

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 08/27/2015 Time: 18:25	
	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 (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JACKSON PARK HOSPITAL (14-0177) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 04/01/2014 and ending 03/31/2015, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		2,070,772	32,220	-227,924		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		2,070,772	32,220	-227,924		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 for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 7531 SOUTH STONEY ISLAND AVENUE	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60649	County: COOK

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	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 / 2014	To: 03 / 31 / 2015	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	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
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	11,325				2,680	4,486	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA****WORKSHEET S-2  
PART I**

37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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

**WORKSHEET S-2  
PART I**

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

		1	2	3	
<b>Teaching Hospitals</b>					
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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	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 osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	1.78	16.71	0.096268	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	1.78	16.71	0.096268	65

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

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
67	FAMILY MEDICINE	1350	1.78	16.71	0.096268	67

**Inpatient Psychiatric Facility PPS**

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				71

**Inpatient Rehabilitation Facility PPS**

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				76

**Long Term Care Hospital PPS**

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

**TEFRA Providers**

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86

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**WORKSHEET S-2  
PART I**

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

**Rural Providers**

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

**Miscellaneous Cost Reporting Information**

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

**Transplant Center Information**

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

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

**WORKSHEET S-2  
PART I**

All Providers

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 N	2	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.75				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2014	09 / 30 / 2015			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

**COMPLETED BY ALL HOSPITALS**

		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

		Y/N	Type	Date
<b>Financial Data and Reports</b>				
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 in the filed financial statements? If yes, submit reconciliation.	Y		5

		Y/N	Y/N
<b>Approved Educational Activities</b>			
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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
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	08/20/2015	Y	08/22/2015
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	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

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

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

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

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

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information				
41	First name: EMIL	Last name: MATOV	Title: MANAGER	41
42	Employer: STRATEGIC REIMBURSEMENT, INC			42
43	Phone number: 630-530-7100 EX 119	E-mail Address: EMIL.MATOV@SRGROUPLLC.COM		43

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
						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		7,226	10,543	32,375	1	
2	HMO and other (see instructions)					155	7,166		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		7,226	10,543	32,375	7	
8	Intensive Care Unit	31	8	2,920		911	559	2,299	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					223	270	13	
14	Total (see instructions)		201	73,365		8,137	11,325	34,944	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							3,736	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)								30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)						20	20	32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01	
33	LTCH non-covered days								33	

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					1,765	3,376	7,930	1
2	HMO and other (see instructions)					46			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)	17.17	664.00			1,765	3,376	7,930	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)	17.17	664.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE INDEX INFORMATION**

**WORKSHEET S-3  
PARTS II-III**

**Part II - Wage Data**

		Wkst A Line No.	Amount Reported	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	33,931,113		33,931,113	1,381,700.00	24.56	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		2,631,729		2,631,729	4,350.00	605.00	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	923,875		923,875	38,294.00	24.13	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)		131,325		131,325	8,641.00	15.20	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		26,479		26,479	135.00	196.14	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)		7,007,287		7,007,287			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		31,250		31,250			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		274,123		274,123			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		195,451		195,451			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		232,730		232,730	11,921.00	19.52	26
27	Administrative & General		6,002,693		6,002,693	136,868.00	43.86	27
28	Administrative & General under contract (see instructions)		499,526		499,526	2,259.00	221.13	28
29	Maintenance & Repairs		391,097		391,097	16,993.00	23.02	29
30	Operation of Plant		890,921		890,921	60,268.00	14.78	30
31	Laundry & Linen Service							31
32	Housekeeping		957,356		957,356	69,310.00	13.81	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,085,043	-273,980	811,063	46,967.00	17.27	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			273,980	273,980	15,866.00	17.27	36
37	Maintenance of Personnel							37
38	Nursing Administration		1,059,143		1,059,143	38,024.00	27.85	38
39	Central Services and Supply		54,015		54,015	3,403.00	15.87	39
40	Pharmacy		864,304		864,304	23,768.00	36.36	40
41	Medical Records & Medical Records Library		754,211		754,211	41,523.00	18.16	41
42	Social Service		111,638		111,638	5,341.00	20.90	42
43	Other General Service							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		30,875,035		30,875,035	1,341,315.00	23.02	1
2	Excluded area salaries (see instructions)		131,325		131,325	8,641.00	15.20	2
3	Subtotal salaries (line 1 minus line 2)		30,743,710		30,743,710	1,332,674.00	23.07	3
4	Subtotal other wages & related costs (see instructions)		26,479		26,479	135.00	196.14	4
5	Subtotal wage-related costs (see instructions)		7,007,287		7,007,287		22.79%	5
6	Total (sum of lines 3 through 5)		37,777,476		37,777,476	1,332,809.00	28.34	6
7	Total overhead cost (see instructions)		12,902,677		12,902,677	472,511.00	27.31	7

