



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 08/28/2014	TIME: 13:40
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	4 -REOPENED		
	5 -AMENDED		

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY JACKSON PARK HOSPITAL (14-0177) ((PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 04/01/2013 AND ENDING 03/31/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**PART III - SETTLEMENT SUMMARY**

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		842,168	-33,108	-166,320		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		842,168	-33,108	-166,320		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 7531 SOUTH STONEY ISLAND AVENUE	P.O. Box:							1	
2	City: CHICAGO	State: IL	ZIP Code: 60649	County: COOK						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	JACKSON PARK HOSPITAL	14-0177	16974	1	07/01/1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 04 / 01 / 2013	To: 03 / 31 / 2014							20
21	Type of control (see instructions)	2								21
Inpatient PPS Information								1	2	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	Y	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							2	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	14,057				3,335	306			24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.									25
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:	Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:	Ending:				38
							1	2		
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)							N	N	39



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Prospective Payment System (PPS)-Capital		V 1	XVIII 2	XIX 3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	N		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1	2	3	4
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65	FAMILY MEDICINE	1350		1.81	14.37	0.111867	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	FAMILY MEDICINE	1350		1.78	16.71	0.096268	67
<b>Inpatient Psychiatric Facility PPS</b>				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
<b>Inpatient Rehabilitation Facility PPS</b>				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
<b>Long Term Care Hospital PPS</b>							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
<b>TEFRA Providers</b>							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Title V and XIX Services		V 1	XIX 2			
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90		
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91		
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92		
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93		
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94		
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95		
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96		
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97		
Rural Providers		1	2			
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105		
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106		
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.			107		
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108		
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical N	Occupational N	Speech N	Respiratory N	109
Miscellaneous Cost Reporting Information						
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98'	N		115		
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116		
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117		
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118		
		Premiums	Paid Losses	Self Insurance		
118.01	List amounts of malpractice premiums and paid losses:				118.01	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121	
Transplant Center Information						
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129	
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134	



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

All Providers						
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1	2		140	
141	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				141	
141	Name:	Contractor's Name:		Contractor's Number:		
142	Street:	P.O. Box:		142		
143	City:	State:	ZIP Code:	143		
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146	
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147	
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148	
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII		Title V	Title XIX	
		Part A	Part B	1	2	
155	Hospital	N	N		N	
156	Subprovider - IPF	N	N			
157	Subprovider - IRF	N	N			
158	Surpvodier - Other					
159	SNF	N	N			
160	HHA	N	N			
161	CMHC		N			
161.10	CORF					
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N			165	
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.				166	
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168	
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	1.00			169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013		170	



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

## COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	R		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y			5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
<b>BAD DEBTS</b>					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y	15
<b>PART A</b>					
		Y/N	DATE		
<b>PS&amp;R REPORT DATA</b>					
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	Y	08/20/2014	Y	08/22/2014
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
----	---	---	--	---	--	----



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: JENNY	LAST NAME: DABROWSKI	TITLE: CONSULTANT
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC		
43	PHONE NUMBER: 630-530-7100 EX 104	E-MAIL ADDRESS: JENNY.DABROWSKI@SRINC.ORG	



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	193	70,445			9,370	13,451	30,562	1
2	HMO AND OTHER (see instructions)						13	3,335		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		193	70,445			9,370	13,451	30,562	7
8	INTENSIVE CARE UNIT	31	8	2,920			1,155	566	2,324	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						300	363	13
14	TOTAL (see instructions)		201	73,365			10,525	14,317	33,249	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		201							27
28	OBSERVATION BED DAYS								3,278	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							46	48	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					2,101	3,258	7,653	1
2	HMO AND OTHER (see instructions)					3			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)	16.71	600.55			2,101	3,258	7,653	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	16.71	600.55						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

## PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
<b>SALARIES</b>								
1	TOTAL SALARIES (see instructions)	200	33,474,437	33,474,437	1,249,151.22	26.80	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A - ADMINISTRATIVE						4	
4.01	PHYSICIAN-PART A - TEACHING						4.01	
5	PHYSICIAN-PART B		2,631,729	2,631,729	6,773.00	388.56	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (in an approved program)	21	904,424	904,424	38,071.00	23.76	7	
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (see instructions)		144,605	144,605	9,404.05	15.38	10	
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	CONTRACT LABOR (see instructions)		5,521,045	5,521,045	109,282.33	50.52	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14	
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE						15	
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING						16	
<b>WAGE-RELATED COSTS</b>								
17	WAGE-RELATED COSTS (core)(see instructions)		6,258,884	6,258,884			17	
18	WAGE-RELATED COSTS (other)(see instructions)						18	
19	EXCLUDED AREAS		27,912	27,912			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A - ADMINISTRATIVE						22	
22.01	PHYSICIAN PART A - TEACHING						22.01	
23	PHYSICIAN PART B		244,846	244,846			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (in an approved program)		174,576	174,576			25	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	EMPLOYEE BENEFITS DEPARTMENT		248,074	248,074	11,187.00	22.18	26	
27	ADMINISTRATIVE & GENERAL		6,101,671	6,101,671	162,240.00	37.61	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		499,526	499,526	2,259.00	221.13	28	
29	MAINTENANCE & REPAIRS		453,320	453,320	18,082.00	25.07	29	
30	OPERATION OF PLANT		939,950	939,950	51,762.00	18.16	30	
31	LAUNDRY & LINEN SERVICE						31	
32	HOUSEKEEPING		899,282	899,282	65,585.00	13.71	32	
33	HOUSEKEEPING UNDER CONTRACT (see instructions)						33	
34	DIETARY		927,880	-268,025	659,855	45,503.00	14.50	34
35	DIETARY UNDER CONTRACT (see instructions)						35	
36	CAFETERIA			268,025	268,025	15,168.00	17.67	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		1,111,215	1,111,215	37,007.00	30.03	38	
39	CENTRAL SERVICES AND SUPPLY		60,508	60,508	5,253.00	11.52	39	
40	PHARMACY		834,387	834,387	24,010.00	34.75	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		758,531	758,531	41,945.00	18.08	41	
42	SOCIAL SERVICE		116,804	116,804	4,980.00	23.45	42	
43	OTHER GENERAL SERVICE						43	

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		30,437,810	30,437,810	1,206,566.22	25.23	1
2	EXCLUDED AREA SALARIES (see instructions)		144,605	144,605	9,404.05	15.38	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		30,293,205	30,293,205	1,197,162.17	25.30	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		5,521,045	5,521,045	109,282.33	50.52	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		6,258,884	6,258,884		20.66%	5



COMPU-MAX

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		42,073,134		42,073,134	1,306,444.50	32.20	6
7	TOTAL OVERHEAD COST (see instructions)		12,951,148		12,951,148	484,981.00	26.70	7



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**HOSPITAL WAGE RELATED COSTS****WORKSHEET S-3  
PART IV****PART IV - WAGE RELATED COST****PART A - CORE LIST**

		AMOUNT REPORTED	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	161,758	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	3,162,161	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)	288,243	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)		13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	619,761	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-EMPLOYERS PORTION ONLY	2,412,664	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	58,093	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	<b>OTHER</b>		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT		23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	6,702,680	24

**PART B - OTHER THAN CORE RELATED COST**

25	OTHER WAGE RELATED (OTHER WAGE REL		25
----	------------------------------------	--	----



JACKSON PARK HOSPITAL Provider CCN: 14-0177	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---	--	---

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

<b>STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>				
1	WAGE INDEX FISCAL YEAR ENDING DATE			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>				
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

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

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b>	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**PART V - CONTRACT LABOR AND BENEFIT COST**

**HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:**

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

## UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.256480	1
---	--	----------	---

## MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	16,625,689	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	61,967,403	6
7	MEDICAID COST (line 1 times line 6)	15,893,400	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.		8

## STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(see instructions for each line)

9	NET REVENUE FROM STAND-ALONE SCHIP		9
10	STAND-ALONE SCHIP CHARGES		10
11	STAND-ALONE SCHIP COST (line 1 times line 10)		11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (line 11 minus line 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.		12

## OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (see instructions for each line)

13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (not included on lines 2, 5, or 9)		13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)		14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)		15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.		16

## UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)			19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)
		1	2	3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	15,439,504		15,439,504
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	3,959,924		3,959,924
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			
23	COST OF CHARITY CARE (line 21 minus line 22)	3,959,924		3,959,924

