7% |
| | | | | Nursing | 28.9% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | (0.2) |
| | | | | Days to Collect | 64.9 |
| | | | | Avg Payment Days | 25.7 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 5.5% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 2,016,345 | Total Charges | 11,661,051 | | |
| Fixed Assets | 124,041 | Contract Allowance | 580,484 | 5.0% | |
| Other Assets | 1,544,682 | Operating Revenue | 11,080,567 | 95.0% | |
| Total Assets | 3,685,068 | Operating Expense | 10,439,663 | 94.2% | |
| Current Liabilities | -9,088,489 | Operating Margin | 640,904 | 5.8% | |
| Long Term Liabilities | 1,101,251 | Other Income | 0 | 0.0% | |
| Total Equity | 11,672,306 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 3,685,068 | Net Profit or Loss | 640,904 | 5.8% | |

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Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|-------------|-------------------------------|------------|-----------------------------|-------|
| 141634 VITAS HEALTHCARE CORPORATION MIDWEST | | | | Proprietary - Corporation | |
| 8 EXECUTIVE DRIVE, SUITE 150 | | 12/31/2019 365 Days Submitted | | Hospice | |
| FAIRVIEW HEIGHTS, IL 62208 | | | | | |
| SAINT CLAIR | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 3.1% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | (0.6) |
| | | | | Days to Collect | 55.3 |
| | | | | Avg Payment Days | 12.9 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 42.6% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 1,261,545 | Total Charges | 11,154,201 | | |
| Fixed Assets | 37,617 | Contract Allowance | 236,929 | 2.1% | |
| Other Assets | 160,427 | Operating Revenue | 10,917,272 | 97.9% | |
| Total Assets | 1,459,589 | Operating Expense | 9,337,724 | 85.5% | |
| Current Liabilities | -2,284,217 | Operating Margin | 1,579,548 | 14.5% | |
| Long Term Liabilities | 33,165 | Other Income | 0 | 0.0% | |
| Total Equity | 3,710,641 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 1,459,589 | Net Profit or Loss | 1,579,548 | 14.5% | |
| 141514 VITAS HEALTHCARE CORPORATION OF ILLINOIS | | | | | |
| 580 WATERS EDGE LANE , SUITE 100 | | 12/31/2019 365 Days Submitted | | Hospice | |
| LOMBARD, IL 60148 | | | | | |
| DUPAGE | | | | | |
| BLUE SHIELD (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 1.5% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | (0.1) |
| | | | | Days to Collect | 48.2 |
| | | | | Avg Payment Days | 18.6 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 2.2% |
| Balance Sheet | | | | | |
| Income Statement | | | | | |
| Current Assets | 2,252,176 | Total Charges | 15,637,109 | | |
| Fixed Assets | 429,947 | Contract Allowance | 504,798 | 3.2% | |
| Other Assets | 1,929,675 | Operating Revenue | 15,132,311 | 96.8% | |
| Total Assets | 4,611,798 | Operating Expense | 14,284,178 | 94.4% | |
| Current Liabilities | -36,763,014 | Operating Margin | 848,133 | 5.6% | |
| Long Term Liabilities | 1,991,857 | Other Income | 0 | 0.0% | |
| Total Equity | 39,382,955 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 4,611,798 | Net Profit or Loss | 848,133 | 5.6% | |

All Providers

9:38 AM

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

| | | | | | |
|--|--|-------------------------------|--|-----------------------------|------|
| 141541 VITAS HEALTHCARE CORPORATION OF ILLINOIS | | | | Proprietary - Corporation | |
| 8525 W 183RD STREET, STE M | | 12/31/2019 365 Days Submitted | | Hospice | |
| TINLEY PARK, IL 60487 | | | | | |
| COOK | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 3.6% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | 0.0 |
| | | | | Days to Collect | 42.9 |
| | | | | Avg Payment Days | 12.3 |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 5.7% |

| Balance Sheet | | Income Statement | | | |
|------------------------|-------------|--------------------|------------|-------|--|
| Current Assets | 2,309,581 | Total Charges | 20,257,656 | | |
| Fixed Assets | 55,375 | Contract Allowance | 593,171 | 2.9% | |
| Other Assets | 473,098 | Operating Revenue | 19,664,485 | 97.1% | |
| Total Assets | 2,838,054 | Operating Expense | 16,774,264 | 85.3% | |
| Current Liabilities | -47,696,096 | Operating Margin | 2,890,221 | 14.7% | |
| Long Term Liabilities | 264,863 | Other Income | 0 | 0.0% | |
| Total Equity | 50,269,287 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 2,838,054 | Net Profit or Loss | 2,890,221 | 14.7% | |

| | | | | | |
|---|--|------------------------|--|-----------------------------|------|
| 141553 VNA HEALTH CARE AN ILLINOIS NOT FOR PROFIT CORP | | | | | |
| 400 NORTH HIGHLAND AVENUE | | Cost Report not filed. | | | |
| AURORA, IL 60506 | | | | | |
| KANE | | | | | |
| BLUE CROSS (SOUTH CAROLINA) | | | | Key Performance Ind. | |
| | | | | Skilled Nursing | 0.0% |
| | | | | Nursing | 0.0% |
| | | | | Home Healthcare | 0.0% |
| | | | | Length of Stay | |
| | | | | Medicare LOS | |
| | | | | Current Ratio | |
| | | | | Days to Collect | |
| | | | | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |

| Balance Sheet | | Income Statement | | | |
|------------------------|---|--------------------|---|------|--|
| Current Assets | 0 | Total Charges | 0 | | |
| Fixed Assets | 0 | Contract Allowance | 0 | 0.0% | |
| Other Assets | 0 | Operating Revenue | 0 | 0.0% | |
| Total Assets | 0 | Operating Expense | 0 | 0.0% | |
| Current Liabilities | 0 | Operating Margin | 0 | 0.0% | |
| Long Term Liabilities | 0 | Other Income | 0 | 0.0% | |
| Total Equity | 0 | Other Expense | 0 | 0.0% | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | 0.0% | |

All Providers

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Hospice Profile Report - 2019

Sample Hospice reports from the Halmanac.com website.

141657 WILLOW HOSPICE AND PALLIATIVE CARE LLC

18400 MAPLE CREEK DR, STE 500 Cost Report not filed.

TINLEY PARK, IL 60477

| Balance Sheet | | Income Statement | | Key Performance Ind. | |
|------------------------|---|--------------------|---|----------------------|------|
| Current Assets | 0 | Total Charges | 0 | Skilled Nursing | 0.0% |
| Fixed Assets | 0 | Contract Allowance | 0 | Nursing | 0.0% |
| Other Assets | 0 | Operating Revenue | 0 | Home Healthcare | 0.0% |
| Total Assets | 0 | Operating Expense | 0 | Length of Stay | |
| Current Liabilities | 0 | Operating Margin | 0 | Medicare LOS | |
| Long Term Liabilities | 0 | Other Income | 0 | Current Ratio | |
| Total Equity | 0 | Other Expense | 0 | Days to Collect | |
| Total Liab. and Equity | 0 | Net Profit or Loss | 0 | Avg Payment Days | |
| | | | | Depreciation Rate | 0.0% |
| | | | | Return on Equity | 0.0% |