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	254,750	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)	4,011,641	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	341,057	11
12	Accident 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	293,217	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	2,386,684	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	220,763	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)	7,508,112	24

**Part B - Other Than Core Related Cost**

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)**

**EXHIBIT 3**

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

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

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>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

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

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

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

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			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

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**

**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.263771	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		4,236,937	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		65,028,304	6
7	Medicaid cost (line 1 times line 6)		17,152,581	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.		12,915,644	8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,915,644	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	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,072,493		4,072,493	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	4,072,493		4,072,493	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		22,773,992	26
27	Medicare bad debts for the entire hospital complex (see instructions)		1,182,271	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		21,591,721	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,695,270	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		9,767,763	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,683,407	31

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- 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				3,319,307	3,319,307	-9,903	3,309,404	1
2	00200	Cap Rel Costs-Mvble Equip								2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	232,730	74,787	307,517	7,508,111	7,815,628	-375	7,815,253	4
5	00500	Administrative & General	6,002,693	23,314,045	29,316,738	-10,663,921	18,652,817	-264,439	18,388,378	5
6	00600	Maintenance & Repairs	391,097	304,679	695,776		695,776		695,776	6
7	00700	Operation of Plant	890,921	1,737,956	2,628,877	-141,385	2,487,492	-509,944	1,977,548	7
8	00800	Laundry & Linen Service		381,180	381,180		381,180		381,180	8
9	00900	Housekeeping	957,356	398,097	1,355,453	-22,112	1,333,341		1,333,341	9
10	01000	Dietary	1,085,043	814,436	1,899,479	-479,630	1,419,849		1,419,849	10
11	01100	Cafeteria				479,630	479,630	-219,780	259,850	11
12	01200	Maintenance of Personnel		547	547		547	-18	529	12
13	01300	Nursing Administration	1,059,143	255,791	1,314,934		1,314,934		1,314,934	13
14	01400	Central Services & Supply	54,015	65,795	119,810	-19,662	100,148		100,148	14
15	01500	Pharmacy	864,304	1,489,449	2,353,753	-1,634,298	719,455		719,455	15
16	01600	Medical Records & Library	754,211	99,405	853,616		853,616	-8,310	845,306	16
17	01700	Social Service	111,638	23,860	135,498		135,498		135,498	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	923,875	80,425	1,004,300		1,004,300	-41,201	963,099	21
22	02200	I&R Services-Other Prgm Costs Apprvd		8,866	8,866		8,866		8,866	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	9,313,087	2,819,531	12,132,618		12,132,618	-415,326	11,717,292	30
31	03100	Intensive Care Unit	1,079,537	1,048,432	2,127,969		2,127,969	-20,833	2,107,136	31
43	04300	Nursery	593,998	490,609	1,084,607		1,084,607	-455,000	629,607	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	847,164	1,045,864	1,893,028	-526,655	1,366,373	-21,250	1,345,123	50
52	05200	Delivery Room & Labor Room	695,427	148,947	844,374		844,374		844,374	52
54	05400	Radiology-Diagnostic	896,448	1,113,278	2,009,726		2,009,726	-975,000	1,034,726	54
56	05600	Radioisotope	119,943	195,709	315,652		315,652		315,652	56
57	05700	CT Scan	266,023	162,777	428,800		428,800		428,800	57
60	06000	Laboratory		3,690,640	3,690,640		3,690,640	-6,250	3,684,390	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,189,009	260,358	1,449,367		1,449,367	-47,917	1,401,450	65
66	06600	Physical Therapy	233,017	196,664	429,681		429,681	-26,000	403,681	66
71	07100	Medical Supplies Charged to Patients				322,971	322,971		322,971	71
72	07200	Impl. Dev. Charged to Patients				223,346	223,346		223,346	72
73	07300	Drugs Charged to Patients				1,634,298	1,634,298		1,634,298	73
74	07400	Renal Dialysis		278,281	278,281		278,281		278,281	74
76	03550	OP PSYCH	147,727	214,610	362,337		362,337		362,337	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	1,638,424	4,272,323	5,910,747		5,910,747	-1,282,132	4,628,615	91
92	09200	Observation Beds (Non-Distinct Part)								92
93	04951	FAMILY PRACTICE	3,404,716	1,121,157	4,525,873		4,525,873	-110,850	4,415,023	93
93.01	04950	CANCER CENTER	48,242	3,630	51,872		51,872		51,872	93.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	33,799,788	46,112,128	79,911,916		79,911,916	-4,414,528	75,497,388	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
192	19200	Physicians' Private Offices		88,664	88,664		88,664		88,664	192
194	07950	OTHER NON REIMBURSEABLE COST CENTER	131,325	83,803	215,128		215,128		215,128	194
200		TOTAL (sum of lines 118-199)	33,931,113	46,284,595	80,215,708		80,215,708	-4,414,528	75,801,180	200