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?	N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)		25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	20,064,106	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	536,684	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	19,527,422	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	5,008,393	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	8,968,317	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	8,968,317	31



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	CAP REL COSTS-BLDG & FIXT				2,838,865	2,838,865	-37,102	2,801,763	1
2	00200	CAP REL COSTS-MVBLE EQUIP								2
3	00300	OTHER CAP REL COSTS								3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	248,074	72,128	320,202	6,702,680	7,022,882	-495	7,022,387	4
5	00500	ADMINISTRATIVE & GENERAL	6,101,671	21,380,338	27,482,009	-9,361,883	18,120,126	-276,382	17,843,744	5
6	00600	MAINTENANCE & REPAIRS	453,320	303,515	756,835		756,835		756,835	6
7	00700	OPERATION OF PLANT	939,950	1,604,417	2,544,367	-155,027	2,389,340	-550,593	1,838,747	7
8	00800	LAUNDRY & LINEN SERVICE		314,741	314,741		314,741		314,741	8
9	00900	HOUSEKEEPING	899,282	306,761	1,206,043	-24,635	1,181,408		1,181,408	9
10	01000	DIETARY	927,880	439,475	1,367,355	-394,971	972,384		972,384	10
11	01100	CAFETERIA				394,971	394,971	-188,294	206,677	11
12	01200	MAINTENANCE OF PERSONNEL		27,599	27,599		27,599	-1,565	26,034	12
13	01300	NURSING ADMINISTRATION	1,111,215	399,368	1,510,583		1,510,583		1,510,583	13
14	01400	CENTRAL SERVICES & SUPPLY	60,508	194,208	254,716	-28,440	226,276		226,276	14
15	01500	PHARMACY	834,387	1,168,233	2,002,620	-1,097,196	905,424		905,424	15
16	01600	MEDICAL RECORDS & LIBRARY	758,531	112,580	871,111		871,111	-6,216	864,895	16
17	01700	SOCIAL SERVICE	116,804	56,278	173,082		173,082		173,082	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	904,424	83,847	988,271		988,271	-22,917	965,354	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		59,588	59,588		59,588		59,588	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	8,508,143	2,824,223	11,332,366		11,332,366	-324,980	11,007,386	30
31	03100	INTENSIVE CARE UNIT	1,263,994	1,068,155	2,332,149		2,332,149	-22,917	2,309,232	31
43	04300	NURSERY	486,401	505,312	991,713		991,713	-472,797	518,916	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	880,875	1,289,136	2,170,011	-491,754	1,678,257	-28,700	1,649,557	50
52	05200	DELIVERY ROOM & LABOR ROOM	888,016	167,997	1,056,013		1,056,013		1,056,013	52
54	05400	RADIOLOGY-DIAGNOSTIC	882,457	1,055,721	1,938,178		1,938,178	-900,037	1,038,141	54
56	05600	RADIOISOTOPE	112,690	77,841	190,531		190,531		190,531	56
57	05700	CT SCAN	290,872	186,200	477,072		477,072		477,072	57
60	06000	LABORATORY		3,542,396	3,542,396		3,542,396	-2,083	3,540,313	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	1,141,222	293,047	1,434,269		1,434,269	-38,603	1,395,666	65
66	06600	PHYSICAL THERAPY	159,023	314,704	473,727		473,727	-24,000	449,727	66
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				325,652	325,652		325,652	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				194,542	194,542		194,542	72
73	07300	DRUGS CHARGED TO PATIENTS				1,097,196	1,097,196		1,097,196	73
74	07400	RENAL DIALYSIS		253,402	253,402		253,402		253,402	74
76	03550	OP PSYCH	148,568	257,152	405,720		405,720		405,720	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	09100	EMERGENCY	1,878,076	4,092,601	5,970,677		5,970,677	-1,259,473	4,711,204	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
93	04951	FAMILY PRACTICE	3,288,032	1,492,826	4,780,858		4,780,858	-2,676,249	2,104,609	93
93.01	04950	CANCER CENTER	45,417	4,596	50,013		50,013		50,013	93.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	33,329,832	43,948,385	77,278,217		77,278,217	-6,833,403	70,444,814	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
192	19200	PHYSICIANS' PRIVATE OFFICES		115,439	115,439		115,439		115,439	192
194	07950	OTHER NON REIMBURSEABLE COST CENTER	144,605	136,889	281,494		281,494		281,494	194
200		TOTAL (sum of lines 118-199)	33,474,437	44,200,713	77,675,150		77,675,150	-6,833,403	70,841,747	200





JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	DEPRECIATION EXPENSE	A	ADMINISTRATIVE & GENERAL	5		2,272,896	9	1
500	TOTAL RECLASSIFICATIONS					2,272,896		500
	CODE LETTER - A							
1	FRINGE BENEFITS	B	ADMINISTRATIVE & GENERAL	5		6,523,018		1
2			OPERATION OF PLANT	7		155,027		2
3			HOUSEKEEPING	9		24,635		3
500	TOTAL RECLASSIFICATIONS					6,702,680		500
	CODE LETTER - B							
1	INTEREST	C	ADMINISTRATIVE & GENERAL	5		487,130	11	1
500	TOTAL RECLASSIFICATIONS					487,130		500
	CODE LETTER - C							
1	CAFETERIA	D	DIETARY	10	268,025	126,946		1
500	TOTAL RECLASSIFICATIONS				268,025	126,946		500
	CODE LETTER - D							
1	CENTRAL SUPPLY	E	CENTRAL SERVICES & SUPPLY	14		28,440		1
2			OPERATING ROOM	50		297,212		2
500	TOTAL RECLASSIFICATIONS					325,652		500
	CODE LETTER - E							
1	CHARGEABLE DRUGS	F	PHARMACY	15		1,097,196		1
500	TOTAL RECLASSIFICATIONS					1,097,196		500
	CODE LETTER - F							
1	PROPERTY INSURANCE	H	ADMINISTRATIVE & GENERAL	5		78,839	9	1
500	TOTAL RECLASSIFICATIONS					78,839		500
	CODE LETTER - H							
1	IMPLANTS	I	OPERATING ROOM	50		194,542		1
500	TOTAL RECLASSIFICATIONS					194,542		500
	CODE LETTER - I							
	GRAND TOTAL (DECREASES)				268,025	11,285,881		

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



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**RECONCILIATION OF CAPITAL COST CENTERS**

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

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

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	2,482,024					2,482,024		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	47,070,319	497,307		497,307		47,567,626		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	24,315,181	338,320		338,320		24,653,501		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	73,867,524	835,627		835,627		74,703,151		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	73,867,524	835,627		835,627		74,703,151		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT								1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)								3	

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	2,351,735		450,028					2,801,763	1
2	CAP REL COSTS-MVBLE EQUIP									2
3	TOTAL (sum of lines 1-2)	2,351,735		450,028					2,801,763	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-37,102	CAP REL COSTS-BLDG & FIXT	1	11	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)						4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-86,584	ADMINISTRATIVE & GENERAL	5		7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-11,078	ADMINISTRATIVE & GENERAL	5		8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,772,719				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1					12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-188,294	CAFETERIA	11		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-119,218	OPERATION OF PLANT	7		15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS						17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-6,216	MEDICAL RECORDS & LIBRARY	16		18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33	RENTAL OF QUARTERS	B	-1,565	MAINTENANCE OF PERSONNEL	12		33
34							34
35	MISC INCOME	B	-142,568	ADMINISTRATIVE & GENERAL	5		35
36							36
36.03	LOCKER & ID REVENUE	B	-495	EMPLOYEE BENEFITS DEPARTMENT	4		36.03
36.05	CLERICAL FEES	B	-469	ADMINISTRATIVE & GENERAL	5		36.05
36.06	DIALYSIS RENT	B	-213,083	OPERATION OF PLANT	7	9	36.06
36.20	DOCTOR'S OFFICE RENTALS	B	-180,277	OPERATION OF PLANT	7	9	36.20
37	LOBBYING DUES	B	-35,683	ADMINISTRATIVE & GENERAL	5		37
38							38
39	CANCER CENTER RENT	B	-38,015	OPERATION OF PLANT	7		39
40							40
41	SALE OF SCRAP	B	-37	RADIOLOGY-DIAGNOSTIC	54		41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-6,833,403				50



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripits thereof.

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



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12					5

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

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
				NAME	PERCENTAGE OF OWNERSHIP	
	1	2	3	4	5	6
6						6
7						7
8						8
9						9
10						10

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

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



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	21	I&R SERVICES-SALARY AGGREGATE	22,917	22,917						1
3	30	ADULTS & PEDIATRICS AGGREGATE	324,980	324,980						3
4	31	INTENSIVE CARE UNIT AGGREGATE	22,917	22,917						4
5	43	NURSERY	472,797	472,797						5
7	50	OPERATING ROOM AGGREGATE	28,700	28,700						7
8	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	900,000	900,000						8
9	60	LABORATORY AGGREGATE	2,083	2,083						9
10	65	RESPIRATORY THERAPY AGGREGATE	38,603	38,603						10
11	66	PHYSICAL THERAPY AGGREGATE	24,000	24,000						11
12	91	EMERGENCY AGGREGATE	1,259,473	1,259,473						12
15	93	FAMILY PRACTICE AGGREGATE	2,676,249	2,676,249						15
200		TOTAL	5,772,719	5,772,719						200



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRAC T- ICE INSURANC E	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW - ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	21	I&R SERVICES-SALARY AGGREGATE							22,917	1
3	30	ADULTS & PEDIATRICS AGGREGATE							324,980	3
4	31	INTENSIVE CARE UNIT AGGREGATE							22,917	4
5	43	NURSERY							472,797	5
7	50	OPERATING ROOM AGGREGATE							28,700	7
8	54	RADIOLOGY-DIAGNOSTIC AGGREGATE							900,000	8
9	60	LABORATORY AGGREGATE							2,083	9
10	65	RESPIRATORY THERAPY AGGREGATE							38,603	10
11	66	PHYSICAL THERAPY AGGREGATE							24,000	11
12	91	EMERGENCY AGGREGATE							1,259,473	12
15	93	FAMILY PRACTICE AGGREGATE							2,676,249	15
200		TOTAL							5,772,719	200