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		2,744,030	1
500	Total reclassifications					2,744,030	500
	Code Letter - A						
1	FRINGE BENEFITS	B	Employee Benefits Department	4		7,508,111	1
2							2
3							3
500	Total reclassifications					7,508,111	500
	Code Letter - B						
1	INTEREST	C	Cap Rel Costs-Bldg & Fixt	1		496,438	1
500	Total reclassifications					496,438	500
	Code Letter - C						
1	CAFETERIA	D	Cafeteria	11	273,980	205,650	1
500	Total reclassifications				273,980	205,650	500
	Code Letter - D						
1	CENTRAL SUPPLY	E	Medical Supplies Charged to P	71		322,971	1
2							2
500	Total reclassifications					322,971	500
	Code Letter - E						
1	CHARGEABLE DRUGS	F	Drugs Charged to Patients	73		1,634,298	1
500	Total reclassifications					1,634,298	500
	Code Letter - F						
1	PROPERTY INSURANCE	H	Cap Rel Costs-Bldg & Fixt	1		78,839	1
500	Total reclassifications					78,839	500
	Code Letter - H						
1	IMPLANTS	I	Impl. Dev. Charged to Patient	72		223,346	1
500	Total reclassifications					223,346	500
	Code Letter - I						
	GRAND TOTAL (Increases)				273,980	13,213,683	

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

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

								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		2,744,030	9	1	
500	Total reclassifications					2,744,030		500	
	Code letter - A								
1	FRINGE BENEFITS	B	Administrative & General	5		7,344,614		1	
2			Operation of Plant	7		141,385		2	
3			Housekeeping	9		22,112		3	
500	Total reclassifications					7,508,111		500	
	Code letter - B								
1	INTEREST	C	Administrative & General	5		496,438	11	1	
500	Total reclassifications					496,438		500	
	Code letter - C								
1	CAFETERIA	D	Dietary	10	273,980	205,650		1	
500	Total reclassifications				273,980	205,650		500	
	Code letter - D								
1	CENTRAL SUPPLY	E	Central Services & Supply	14		19,662		1	
2			Operating Room	50		303,309		2	
500	Total reclassifications					322,971		500	
	Code letter - E								
1	CHARGEABLE DRUGS	F	Pharmacy	15		1,634,298		1	
500	Total reclassifications					1,634,298		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		223,346		1	
500	Total reclassifications					223,346		500	
	Code letter - I								
	GRAND TOTAL (Decreases)				273,980	13,213,683			

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

**KPMG LLP Compu-Max 2552-10**

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**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	47,567,626		47,896,215	47,896,215		95,463,841		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	24,653,501		30,274,828	30,274,828		54,928,329		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	74,703,151		78,171,043	78,171,043		152,874,194		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	74,703,151		78,171,043	78,171,043		152,874,194		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt									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 instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	50,049,650		50,049,650	0.669980					1
2	Cap Rel Costs-Mvble Equip	24,653,501		24,653,501	0.330020					2
3	Total (sum of lines 1-2)	74,703,151		74,703,151	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	2,822,869		486,535					3,309,404	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	2,822,869		486,535					3,309,404	3

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

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

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	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	-9,903	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	Trace, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-45,511	Administrative & General	5		7
8	Television and radio service (chapter 21)	A	-12,318	Administrative & General	5		8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-3,401,759				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	-219,780	Cafeteria	11		14
15	Rental of quarters to employees & others	B	-71,682	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	-8,310	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						32
33	RENTAL OF QUARTERS	B	-18	Maintenance of Personnel	12		33
34							34
35	MISC INCOME	B	-169,480	Administrative & General	5		35
36							36
36.03	LOCKER & ID REVENUE	B	-375	Employee Benefits Department	4		36.03
36.05	CLERICAL FEES	B	-80	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	-187,164	Operation of Plant	7	9	36.20
37	LOBBYING DUES	B	-37,467	Administrative & General	5		37
38							38
39	CANCER CENTER RENT	B	-38,015	Operation of Plant	7		39
40							40
41	AUXILIARY INCOME 07.08. B.S. CLEA	B	417	Administrative & General	5		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)		-4,414,528				50

**KPMG LLP Compu-Max 2552-10**

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

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

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

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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**

**WORKSHEET A-8-1**

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

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

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

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

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

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

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

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

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

**KPMG LLP Compu-Max 2552-10**

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
	1	21	I&R Services-Salary	AGGREGATE	41,201	41,201				1
	2									2
	3	30	Adults & Pediatrics	AGGREGATE	415,326	415,326				3
	4	31	Intensive Care Unit	AGGREGATE	20,833	20,833				4
	5	43	Nursery		455,000	455,000				5
	6									6
	7	50	Operating Room	AGGREGATE	21,250	21,250				7
	8	54	Radiology-Diagnostic	AGGREGATE	975,000	975,000				8
	9	60	Laboratory	AGGREGATE	6,250	6,250				9
	10	65	Respiratory Therapy	AGGREGATE	47,917	47,917				10
	11	66	Physical Therapy	AGGREGATE	26,000	26,000				11
	12	91	Emergency	AGGREGATE	1,282,132	1,282,132				12
	13									13
	14									14
	15	93	FAMILY PRACTICE	AGGREGATE	110,850	110,850				15
	16									16
	17									17
	18									18
	19									19
	20									20
	200		<b>TOTAL</b>		<b>3,401,759</b>	<b>3,401,759</b>				<b>200</b>