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	4	4A	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	2,801,763	2,801,763					1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	7,022,387	12,494	7,034,881				4
5	ADMINISTRATIVE & GENERAL	17,843,744	154,788	1,291,882	19,290,414	19,290,414		5
6	MAINTENANCE & REPAIRS	756,835	29,931	95,980	882,746	330,322	1,213,068	6
7	OPERATION OF PLANT	1,838,747	666,674	199,012	2,704,433	1,011,993	310,505	7
8	LAUNDRY & LINEN SERVICE	314,741	10,944		325,685	121,871	5,097	8
9	HOUSEKEEPING	1,181,408	35,886	190,401	1,407,695	526,757	16,714	9
10	DIETARY	972,384	40,701	139,708	1,152,793	431,373	18,957	10
11	CAFETERIA	206,677	28,453	56,748	291,878	109,220	13,252	11
12	MAINTENANCE OF PERSONNEL	26,034	33,378		59,412	22,232	15,546	12
13	NURSING ADMINISTRATION	1,510,583	17,519	235,273	1,763,375	659,851	8,159	13
14	CENTRAL SERVICES & SUPPLY	226,276	40,619	12,811	279,706	104,665	18,918	14
15	PHARMACY	905,424	16,671	176,661	1,098,756	411,152	7,764	15
16	MEDICAL RECORDS & LIBRARY	864,895	41,194	160,601	1,066,690	399,153	19,186	16
17	SOCIAL SERVICE	173,082	13,616	24,730	211,428	79,116	6,341	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	965,354		191,490	1,156,844	432,889		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	59,588	6,356		65,944	24,676	2,960	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	11,007,386	666,338	1,801,393	13,475,117	5,042,372	310,347	30
31	INTENSIVE CARE UNIT	2,309,232	29,092	267,620	2,605,944	975,139	13,549	31
43	NURSERY	518,916	10,615	102,984	632,515	236,686	4,944	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,649,557	121,976	186,504	1,958,037	732,694	56,810	50
52	DELIVERY ROOM & LABOR ROOM	1,056,013	12,731	188,016	1,256,760	470,277	5,929	52
54	RADIOLOGY-DIAGNOSTIC	1,038,141	89,774	186,839	1,314,754	491,978	41,812	54
56	RADIOISOTOPE	190,531	15,202	23,859	229,592	85,913	7,081	56
57	CT SCAN	477,072	6,411	61,585	545,068	203,963	2,986	57
60	LABORATORY	3,540,313	33,478		3,573,791	1,337,305	15,593	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,395,666	26,192	241,626	1,663,484	622,472	12,199	65
66	PHYSICAL THERAPY	449,727	35,202	33,669	518,598	194,058	16,395	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,652			325,652	121,858		71
72	IMPL. DEV. CHARGED TO PATIENTS	194,542			194,542	72,797		72
73	DRUGS CHARGED TO PATIENTS	1,097,196			1,097,196	410,569		73
74	RENAL DIALYSIS	253,402	87,950		341,352	127,733	40,963	74
76	OP PSYCH	405,720	19,799	31,456	456,975	170,999	9,221	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	4,711,204	54,982	397,638	5,163,824	1,932,293	25,608	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE	2,104,609	209,643	696,162	3,010,414	1,126,491	97,641	93
93.01	CANCER CENTER	50,013	30,296	9,616	89,925	33,650	14,110	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	70,444,814	2,598,905	7,004,264	70,211,339	19,054,517	1,118,587	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES	115,439	202,858		318,297	119,106	94,481	192
194	OTHER NON REIMBURSEABLE COST CENTER	281,494		30,617	312,111	116,791		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	70,841,747	2,801,763	7,034,881	70,841,747	19,290,414	1,213,068	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	4,026,931						7
8	LAUNDRY & LINEN SERVICE	22,741	475,394					8
9	HOUSEKEEPING	74,571		2,025,737				9
10	DIETARY	84,577		43,600	1,731,300			10
11	CAFETERIA	59,126		30,480		503,956		11
12	MAINTENANCE OF PERSONNEL	69,360		35,755			202,305	12
13	NURSING ADMINISTRATION	36,404		18,767		21,429	38,171	13
14	CENTRAL SERVICES & SUPPLY	84,407		43,512		9,757		14
15	PHARMACY	34,642		17,858		13,901		15
16	MEDICAL RECORDS & LIBRARY	85,601		44,128		24,296		16
17	SOCIAL SERVICE	28,294		14,585		2,879		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,209		6,809		22,044		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,384,659	436,975	713,800	1,609,130	198,055	125,963	30
31	INTENSIVE CARE UNIT	60,453	33,229	31,164	122,170	25,597		31
43	NURSERY	22,059	5,190	11,371		6,999	38,171	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	253,467		130,663		15,852		50
52	DELIVERY ROOM & LABOR ROOM	26,455		13,638		16,454		52
54	RADIOLOGY-DIAGNOSTIC	186,552		96,168		15,033		54
56	RADIOISOTOPE	31,591		16,285		1,253		56
57	CT SCAN	13,322		6,868		5,830		57
60	LABORATORY	69,568		35,863				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	54,427		28,057		21,225		65
66	PHYSICAL THERAPY	73,150		37,709		3,216		66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	182,762		94,214				74
76	OP PSYCH	41,142		21,209		3,915		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	114,254		58,899		53,061		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE	435,641		224,575		41,967		93
93.01	CANCER CENTER	62,955		32,453		1,193		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	3,605,389	475,394	1,808,430	1,731,300	503,956	202,305	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES	421,542		217,307				192
194	OTHER NON REIMBURSEABLE COST CENTER							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,026,931	475,394	2,025,737	1,731,300	503,956	202,305	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		13	14	15	16	17	21	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,546,156						13
14	CENTRAL SERVICES & SUPPLY	61,287	602,252					14
15	PHARMACY			1,584,073				15
16	MEDICAL RECORDS & LIBRARY				1,639,054			16
17	SOCIAL SERVICE					342,643		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						1,589,733	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,693,968	118,109		1,506,594	314,952	904,923	30
31	INTENSIVE CARE UNIT	267,934	78,861		114,565	23,950	38,215	31
43	NURSERY	66,906	9,235		17,895	3,741	39,234	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	155,558	122,074				77,449	50
52	DELIVERY ROOM & LABOR ROOM	3,538	11,557					52
54	RADIOLOGY-DIAGNOSTIC		807				12,229	54
56	RADIOISOTOPE		707					56
57	CT SCAN		24,186					57
60	LABORATORY		118					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		36,147				54,520	65
66	PHYSICAL THERAPY		136					66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,118					71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS		13,794	1,584,073				73
74	RENAL DIALYSIS		798					74
76	OP PSYCH		29					76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	296,965	161,800				39,234	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE		4,566				423,929	93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,546,156	589,042	1,584,073	1,639,054	342,643	1,589,733	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES		13,023					192
194	OTHER NON REIMBURSEABLE COST CENTER		187					194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,546,156	602,252	1,584,073	1,639,054	342,643	1,589,733	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		22	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	135,642					22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	77,211	27,912,175	-982,134	26,930,041		30
31	INTENSIVE CARE UNIT	3,261	4,394,031	-41,476	4,352,555		31
43	NURSERY	3,348	1,098,294	-42,582	1,055,712		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	6,608	3,509,212	-84,057	3,425,155		50
52	DELIVERY ROOM & LABOR ROOM		1,804,608		1,804,608		52
54	RADIOLOGY-DIAGNOSTIC	1,043	2,160,376	-13,272	2,147,104		54
56	RADIOISOTOPE		372,422		372,422		56
57	CT SCAN		802,223		802,223		57
60	LABORATORY		5,032,238		5,032,238		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,652	2,497,183	-59,172	2,438,011		65
66	PHYSICAL THERAPY		843,262		843,262		66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		453,628		453,628		71
72	IMPL. DEV. CHARGED TO PATIENTS		267,339		267,339		72
73	DRUGS CHARGED TO PATIENTS		3,105,632		3,105,632		73
74	RENAL DIALYSIS		787,822		787,822		74
76	OP PSYCH		703,490		703,490		76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	3,348	7,849,286	-42,582	7,806,704		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93	FAMILY PRACTICE	36,171	5,401,395	-460,100	4,941,295		93
93.01	CANCER CENTER		234,286		234,286		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	135,642	69,228,902	-1,725,375	67,503,527		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	PHYSICIANS' PRIVATE OFFICES		1,183,756		1,183,756		192
194	OTHER NON REIMBURSEABLE COST CENTER		429,089		429,089		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	135,642	70,841,747	-1,725,375	69,116,372		202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2A	4	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	316	12,494	12,810	12,810			4
5	ADMINISTRATIVE & GENERAL	176,258	154,788	331,046	2,355	333,401		5
6	MAINTENANCE & REPAIRS	4,713	29,931	34,644	175	5,709	40,528	6
7	OPERATION OF PLANT		666,674	666,674	363	17,490	10,372	7
8	LAUNDRY & LINEN SERVICE		10,944	10,944		2,106	170	8
9	HOUSEKEEPING		35,886	35,886	347	9,104	558	9
10	DIETARY		40,701	40,701	255	7,455	633	10
11	CAFETERIA		28,453	28,453	103	1,888	443	11
12	MAINTENANCE OF PERSONNEL		33,378	33,378		384	519	12
13	NURSING ADMINISTRATION	203	17,519	17,722	429	11,404	273	13
14	CENTRAL SERVICES & SUPPLY		40,619	40,619	23	1,809	632	14
15	PHARMACY	3,654	16,671	20,325	322	7,106	259	15
16	MEDICAL RECORDS & LIBRARY	16,975	41,194	58,169	293	6,898	641	16
17	SOCIAL SERVICE		13,616	13,616	45	1,367	212	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				349	7,481		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		6,356	6,356		426	99	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	13,553	666,338	679,891	3,269	87,161	10,369	30
31	INTENSIVE CARE UNIT	468	29,092	29,560	488	16,853	453	31
43	NURSERY	6,206	10,615	16,821	188	4,090	165	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	6,065	121,976	128,041	340	12,663	1,898	50
52	DELIVERY ROOM & LABOR ROOM	476	12,731	13,207	343	8,127	198	52
54	RADIOLOGY-DIAGNOSTIC	150	89,774	89,924	341	8,503	1,397	54
56	RADIOISOTOPE		15,202	15,202	43	1,485	237	56
57	CT SCAN		6,411	6,411	112	3,525	100	57
60	LABORATORY		33,478	33,478		23,112	521	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	21,353	26,192	47,545	441	10,758	408	65
66	PHYSICAL THERAPY		35,202	35,202	61	3,354	548	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,004		95,004		2,106		71
72	IMPL. DEV. CHARGED TO PATIENTS					1,258		72
73	DRUGS CHARGED TO PATIENTS					7,096		73
74	RENAL DIALYSIS		87,950	87,950		2,208	1,369	74
76	OP PSYCH		19,799	19,799	57	2,955	308	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	31,924	54,982	86,906	725	33,394	856	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE	249	209,643	209,892	1,269	19,468	3,262	93
93.01	CANCER CENTER		30,296	30,296	18	582	471	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	377,567	2,598,905	2,976,472	12,754	329,325	37,371	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES	249	202,858	203,107		2,058	3,157	192
194	OTHER NON REIMBURSEABLE COST CENTER	36,204		36,204	56	2,018		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	414,020	2,801,763	3,215,783	12,810	333,401	40,528	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	694,899						7
8	LAUNDRY & LINEN SERVICE	3,924	17,144					8
9	HOUSEKEEPING	12,868		58,763				9
10	DIETARY	14,595		1,265	64,904			10
11	CAFETERIA	10,203		884		41,974		11
12	MAINTENANCE OF PERSONNEL	11,969		1,037			47,287	12
13	NURSING ADMINISTRATION	6,282		544		1,785	8,922	13
14	CENTRAL SERVICES & SUPPLY	14,565		1,262		813		14
15	PHARMACY	5,978		518		1,158		15
16	MEDICAL RECORDS & LIBRARY	14,772		1,280		2,024		16
17	SOCIAL SERVICE	4,882		423		240		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,279		198		1,836		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	238,942	15,759	20,706	60,324	16,496	29,443	30
31	INTENSIVE CARE UNIT	10,432	1,198	904	4,580	2,132		31
43	NURSERY	3,807	187	330		583	8,922	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	43,739		3,790		1,320		50
52	DELIVERY ROOM & LABOR ROOM	4,565		396		1,370		52
54	RADIOLOGY-DIAGNOSTIC	32,192		2,790		1,252		54
56	RADIOISOTOPE	5,451		472		104		56
57	CT SCAN	2,299		199		486		57
60	LABORATORY	12,005		1,040				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	9,392		814		1,768		65
66	PHYSICAL THERAPY	12,623		1,094		268		66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	31,538		2,733				74
76	OP PSYCH	7,100		615		326		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	19,716		1,709		4,419		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE	75,175		6,515		3,495		93
93.01	CANCER CENTER	10,864		941		99		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	622,157	17,144	52,459	64,904	41,974	47,287	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES	72,742		6,304				192
194	OTHER NON REIMBURSEABLE COST CENTER							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	694,899	17,144	58,763	64,904	41,974	47,287	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		13	14	15	16	17	21	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	47,361						13
14	CENTRAL SERVICES & SUPPLY	1,140	60,863					14
15	PHARMACY			35,666				15
16	MEDICAL RECORDS & LIBRARY				84,077			16
17	SOCIAL SERVICE					20,785		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						7,830	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	31,508	11,936		77,282	19,105		30
31	INTENSIVE CARE UNIT	4,984	7,970		5,877	1,453		31
43	NURSERY	1,245	933		918	227		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	2,894	12,337					50
52	DELIVERY ROOM & LABOR ROOM	66	1,168					52
54	RADIOLOGY-DIAGNOSTIC		82					54
56	RADIOISOTOPE		71					56
57	CT SCAN		2,444					57
60	LABORATORY		12					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		3,653					65
66	PHYSICAL THERAPY		14					66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		618					71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS		1,394	35,666				73
74	RENAL DIALYSIS		81					74
76	OP PSYCH		3					76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	5,524	16,351					91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE		461					93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	47,361	59,528	35,666	84,077	20,785		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES		1,316					192
194	OTHER NON REIMBURSEABLE COST CENTER		19					194
200	CROSS FOOT ADJUSTMENTS						7,830	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	47,361	60,863	35,666	84,077	20,785	7,830	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		22	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,194					22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS		1,302,191		1,302,191		30
31	INTENSIVE CARE UNIT		86,884		86,884		31
43	NURSERY		38,416		38,416		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM		207,022		207,022		50
52	DELIVERY ROOM & LABOR ROOM		29,440		29,440		52
54	RADIOLOGY-DIAGNOSTIC		136,481		136,481		54
56	RADIOISOTOPE		23,065		23,065		56
57	CT SCAN		15,576		15,576		57
60	LABORATORY		70,168		70,168		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		74,779		74,779		65
66	PHYSICAL THERAPY		53,164		53,164		66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		97,728		97,728		71
72	IMPL. DEV. CHARGED TO PATIENTS		1,258		1,258		72
73	DRUGS CHARGED TO PATIENTS		44,156		44,156		73
74	RENAL DIALYSIS		125,879		125,879		74
76	OP PSYCH		31,163		31,163		76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY		169,600		169,600		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93	FAMILY PRACTICE		319,537		319,537		93
93.01	CANCER CENTER		43,271		43,271		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)		2,869,778		2,869,778		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	PHYSICIANS' PRIVATE OFFICES		288,684		288,684		192
194	OTHER NON REIMBURSEABLE COST CENTER		38,297		38,297		194
200	CROSS FOOT ADJUSTMENTS	11,194	19,024		19,024		200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	11,194	3,215,783		3,215,783		202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		1	4	5A	5	6	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	307,222						1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	1,370	33,226,363					4
5	ADMINISTRATIVE & GENERAL	16,973	6,101,671	-19,290,414	51,551,333			5
6	MAINTENANCE & REPAIRS	3,282	453,320		882,746	285,597		6
7	OPERATION OF PLANT	73,103	939,950		2,704,433	73,103	212,494	7
8	LAUNDRY & LINEN SERVICE	1,200			325,685	1,200	1,200	8
9	HOUSEKEEPING	3,935	899,282		1,407,695	3,935	3,935	9
10	DIETARY	4,463	659,855		1,152,793	4,463	4,463	10
11	CAFETERIA	3,120	268,025		291,878	3,120	3,120	11
12	MAINTENANCE OF PERSONNEL	3,660			59,412	3,660	3,660	12
13	NURSING ADMINISTRATION	1,921	1,111,215		1,763,375	1,921	1,921	13
14	CENTRAL SERVICES & SUPPLY	4,454	60,508		279,706	4,454	4,454	14
15	PHARMACY	1,828	834,387		1,098,756	1,828	1,828	15
16	MEDICAL RECORDS & LIBRARY	4,517	758,531		1,066,690	4,517	4,517	16
17	SOCIAL SERVICE	1,493	116,804		211,428	1,493	1,493	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		904,424		1,156,844			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	697			65,944	697	697	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	73,066	8,508,143		13,475,117	73,066	73,066	30
31	INTENSIVE CARE UNIT	3,190	1,263,994		2,605,944	3,190	3,190	31
43	NURSERY	1,164	486,401		632,515	1,164	1,164	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	13,375	880,875		1,958,037	13,375	13,375	50
52	DELIVERY ROOM & LABOR ROOM	1,396	888,016		1,256,760	1,396	1,396	52
54	RADIOLOGY-DIAGNOSTIC	9,844	882,457		1,314,754	9,844	9,844	54
56	RADIOISOTOPE	1,667	112,690		229,592	1,667	1,667	56
57	CT SCAN	703	290,872		545,068	703	703	57
60	LABORATORY	3,671			3,573,791	3,671	3,671	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,872	1,141,222		1,663,484	2,872	2,872	65
66	PHYSICAL THERAPY	3,860	159,023		518,598	3,860	3,860	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				325,652			71
72	IMPL. DEV. CHARGED TO PATIENTS				194,542			72
73	DRUGS CHARGED TO PATIENTS				1,097,196			73
74	RENAL DIALYSIS	9,644			341,352	9,644	9,644	74
76	OP PSYCH	2,171	148,568		456,975	2,171	2,171	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	6,029	1,878,076		5,163,824	6,029	6,029	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE	22,988	3,288,032		3,010,414	22,988	22,988	93
93.01	CANCER CENTER	3,322	45,417		89,925	3,322	3,322	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	284,978	33,081,758	-19,290,414	50,920,925	263,353	190,250	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES	22,244			318,297	22,244	22,244	192
194	OTHER NON REIMBURSEABLE COST CENTER		144,605		312,111			194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,801,763	7,034,881		19,290,414	1,213,068	4,026,931	202
203	UNIT COST MULT-WS B PT I	9,119,669	0,211,726		0,374,198	4,247,482	18,950,799	203
204	COST TO BE ALLOC PER B PT II		12,810		333,401	40,528	694,899	204
205	UNIT COST MULT-WS B PT II		0,000,386		0,006,467	0,141,906	3,270,205	205