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	21	I&R Services-Salary AGGREGATE							41,201	1
2										2
3	30	Adults & Pediatrics AGGREGATE							415,326	3
4	31	Intensive Care Unit AGGREGATE							20,833	4
5	43	Nursery							455,000	5
6										6
7	50	Operating Room AGGREGATE							21,250	7
8	54	Radiology-Diagnostic AGGREGATE							975,000	8
9	60	Laboratory AGGREGATE							6,250	9
10	65	Respiratory Therapy AGGREGATE							47,917	10
11	66	Physical Therapy AGGREGATE							26,000	11
12	91	Emergency AGGREGATE							1,282,132	12
13										13
14										14
15	93	FAMILY PRACTICE AGGREGATE							110,850	15
16										16
17										17
18										18
19										19
20										20
200		TOTAL							3,401,759	200

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	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	3,309,404	3,309,404					1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	7,815,253	14,758	7,830,011				4
5	Administrative & General	18,388,378	182,834	1,394,762	19,965,974	19,965,974		5
6	Maintenance & Repairs	695,776	35,354	90,874	822,004	293,939	1,115,943	6
7	Operation of Plant	1,977,548	787,465	207,011	2,972,024	1,062,760	285,642	7
8	Laundry & Linen Service	381,180	12,926		394,106	140,928	4,689	8
9	Housekeeping	1,333,341	42,388	222,447	1,598,176	571,489	15,376	9
10	Dietary	1,419,849	48,076	188,455	1,656,380	592,302	17,439	10
11	Cafeteria	259,850	33,609	63,661	357,120	127,702	12,191	11
12	Maintenance of Personnel	529	39,426		39,955	14,287	14,301	12
13	Nursing Administration	1,314,934	20,693	246,098	1,581,725	565,606	7,506	13
14	Central Services & Supply	100,148	47,979	12,551	160,678	57,457	17,404	14
15	Pharmacy	719,455	19,691	200,826	939,972	336,123	7,143	15
16	Medical Records & Library	845,306	48,657	175,245	1,069,208	382,336	17,650	16
17	Social Service	135,498	16,083	25,940	177,521	63,479	5,834	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	963,099		214,668	1,177,767	421,155		21
22	I&R Services-Other Prgm Costs Apprvd	8,866	7,508		16,374	5,855	2,723	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	11,717,292	787,069	2,163,942	14,668,303	5,245,181	285,498	30
31	Intensive Care Unit	2,107,136	34,363	250,837	2,392,336	855,471	12,465	31
43	Nursery	629,607	12,539	138,019	780,165	278,978	4,548	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,345,123	144,076	196,844	1,686,043	602,909	52,262	50
52	Delivery Room & Labor Room	844,374	15,038	161,587	1,020,999	365,097	5,455	52
54	Radiology-Diagnostic	1,034,726	106,040	208,295	1,349,061	482,408	38,464	54
56	Radioisotope	315,652	17,957	27,869	361,478	129,260	6,514	56
57	CT Scan	428,800	7,573	61,812	498,185	178,145	2,747	57
60	Laboratory	3,684,390	39,544		3,723,934	1,331,634	14,344	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	1,401,450	30,937	276,273	1,708,660	610,996	11,222	65
66	Physical Therapy	403,681	41,580	54,143	499,404	178,581	15,083	66
71	Medical Supplies Charged to Patients	322,971			322,971	115,491		71
72	Impl. Dev. Charged to Patients	223,346			223,346	79,866		72
73	Drugs Charged to Patients	1,634,298			1,634,298	584,405		73
74	Renal Dialysis	278,281	103,885		382,166	136,658	37,683	74
76	OP PSYCH	362,337	23,386	34,325	420,048	150,204	8,483	76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	4,628,615	64,945	380,698	5,074,258	1,814,494	23,558	91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE	4,415,023	247,627	791,106	5,453,756	1,950,198	89,823	93
93.01	CANCER CENTER	51,872	35,785	11,209	98,866	35,353	12,980	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	75,497,388	3,069,791	7,799,497	75,227,261	19,760,747	1,029,027	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	88,664	239,613		328,277	117,388	86,916	192
194	<b>OTHER NON REIMBURSEABLE COST CENTER</b>	215,128		30,514	245,642	87,839		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	<b>TOTAL (sum of lines 118-201)</b>	<b>75,801,180</b>	<b>3,309,404</b>	<b>7,830,011</b>	<b>75,801,180</b>	<b>19,965,974</b>	<b>1,115,943</b>	<b>202</b>