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING  SQUARE FEET	DIETARY  MEALS SERVED	CAFETERIA  FTES SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	
		8	9	10	11	12	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	33,249						8
9	HOUSEKEEPING		207,359					9
10	DIETARY		4,463	98,802				10
11	CAFETERIA		3,120		41,837			11
12	MAINTENANCE OF PERSONNEL		3,660			53		12
13	NURSING ADMINISTRATION		1,921		1,779	10	24,470	13
14	CENTRAL SERVICES & SUPPLY		4,454		810		589	14
15	PHARMACY		1,828		1,154			15
16	MEDICAL RECORDS & LIBRARY		4,517		2,017			16
17	SOCIAL SERVICE		1,493		239			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		697		1,830			22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	30,562	73,066	91,830	16,442	33	16,280	30
31	INTENSIVE CARE UNIT	2,324	3,190	6,972	2,125		2,575	31
43	NURSERY	363	1,164		581	10	643	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		13,375		1,316		1,495	50
52	DELIVERY ROOM & LABOR ROOM		1,396		1,366		34	52
54	RADIOLOGY-DIAGNOSTIC		9,844		1,248			54
56	RADIOISOTOPE		1,667		104			56
57	CT SCAN		703		484			57
60	LABORATORY		3,671					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		2,872		1,762			65
66	PHYSICAL THERAPY		3,860		267			66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		9,644					74
76	OP PSYCH		2,171		325			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		6,029		4,405		2,854	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE		22,988		3,484			93
93.01	CANCER CENTER		3,322		99			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	33,249	185,115	98,802	41,837	53	24,470	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES		22,244					192
194	OTHER NON REIMBURSEABLE COST CENTER							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	475,394	2,025,737	1,731,300	503,956	202,305	2,546,156	202
203	UNIT COST MULT-WS B PT I	14.297994	9.769226	17.522925	12.045701	3,817.075472	104.052145	203
204	COST TO BE ALLOC PER B PT II	17,144	58,763	64,904	41,974	47,287	47,361	204
205	UNIT COST MULT-WS B PT II	0.515625	0.283388	0.656910	1.003275	892.207547	1.935472	205



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY PATIENT DAYS 16	SOCIAL SERVICE PATIENT DAYS 17	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY	1,082,022						14
15	PHARMACY		10,000					15
16	MEDICAL RECORDS & LIBRARY			33,249				16
17	SOCIAL SERVICE				33,249			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					6,240		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						6,240	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	212,198		30,562	30,562	3,552	3,552	30
31	INTENSIVE CARE UNIT	141,683		2,324	2,324	150	150	31
43	NURSERY	16,591		363	363	154	154	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	219,322				304	304	50
52	DELIVERY ROOM & LABOR ROOM	20,763						52
54	RADIOLOGY-DIAGNOSTIC	1,449				48	48	54
56	RADIOISOTOPE	1,271						56
57	CT SCAN	43,454						57
60	LABORATORY	212						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	64,943				214	214	65
66	PHYSICAL THERAPY	244						66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,992						71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	24,783	10,000					73
74	RENAL DIALYSIS	1,433						74
76	OP PSYCH	53						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	290,694				154	154	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE	8,204				1,664	1,664	93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,058,289	10,000	33,249	33,249	6,240	6,240	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES	23,397						192
194	OTHER NON REIMBURSEABLE COST CENTER	336						194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	602,252	1,584,073	1,639,054	342,643	1,589,733	135,642	202
203	UNIT COST MULT-WS B PT I	0.556599	158.407300	49.296340	10.305363	254.764904	21.737500	203
204	COST TO BE ALLOC PER B PT II	60,863	35,666	84,077	20,785	7,830	11,194	204
205	UNIT COST MULT-WS B PT II	0.056249	3.566600	2.528708	0.625132	1.254808	1.793910	205



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
--	--------------------------	--	--	--	--	--	--	--

	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
43	NURSERY							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	OP PSYCH							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE							93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES							192
194	OTHER NON REIMBURSEABLE COST CENTER							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I							202
203	UNIT COST MULT-WS B PT I							203
204	COST TO BE ALLOC PER B PT II							204
205	UNIT COST MULT-WS B PT II							205



COMPU-MAX

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	26,930,041		26,930,041		26,930,041	30
31	INTENSIVE CARE UNIT	4,352,555		4,352,555		4,352,555	31
43	NURSERY	1,055,712		1,055,712		1,055,712	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	3,425,155		3,425,155		3,425,155	50
52	DELIVERY ROOM & LABOR ROOM	1,804,608		1,804,608		1,804,608	52
54	RADIOLOGY-DIAGNOSTIC	2,147,104		2,147,104		2,147,104	54
56	RADIOISOTOPE	372,422		372,422		372,422	56
57	CT SCAN	802,223		802,223		802,223	57
60	LABORATORY	5,032,238		5,032,238		5,032,238	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	2,438,011		2,438,011		2,438,011	65
66	PHYSICAL THERAPY	843,262		843,262		843,262	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	453,628		453,628		453,628	71
72	IMPL. DEV. CHARGED TO PATIENTS	267,339		267,339		267,339	72
73	DRUGS CHARGED TO PATIENTS	3,105,632		3,105,632		3,105,632	73
74	RENAL DIALYSIS	787,822		787,822		787,822	74
76	OP PSYCH	703,490		703,490		703,490	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	7,806,704		7,806,704		7,806,704	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,608,632		2,608,632		2,608,632	92
93	FAMILY PRACTICE	4,941,295		4,941,295		4,941,295	93
93.01	CANCER CENTER	234,286		234,286		234,286	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	SUBTOTAL (SEE INSTRUCTIONS)	70,112,159		70,112,159		70,112,159	200
201	LESS OBSERVATION BEDS	2,608,632		2,608,632		2,608,632	201
202	TOTAL (SEE INSTRUCTIONS)	67,503,527		67,503,527		67,503,527	202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	59,282,226		59,282,226				30
31	INTENSIVE CARE UNIT	8,123,871		8,123,871				31
43	NURSERY	819,226		819,226				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	3,339,642	3,355,521	6,695,163	0.511586	0.511586	0.511586	50
52	DELIVERY ROOM & LABOR ROOM	354,944	392,101	747,045	2.415662	2.415662	2.415662	52
54	RADIOLOGY-DIAGNOSTIC	5,692,507	6,430,574	12,123,081	0.177109	0.177109	0.177109	54
56	RADIOISOTOPE	1,101,722	335,837	1,437,559	0.259066	0.259066	0.259066	56
57	CT SCAN	8,833,283	10,906,082	19,739,365	0.040641	0.040641	0.040641	57
60	LABORATORY	35,073,300	31,635,022	66,708,322	0.075436	0.075436	0.075436	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	13,762,588	2,274,445	16,037,033	0.152024	0.152024	0.152024	65
66	PHYSICAL THERAPY	452,147	714,828	1,166,975	0.722605	0.722605	0.722605	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,313,106	393,488	1,706,594	0.265809	0.265809	0.265809	71
72	IMPL. DEV. CHARGED TO PATIENTS	373,932		373,932	0.714940	0.714940	0.714940	72
73	DRUGS CHARGED TO PATIENTS	21,908,964	3,127,282	25,036,246	0.124045	0.124045	0.124045	73
74	RENAL DIALYSIS	2,551,580	4,608	2,556,188	0.308202	0.308202	0.308202	74
76	OP PSYCH	716	1,963,066	1,963,782	0.358232	0.358232	0.358232	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	7,614,421	7,225,455	14,839,876	0.526063	0.526063	0.526063	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		14,161,416	14,161,416	0.184207	0.184207	0.184207	92
93	FAMILY PRACTICE		9,573,792	9,573,792	0.516127	0.516127	0.516127	93
93.01	CANCER CENTER		100,152	100,152	2.339304	2.339304	2.339304	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	SUBTOTAL (SEE INSTRUCTIONS)	170,598,175	92,593,669	263,191,844				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	170,598,175	92,593,669	263,191,844				202



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

CHECK [ ] TITLE V [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] TEFRA  
 BOXES: [ ] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	1,302,191		1,302,191	33,840	38.48	9,370	360,558	30
31	INTENSIVE CARE UNIT	86,884		86,884	2,324	37.39	1,155	43,185	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	38,416		38,416	363	105.83			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	1,427,491		1,427,491	36,527		10,525	403,743	200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0177

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  TEFRA  
 BOXES:  TITLE XIX  IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	207,022	6,695,163	0.030921	1,248,308	38,599	50
52	DELIVERY ROOM & LABOR ROOM	29,440	747,045	0.039409	6,556	258	52
54	RADIOLOGY-DIAGNOSTIC	136,481	12,123,081	0.011258	1,961,771	22,086	54
56	RADIOISOTOPE	23,065	1,437,559	0.016045	463,827	7,442	56
57	CT SCAN	15,576	19,739,365	0.000789	3,710,029	2,927	57
60	LABORATORY	70,168	66,708,322	0.001052	16,748,595	17,620	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	74,779	16,037,033	0.004663	5,129,628	23,919	65
66	PHYSICAL THERAPY	53,164	1,166,975	0.045557	215,035	9,796	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,728	1,706,594	0.057265	241,210	13,813	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,258	373,932	0.003364	191,537	644	72
73	DRUGS CHARGED TO PATIENTS	44,156	25,036,246	0.001764	8,220,806	14,502	73
74	RENAL DIALYSIS	125,879	2,556,188	0.049245	1,213,247	59,746	74
76	OP PSYCH	31,163	1,963,782	0.015869			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	169,600	14,839,876	0.011429	2,061,918	23,566	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	126,140	14,161,416	0.008907			92
93	FAMILY PRACTICE	319,537	9,573,792	0.033376			93
93.01	CANCER CENTER	43,271	100,152	0.432053			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL (sum of lines 50-199)	1,568,427	194,966,521		41,412,467	234,918	200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] TEFRA  
 BOXES: [ ] TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	33,840		9,370		30
31	INTENSIVE CARE UNIT	2,324		1,155		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	363				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	36,527		10,525		200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0177

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	OP PSYCH							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE							93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART IV**

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	6,695,163			1,248,308		720,840	50
52	DELIVERY ROOM & LABOR ROOM	747,045			6,556		1,492	52
54	RADIOLOGY-DIAGNOSTIC	12,123,081			1,961,771		747,585	54
56	RADIOISOTOPE	1,437,559			463,827		191,613	56
57	CT SCAN	19,739,365			3,710,029		1,763,730	57
60	LABORATORY	66,708,322			16,748,595		919,346	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	16,037,033			5,129,628		643,811	65
66	PHYSICAL THERAPY	1,166,975			215,035		771	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,706,594			241,210		80,524	71
72	IMPL. DEV. CHARGED TO PATIENTS	373,932			191,537		57,984	72
73	DRUGS CHARGED TO PATIENTS	25,036,246			8,220,806		314,995	73
74	RENAL DIALYSIS	2,556,188			1,213,247		13,837	74
76	OP PSYCH	1,963,782					464,545	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	14,839,876			2,061,918		982,819	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,161,416					1,444,072	92
93	FAMILY PRACTICE	9,573,792						93
93.01	CANCER CENTER	100,152						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)	194,966,521			41,412,467		8,347,964	200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0177