**KPMG LLP Compu-Max 2552-10**

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**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	4,320,426						7
8	Laundry & Linen Service	24,398	564,121					8
9	Housekeeping	80,006		2,265,047				9
10	Dietary	90,742		48,751	2,405,614			10
11	Cafeteria	63,436		34,081		594,530		11
12	Maintenance of Personnel	74,415		39,979			182,937	12
13	Nursing Administration	39,058		20,984		21,795	34,516	13
14	Central Services & Supply	90,559		48,652		2,422		14
15	Pharmacy	37,167		19,968		13,319		15
16	Medical Records & Library	91,840		49,341		24,217		16
17	Social Service	30,356		16,309		3,633		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					21,795		21
22	I&R Services-Other Prgm Costs Apprvd	14,171		7,614				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,485,578	522,648	798,122	2,228,860	260,335	113,905	30
31	Intensive Care Unit	64,859	37,114	34,845	158,177	30,271		31
43	Nursery	23,666	4,359	12,715	18,577	10,898	34,516	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	271,940		146,099		29,061		50
52	Delivery Room & Labor Room	28,383		15,249		15,741		52
54	Radiology-Diagnostic	200,148		107,529		15,741		54
56	Radioisotope	33,893		18,209		1,211		56
57	CT Scan	14,293		7,679		6,054		57
60	Laboratory	74,639		40,099				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	58,393		31,372		26,639		65
66	Physical Therapy	78,481		42,164		4,843		66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	196,082		105,344				74
76	OP PSYCH	44,141		23,715		3,633		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	122,582		65,857		58,121		91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE	467,392		251,105		38,747		93
93.01	CANCER CENTER	67,543		36,287		1,211		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	3,868,161	564,121	2,022,069	2,405,614	589,687	182,937	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	452,265		242,978				192
194	OTHER NON REIMBURSEABLE COST CENTER					4,843		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,320,426	564,121	2,265,047	2,405,614	594,530	182,937	202

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**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	2,271,190						13
14	Central Services & Supply	54,653	431,825					14
15	Pharmacy		11,300	1,364,992				15
16	Medical Records & Library				1,634,592			16
17	Social Service					297,132		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						1,620,717	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	1,511,061	95,672		1,514,421	275,287	922,563	30
31	Intensive Care Unit	238,981	53,851		107,541	19,549	38,960	31
43	Nursery	59,671	5,215		12,630	2,296	39,998	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	138,754	101,638				78,958	50
52	Delivery Room & Labor Room	3,166	6,861					52
54	Radiology-Diagnostic		884				12,466	54
56	Radioisotope		363					56
57	CT Scan		17,392					57
60	Laboratory		168					60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy		20,662				55,582	65
66	Physical Therapy		13					66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,364,992				73
74	Renal Dialysis		266					74
76	OP PSYCH		120					76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	264,904	109,117				39,998	91
92	Observation Beds (Non-Distinct Part)							92
93	<b>FAMILY PRACTICE</b>		3,288				432,192	93
93.01	<b>CANCER CENTER</b>							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,271,190	426,810	1,364,992	1,634,592	297,132	1,620,717	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		5,015					192
194	<b>OTHER NON REIMBURSEABLE COST CENTER</b>							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,271,190	431,825	1,364,992	1,634,592	297,132	1,620,717	202