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
1	2	3	4	5	6	7			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	OPERATING ROOM	0.511586	720,840			368,772		50	
52	DELIVERY ROOM & LABOR ROOM	2.415662	1,492			3,604		52	
54	RADIOLOGY-DIAGNOSTIC	0.177109	747,585			132,404		54	
56	RADIOISOTOPE	0.259066	191,613			49,640		56	
57	CT SCAN	0.040641	1,763,730			71,680		57	
60	LABORATORY	0.075436	919,346		718	69,352		54 60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.152024	643,811			97,875		65	
66	PHYSICAL THERAPY	0.722605	771			557		66	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265809	80,524			21,404		71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.714940	57,984			41,455		72	
73	DRUGS CHARGED TO PATIENTS	0.124045	314,995			39,074		73	
74	RENAL DIALYSIS	0.308202	13,837			4,265		74	
76	OP PSYCH	0.358232	464,545			166,415		76	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91	EMERGENCY	0.526063	982,819			517,025		91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.184207	1,444,072			266,008		92	
93	FAMILY PRACTICE	0.516127						93	
93.01	CANCER CENTER	2.339304						93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	SUBTOTAL (see instructions)		8,347,964		718	1,849,530		54 200	
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201	
202	NET CHARGES (line 200 - line 201)		8,347,964		718	1,849,530		54 202	

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

CHECK [ ] TITLE V [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] TEFRA  
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	1,302,191		1,302,191	33,840	38.48	13,451	517,594	30
31	INTENSIVE CARE UNIT	86,884		86,884	2,324	37.39	566	21,163	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	38,416		38,416	363	105.83	300	31,749	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	1,427,491		1,427,491	36,527		14,317	570,506	200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0177

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  TEFRA  
 BOXES:  TITLE XIX  IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	207,022	6,695,163	0.030921		50
52	DELIVERY ROOM & LABOR ROOM	29,440	747,045	0.039409		52
54	RADIOLOGY-DIAGNOSTIC	136,481	12,123,081	0.011258		54
56	RADIOISOTOPE	23,065	1,437,559	0.016045		56
57	CT SCAN	15,576	19,739,365	0.000789		57
60	LABORATORY	70,168	66,708,322	0.001052		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	74,779	16,037,033	0.004663		65
66	PHYSICAL THERAPY	53,164	1,166,975	0.045557		66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,728	1,706,594	0.057265		71
72	IMPL. DEV. CHARGED TO PATIENTS	1,258	373,932	0.003364		72
73	DRUGS CHARGED TO PATIENTS	44,156	25,036,246	0.001764		73
74	RENAL DIALYSIS	125,879	2,556,188	0.049245		74
76	OP PSYCH	31,163	1,963,782	0.015869		76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
91	EMERGENCY	169,600	14,839,876	0.011429		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	126,140	14,161,416	0.008907		92
93	FAMILY PRACTICE	319,537	9,573,792	0.033376		93
93.01	CANCER CENTER	43,271	100,152	0.432053		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	TOTAL (sum of lines 50-199)	1,568,427	194,966,521			200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	33,840		13,451		30
31	INTENSIVE CARE UNIT	2,324		566		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	363		300		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	36,527		14,317		200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART IV**

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	OP PSYCH							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE							93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART IV**

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	6,695,163						50
52	DELIVERY ROOM & LABOR ROOM	747,045						52
54	RADIOLOGY-DIAGNOSTIC	12,123,081						54
56	RADIOISOTOPE	1,437,559						56
57	CT SCAN	19,739,365						57
60	LABORATORY	66,708,322						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	16,037,033						65
66	PHYSICAL THERAPY	1,166,975						66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,706,594						71
72	IMPL. DEV. CHARGED TO PATIENTS	373,932						72
73	DRUGS CHARGED TO PATIENTS	25,036,246						73
74	RENAL DIALYSIS	2,556,188						74
76	OP PSYCH	1,963,782						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	14,839,876						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,161,416						92
93	FAMILY PRACTICE	9,573,792						93
93.01	CANCER CENTER	100,152						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)	194,966,521						200

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0177

WORKSHEET D  
PART V

CHECK  TITLE V - O/P  HOSPITAL  SUB (OTHER)  SWING BED SNF  
 APPLICABLE  TITLE XVIII, PART B  IPF  SNF  SWING BED NF  
 BOXES:  TITLE XIX - O/P  IRF  NF  ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.511586							50
52	DELIVERY ROOM & LABOR ROOM	2.415662							52
54	RADIOLOGY-DIAGNOSTIC	0.177109							54
56	RADIOISOTOPE	0.259066							56
57	CT SCAN	0.040641							57
60	LABORATORY	0.075436							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.152024							65
66	PHYSICAL THERAPY	0.722605							66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265809							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.714940							72
73	DRUGS CHARGED TO PATIENTS	0.124045							73
74	RENAL DIALYSIS	0.308202							74
76	OP PSYCH	0.358232							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.526063							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.184207							92
93	FAMILY PRACTICE	0.516127							93
93.01	CANCER CENTER	2.339304							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART I

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	33,840	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	33,840	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	30,562	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	9,370	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	26,930,041	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26,930,041	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	26,930,041	37



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [ ] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					795.80	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					7,456,646	39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					7,456,646	41	
42	NURSERY (Titles V and XIX only)						42	
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>							
43	INTENSIVE CARE UNIT	4,352,555	2,324	1,872.87	1,155	2,163,165	43	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					6,150,928	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					15,770,739	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					403,743	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					234,918	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					638,661	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					15,132,078	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



COMPU-MAX

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					3,278	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					795.80	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					2,608,632	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	1,302,191	26,930,041	0.048355	2,608,632	126,140	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART I

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	33,840	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	33,840	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	30,562	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	13,451	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	363	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	300	16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	26,930,041	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26,930,041	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	26,930,041	37



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [XX] TITLE XIX - I/P [ ] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)						795.80	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						10,704,306	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)						10,704,306	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
42	NURSERY (Titles V and XIX only)	1,055,712	363	2,908.30	300	872,490		42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>							
43	INTENSIVE CARE UNIT	4,352,555	2,324	1,872.87	566	1,060,044		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)							48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)						12,636,840	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						570,506	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)							51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)						570,506	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						12,066,334	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES							54
55	TARGET AMOUNT PER DISCHARGE							55
56	TARGET AMOUNT (line 54 x line 55)							56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)							57
58	BONUS PAYMENT (see instructions)							58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET							59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET							60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)							61
62	RELIEF PAYMENT (see instructions)							62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)							63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)							66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)							67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)							68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)							69



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					3,278	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0177

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  SWING BED SNF  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  SWING BED NF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF  ICF/MR  OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		20,130,237		30
31	INTENSIVE CARE UNIT		3,987,500		31
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.511586	1,248,308	638,617	50
52	DELIVERY ROOM & LABOR ROOM	2.415662	6,556	15,837	52
54	RADIOLOGY-DIAGNOSTIC	0.177109	1,961,771	347,447	54
56	RADIOISOTOPE	0.259066	463,827	120,162	56
57	CT SCAN	0.040641	3,710,029	150,779	57
60	LABORATORY	0.075436	16,748,595	1,263,447	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.152024	5,129,628	779,827	65
66	PHYSICAL THERAPY	0.722605	215,035	155,385	66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265809	241,210	64,116	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.714940	191,537	136,937	72
73	DRUGS CHARGED TO PATIENTS	0.124045	8,220,806	1,019,750	73
74	RENAL DIALYSIS	0.308202	1,213,247	373,925	74
76	OP PSYCH	0.358232			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.526063	2,061,918	1,084,699	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.184207			92
93	FAMILY PRACTICE	0.516127			93
93.01	CANCER CENTER	2.339304			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	TOTAL (sum of lines 50-94, and 96-98)		41,412,467	6,150,928	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		41,412,467		202

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0177

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  SWING BED SNF  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  SWING BED NF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF  ICF/MR  OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
43	NURSERY				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.511586			50
52	DELIVERY ROOM & LABOR ROOM	2.415662			52
54	RADIOLOGY-DIAGNOSTIC	0.177109			54
56	RADIOISOTOPE	0.259066			56
57	CT SCAN	0.040641			57
60	LABORATORY	0.075436			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.152024			65
66	PHYSICAL THERAPY	0.722605			66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265809			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.714940			72
73	DRUGS CHARGED TO PATIENTS	0.124045			73
74	RENAL DIALYSIS	0.308202			74
76	OP PSYCH	0.358232			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.526063			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.184207			92
93	FAMILY PRACTICE	0.516127			93
93.01	CANCER CENTER	2.339304			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

## CHECK

## APPLICABLE BOX:

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	6,579,938			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	5,633,773			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	331,103			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	23,600			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	192.02			4
<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS</b>					
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)	11.29			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)	11.29			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	16.71			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	11.29			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	11.29			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	15.99			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	12.86			15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	12.86			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.066972			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.074856			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.066972			21
22	IME PAYMENT ADJUSTMENT (see instructions)	439,479			22
<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON</b>					
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)	5.42			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	439,479			29
<b>DISPROPORTIONATE SHARE ADJUSTMENT</b>					
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.2526			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.5315			31
32	SUM OF LINES 30 AND 31	0.7841			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.5390			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	4,305,738			34
		PRIOR TO	ON OR AFTER		



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

CHECK  
APPLICABLE BOX:

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

		1	1.01	1.02	
	<b>UNCOMPENSATED CARE ADJUSTMENT</b>	<b>OCTOBER 1</b>	<b>OCTOBER 1</b>		
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		5,802,835		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		2,893,468		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	2,893,468			36
	<b>ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES</b>				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41)				46
47	SUBTOTAL (see instructions)	20,183,499			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only) (see instructions)				48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	20,183,499			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	1,186,837			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	357,197			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59	TOTAL (sum of amounts on lines 49 through 58)	21,727,533			59
60	PRIMARY PAYER PAYMENTS				60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	21,727,533			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,288,004			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	269,296			63
64	ALLOWABLE BAD DEBTS (see instructions)	706,055			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	458,936			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	706,055			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	20,629,169			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	-73,042			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-47,511			70.94
71	AMOUNT DUE PROVIDER (see instructions)	20,508,616			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	410,172			71.01
72	INTERIM PAYMENTS	19,256,276			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	842,168			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	341,984			75

**TO BE COMPLETED BY CONTRACTOR**

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0177

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:     HOSPITAL     IPF     IRF     SUB (OTHER)     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	54			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	1,849,530			2
3	PPS PAYMENTS	1,083,311			3
4	OUTLIER PAYMENT (see instructions)	5,822			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.800			5
6	LINE 2 TIMES LINE 5	1,479,624			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.7361			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	54			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	718			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	718			14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)	718			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	664			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)	54			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	1,089,133			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	268,674			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	820,513			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	41,892			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	862,405			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	862,405			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	119,613			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	77,748			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	119,613			36
37	SUBTOTAL (see instructions)	940,153			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	940,153			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	18,803			40.01
41	INTERIM PAYMENTS	954,458			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-33,108			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94





JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL [ ] CAH  
APPLICABLE BOX:

## TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

## HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,653	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	10,525	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	13	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	32,886	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	263,191,844	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,439,504	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	1,123,592	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	22,472	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,101,120	10

## INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,267,440	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-166,320	32



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0177

WORKSHEET E-3  
PART VII

CHECK  TITLE V  HOSPITAL  NF  PPS  
 APPLICABLE  TITLE XIX  SUB (OTHER)  ICF/MR  TEFRA  
 BOXES:  SNF  OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
REASONABLE CHARGES				
8	ROUTINE SERVICE CHARGES	33,490,961		8
9	ANCILLARY SERVICE CHARGES			9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	33,490,961		12
<b>CUSTOMARY CHARGES</b>				
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	33,490,961		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	33,490,961		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (sum of lines 22 through 26)			27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)			42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## DIRECT GRADUATE MEDICAL EDUCATION (GME) &amp; ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII  
 BOX: [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			11.29	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			11.29	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			16.71	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			11.29	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	16.71	0.00	16.71	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	11.29	0.00	11.29	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	11.29	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	11.21	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	11.29	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	11.26	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	11.26	0.00		17
18	PER RESIDENT AMOUNT	110,626.93	104,866.27		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,245,659		1,245,659	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			5.42	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			1,245,659	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	10,525	13	26	
27	TOTAL INPATIENT DAYS (see instructions)	32,886	32,886	27	
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.320045	0.000395	28	
29	PROGRAM DIRECT GME AMOUNT	398,667	492	29	
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		70	30	
31	NET PROGRAM DIRECT GME AMOUNT			399,089	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			2,556,188	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)			15,770,739	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			15,770,739	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			1,849,584	42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			1,849,584	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			17,620,323	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.895031	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.104969	47



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

CHECK  TITLE V  
 APPLICABLE  TITLE XVIII  
 BOX:  TITLE XIX

<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48	TOTAL PROGRAM GME PAYMENT (line 31)	399,089	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	357,197	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	41,892	50



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII  
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	14,017	3,335		26
27	TOTAL INPATIENT DAYS (see instructions)	32,886	32,886		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.426230	0.101411		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)				37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)				41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)				42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)				44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)				47



COMPU-MAX

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

CHECK  TITLE V  
 APPLICABLE  TITLE XVIII  
 BOX:  TITLE XIX

<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>		
48	TOTAL PROGRAM GME PAYMENT (line 31)	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	50



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**BALANCE SHEET****WORKSHEET G**

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
<b>CURRENT ASSETS</b>						
1	CASH ON HAND AND IN BANKS	6,695,550				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	83,278,441				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-37,197,284				6
7	INVENTORY	954,944				7
8	PREPAID EXPENSES	461,275				8
9	OTHER CURRENT ASSETS	43,619,444				9
10	DUE FROM OTHER FUNDS	2,488,717				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	100,301,087				11
<b>FIXED ASSETS</b>						
12	LAND	2,482,024				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	47,567,626				15
16	ACCUMULATED DEPRECIATION	-55,990,266				16
17	LEASEHOLD IMPROVEMENTS	7,483,116				17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	24,653,501				23
24	ACCUMULATED DEPRECIATION					24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	26,196,001				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	286,163				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	350,667				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	636,830				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	127,133,918				36
	LIABILITIES AND FUND BALANCES (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	4,547,507				37
38	SALARIES, WAGES & FEES PAYABLE	5,779,032				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	3,974,433				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	70,139				43
44	OTHER CURRENT LIABILITIES	701,030				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	15,072,141				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	11,462,371				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES					49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	11,462,371				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	26,534,512				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	100,599,406				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**BALANCE SHEET**

**WORKSHEET G**

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	100,599,406				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	127,133,918				60



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		92,067,794			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		8,531,615			2
3	TOTAL (sum of line 1 and line 2)		100,599,409			3
4	ADDITIONS (credit adjustments)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)		100,599,409			11
12	DEDUCTIONS (debit adjustments)	3				12
13	PENSION ADJUSTMENT					13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		3			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		100,599,406			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	PENSION ADJUSTMENT					13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

## PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	59,139,030		59,139,030	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	59,139,030		59,139,030	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT	20,803,583		20,803,583	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	20,803,583		20,803,583	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	79,942,613		79,942,613	17
18	ANCILLARY SERVICES	103,192,079		103,192,079	18
19	OUTPATIENT SERVICES		69,495,312	69,495,312	19
20	RHC				20
21	FOHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	183,134,692	69,495,312	252,630,004	28

## PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		77,675,150	29
30	ADD (SPECIFY)			30
31	BAD DEBTS	20,064,106		31
32				32
33				33
34				34
35	MISC			35
36	TOTAL ADDITIONS (sum of lines 30-35)		20,064,106	36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		97,739,256	43



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

## STATEMENT OF REVENUES AND EXPENSES

## WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	252,630,004	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	155,368,267	2
3	NET PATIENT REVENUES (line 1 minus line 2)	97,261,737	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	97,739,256	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-477,519	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.0	OTHER (PROVIDER TAX PROCEEDS)		24.0
1			1
24.0	OTHER (MISC REVENUE)	9,009,134	24.0
8			8
25	TOTAL OTHER INCOME (sum of lines 6-24)	9,009,134	25
26	TOTAL (line 5 plus line 25)	8,531,615	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	8,531,615	29





JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	---------------------------------------	--	---

**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0177**

**WORKSHEET L**

CHECK  TITLE V  HOSPITAL  PPS  
 APPLICABLE  TITLE XVIII, PART A  SUB (OTHER)  COST METHOD  
 BOXES:  TITLE XIX

**PART I - FULLY PROSPECTIVE METHOD**

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER		1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS		2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)		3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		12

**PART II - PAYMENT UNDER REASONABLE COST**

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2013 To: 03/31/2014	Run Date: 08/28/2014 Run Time: 13:40 Version: 2014.03
--	--------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
43	NURSERY							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	OP PSYCH							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	FAMILY PRACTICE							93
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	PHYSICIANS' PRIVATE OFFICES							192
194	OTHER NON REIMBURSEABLE COST CENTER							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202