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**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	46,737					22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	26,605	29,954,039	-949,168	29,004,871		30
31	Intensive Care Unit	1,124	4,045,544	-40,084	4,005,460		31
43	Nursery	1,153	1,289,385	-41,151	1,248,234		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,277	3,109,941	-81,235	3,028,706		50
52	Delivery Room & Labor Room		1,460,951		1,460,951		52
54	Radiology-Diagnostic	360	2,207,061	-12,826	2,194,235		54
56	Radioisotope		550,928		550,928		56
57	CT Scan		724,495		724,495		57
60	Laboratory		5,184,818		5,184,818		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,602	2,525,128	-57,184	2,467,944		65
66	Physical Therapy		818,569		818,569		66
71	Medical Supplies Charged to Patients		438,462		438,462		71
72	Impl. Dev. Charged to Patients		303,212		303,212		72
73	Drugs Charged to Patients		3,583,695		3,583,695		73
74	Renal Dialysis		858,199		858,199		74
76	OP PSYCH		650,344		650,344		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	1,153	7,574,042	-41,151	7,532,891		91
92	Observation Beds (Non-Distinct Part)						92
93	FAMILY PRACTICE	12,463	8,698,964	-444,655	8,254,309		93
93.01	CANCER CENTER		252,240		252,240		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	46,737	74,230,017	-1,667,454	72,562,563		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices		1,232,839		1,232,839		192
194	OTHER NON REIMBURSEABLE COST CENTER		338,324		338,324		194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	46,737	75,801,180	-1,667,454	74,133,726		202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDG & 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		14,758	14,758	14,758			4
5	Administrative & General	150,165	182,834	332,999	2,629	335,628		5
6	Maintenance & Repairs	4,912	35,354	40,266	171	4,941	45,378	6
7	Operation of Plant		787,465	787,465	390	17,865	11,615	7
8	Laundry & Linen Service		12,926	12,926		2,369	191	8
9	Housekeeping		42,388	42,388	419	9,607	625	9
10	Dietary	1,140	48,076	49,216	355	9,957	709	10
11	Cafeteria		33,609	33,609	120	2,147	496	11
12	Maintenance of Personnel		39,426	39,426		240	582	12
13	Nursing Administration		20,693	20,693	464	9,508	305	13
14	Central Services & Supply	64,257	47,979	112,236	24	966	708	14
15	Pharmacy	1,172	19,691	20,863	379	5,650	290	15
16	Medical Records & Library		48,657	48,657	330	6,427	718	16
17	Social Service		16,083	16,083	49	1,067	237	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				405	7,080		21
22	I&R Services-Other Prgm Costs Apprvd		7,508	7,508		98	111	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	12,856	787,069	799,925	4,075	88,171	11,609	30
31	Intensive Care Unit	4,475	34,363	38,838	473	14,380	507	31
43	Nursery	2,342	12,539	14,881	260	4,690	185	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,588	144,076	147,664	371	10,135	2,125	50
52	Delivery Room & Labor Room		15,038	15,038	305	6,137	222	52
54	Radiology-Diagnostic	3,404	106,040	109,444	393	8,109	1,564	54
56	Radioisotope		17,957	17,957	53	2,173	265	56
57	CT Scan		7,573	7,573	117	2,995	112	57
60	Laboratory		39,544	39,544		22,385	583	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	12,012	30,937	42,949	521	10,271	456	65
66	Physical Therapy		41,580	41,580	102	3,002	613	66
71	Medical Supplies Charged to Patients					1,941		71
72	Impl. Dev. Charged to Patients					1,343		72
73	Drugs Charged to Patients					9,824		73
74	Renal Dialysis		103,885	103,885		2,297	1,532	74
76	OP PSYCH		23,386	23,386	65	2,525	345	76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	7,471	64,945	72,416	718	30,501	958	91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE		247,627	247,627	1,491	32,783	3,653	93
93.01	CANCER CENTER		35,785	35,785	21	594	528	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	267,794	3,069,791	3,337,585	14,700	332,178	41,844	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		239,613	239,613		1,973	3,534	192
194	OTHER NON REIMBURSEABLE COST CENTER	53,793		53,793	58	1,477		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	321,587	3,309,404	3,630,991	14,758	335,628	45,378	202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	817,335						7
8	Laundry & Linen Service	4,616	20,102					8
9	Housekeeping	15,136		68,175				9
10	Dietary	17,166		1,467	78,870			10
11	Cafeteria	12,001		1,026		49,399		11
12	Maintenance of Personnel	14,078		1,203			55,529	12
13	Nursing Administration	7,389		632		1,811	10,477	13
14	Central Services & Supply	17,132		1,464		201		14
15	Pharmacy	7,031		601		1,107		15
16	Medical Records & Library	17,374		1,485		2,012		16
17	Social Service	5,743		491		302		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					1,811		21
22	I&R Services-Other Prgm Costs Apprvd	2,681		229				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	281,038	18,624	24,024	73,075	21,632	34,575	30
31	Intensive Care Unit	12,270	1,323	1,049	5,186	2,515		31
43	Nursery	4,477	155	383	609	905	10,477	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	51,445		4,397		2,415		50
52	Delivery Room & Labor Room	5,370		459		1,308		52
54	Radiology-Diagnostic	37,864		3,236		1,308		54
56	Radioisotope	6,412		548		101		56
57	CT Scan	2,704		231		503		57
60	Laboratory	14,120		1,207				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,047		944		2,213		65
66	Physical Therapy	14,847		1,269		402		66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	37,095		3,171				74
76	OP PSYCH	8,351		714		302		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	23,190		1,982		4,829		91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE	88,421		7,558		3,219		93
93.01	CANCER CENTER	12,778		1,092		101		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	731,776	20,102	60,862	78,870	48,997	55,529	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	85,559		7,313				192
194	OTHER NON REIMBURSEABLE COST CENTER					402		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	817,335	20,102	68,175	78,870	49,399	55,529	202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	51,279						13
14	Central Services & Supply	1,234	133,965					14
15	Pharmacy		3,505	39,426				15
16	Medical Records & Library				77,003			16
17	Social Service					23,972		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						9,296	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	34,117	29,680		71,342	22,210		30
31	Intensive Care Unit	5,396	16,706		5,066	1,577		31
43	Nursery	1,347	1,618		595	185		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,133	31,531					50
52	Delivery Room & Labor Room	71	2,129					52
54	Radiology-Diagnostic		274					54
56	Radioisotope		112					56
57	CT Scan		5,395					57
60	Laboratory		52					60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy		6,410					65
66	Physical Therapy		4					66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			39,426				73
74	Renal Dialysis		83					74
76	OP PSYCH		37					76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	5,981	33,853					91
92	Observation Beds (Non-Distinct Part)							92
93	<b>FAMILY PRACTICE</b>		1,020					93
93.01	<b>CANCER CENTER</b>							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	51,279	132,409	39,426	77,003	23,972		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		1,556					192
194	<b>OTHER NON REIMBURSEABLE COST CENTER</b>							194
200	Cross Foot Adjustments						9,296	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	51,279	133,965	39,426	77,003	23,972	9,296	202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	10,627					22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		1,514,097		1,514,097		30
31	Intensive Care Unit		105,286		105,286		31
43	Nursery		40,767		40,767		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		253,216		253,216		50
52	Delivery Room & Labor Room		31,039		31,039		52
54	Radiology-Diagnostic		162,192		162,192		54
56	Radioisotope		27,621		27,621		56
57	CT Scan		19,630		19,630		57
60	Laboratory		77,891		77,891		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		74,811		74,811		65
66	Physical Therapy		61,819		61,819		66
71	Medical Supplies Charged to Patients		1,941		1,941		71
72	Impl. Dev. Charged to Patients		1,343		1,343		72
73	Drugs Charged to Patients		49,250		49,250		73
74	Renal Dialysis		148,063		148,063		74
76	OP PSYCH		35,725		35,725		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		174,428		174,428		91
92	Observation Beds (Non-Distinct Part)						92
93	FAMILY PRACTICE		385,772		385,772		93
93.01	CANCER CENTER		50,899		50,899		93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)		3,215,790		3,215,790		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices		339,548		339,548		192
194	OTHER NON REIMBURSEABLE COST CENTER		55,730		55,730		194
200	Cross Foot Adjustments	10,627	19,923		19,923		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	10,627	3,630,991		3,630,991		202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT T 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	33,698,383					4
5	Administrative & General	16,973	6,002,693	-19,965,974	55,835,206			5
6	Maintenance & Repairs	3,282	391,097			285,597		6
7	Operation of Plant	73,103	890,921		2,972,024	73,103	212,494	7
8	Laundry & Linen Service	1,200			394,106	1,200	1,200	8
9	Housekeeping	3,935	957,356		1,598,176	3,935	3,935	9
10	Dietary	4,463	811,063		1,656,380	4,463	4,463	10
11	Cafeteria	3,120	273,980		357,120	3,120	3,120	11
12	Maintenance of Personnel	3,660			39,955	3,660	3,660	12
13	Nursing Administration	1,921	1,059,143		1,581,725	1,921	1,921	13
14	Central Services & Supply	4,454	54,015		160,678	4,454	4,454	14
15	Pharmacy	1,828	864,304		939,972	1,828	1,828	15
16	Medical Records & Library	4,517	754,211		1,069,208	4,517	4,517	16
17	Social Service	1,493	111,638		177,521	1,493	1,493	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		923,875		1,177,767			21
22	I&R Services-Other Prgm Costs Apprvd	697			16,374	697	697	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	73,066	9,313,087		14,668,303	73,066	73,066	30
31	Intensive Care Unit	3,190	1,079,537		2,392,336	3,190	3,190	31
43	Nursery	1,164	593,998		780,165	1,164	1,164	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	13,375	847,164		1,686,043	13,375	13,375	50
52	Delivery Room & Labor Room	1,396	695,427		1,020,999	1,396	1,396	52
54	Radiology-Diagnostic	9,844	896,448		1,349,061	9,844	9,844	54
56	Radioisotope	1,667	119,943		361,478	1,667	1,667	56
57	CT Scan	703	266,023		498,185	703	703	57
60	Laboratory	3,671			3,723,934	3,671	3,671	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	2,872	1,189,009		1,708,660	2,872	2,872	65
66	Physical Therapy	3,860	233,017		499,404	3,860	3,860	66
71	Medical Supplies Charged to Patients				322,971			71
72	Impl. Dev. Charged to Patients				223,346			72
73	Drugs Charged to Patients				1,634,298			73
74	Renal Dialysis	9,644			382,166	9,644	9,644	74
76	OP PSYCH	2,171	147,727		420,048	2,171	2,171	76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	6,029	1,638,424		5,074,258	6,029	6,029	91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE	22,988	3,404,716		5,453,756	22,988	22,988	93
93.01	CANCER CENTER	3,322	48,242		98,866	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	33,567,058	-19,965,974	55,261,287	263,353	190,250	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	22,244			328,277	22,244	22,244	192
194	OTHER NON REIMBURSEABLE COST CENTER		131,325		245,642			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,309,404	7,830,011		19,965,974	1,115,943	4,320,426	202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.772028	0.232356		0.357588	3.907404	20.331991	203
204	Cost to be allocated (Per Wkst. B, Part II)		14,758		335,628	45,378	817,335	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.000438		0.006011	0.158888	3.846391	205

**KPMG LLP Compu-Max 2552-10**

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**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 ADMINISTRATION DIRECT NRSING 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	34,944						8
9	Housekeeping		207,359					9
10	Dietary		4,463	104,892				10
11	Cafeteria		3,120		491			11
12	Maintenance of Personnel		3,660			53		12
13	Nursing Administration		1,921		18	10	38,024	13
14	Central Services & Supply		4,454		2		915	14
15	Pharmacy		1,828		11			15
16	Medical Records & Library		4,517		20			16
17	Social Service		1,493		3			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				18			21
22	I&R Services-Other Prgm Costs Apprvd		697					22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	32,375	73,066	97,185	215	33	25,298	30
31	Intensive Care Unit	2,299	3,190	6,897	25		4,001	31
43	Nursery	270	1,164	810	9	10	999	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		13,375		24		2,323	50
52	Delivery Room & Labor Room		1,396		13		53	52
54	Radiology-Diagnostic		9,844		13			54
56	Radioisotope		1,667		1			56
57	CT Scan		703		5			57
60	Laboratory		3,671					60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy		2,872		22			65
66	Physical Therapy		3,860		4			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		3			76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency		6,029		48		4,435	91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE		22,988		32			93
93.01	CANCER CENTER		3,322		1			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	34,944	185,115	104,892	487	53	38,024	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		22,244					192
194	<b>OTHER NON REIMBURSEABLE COST CENTER</b>				4			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	564,121	2,265,047	2,405,614	594,530	182,937	2,271,190	202
203	Unit Cost Multiplier (Wkst. B, Part I)	16.143573	10.923312	22.934199	1,210.855397	3,451.641509	59.730433	203
204	Cost to be allocated (Per Wkst. B, Part II)	20,102	68,175	78,870	49,399	55,529	51,279	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.575263	0.328778	0.751916	100.608961	1,047.716981	1.348596	205

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY PATIENT DAYS	SOCIAL SERVICE PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		14	15	16	17	21	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	936,219						14
15	Pharmacy	24,498	10,000					15
16	Medical Records & Library			34,944				16
17	Social Service				34,944			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					919,274		21
22	I&R Services-Other Prgm Costs Apprvd						38,295	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	207,421		32,375	32,375	523,280	21,798	30
31	Intensive Care Unit	116,752		2,299	2,299	22,098	921	31
43	Nursery	11,306		270	270	22,687	945	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	220,357				44,785	1,866	50
52	Delivery Room & Labor Room	14,876						52
54	Radiology-Diagnostic	1,917				7,071	295	54
56	Radioisotope	786						56
57	CT Scan	37,706						57
60	Laboratory	365						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	44,797				31,526	1,313	65
66	Physical Therapy	28						66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		10,000					73
74	Renal Dialysis	577						74
76	OP PSYCH	260						76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	236,571				22,687	945	91
92	Observation Beds (Non-Distinct Part)							92
93	FAMILY PRACTICE	7,129				245,140	10,212	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)	925,346	10,000	34,944	34,944	919,274	38,295	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	10,873						192
194	<b>OTHER NON REIMBURSEABLE COST CENTER</b>							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	431,825	1,364,992	1,634,592	297,132	1,620,717	46,737	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.461244	136.499200	46.777473	8.503091	1.763040	1.220447	203
204	Cost to be allocated (Per Wkst. B, Part II)	133,965	39,426	77,003	23,972	9,296	10,627	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.143092	3.942600	2.203611	0.686012	0.010112	0.277504	205

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**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 centers							201
202	Cost to be allocated (Per Wkst. B, Part I)							202
203	Unit Cost Multiplier (Wkst. B, Part I)							203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							205

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	29,004,871		29,004,871		29,004,871	30
31	Intensive Care Unit	4,005,460		4,005,460		4,005,460	31
43	Nursery	1,248,234		1,248,234		1,248,234	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	3,028,706		3,028,706		3,028,706	50
52	Delivery Room & Labor Room	1,460,951		1,460,951		1,460,951	52
54	Radiology-Diagnostic	2,194,235		2,194,235		2,194,235	54
56	Radioisotope	550,928		550,928		550,928	56
57	CT Scan	724,495		724,495		724,495	57
60	Laboratory	5,184,818		5,184,818		5,184,818	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	2,467,944		2,467,944		2,467,944	65
66	Physical Therapy	818,569		818,569		818,569	66
71	Medical Supplies Charged to Patients	438,462		438,462		438,462	71
72	Impl. Dev. Charged to Patients	303,212		303,212		303,212	72
73	Drugs Charged to Patients	3,583,695		3,583,695		3,583,695	73
74	Renal Dialysis	858,199		858,199		858,199	74
76	OP PSYCH	650,344		650,344		650,344	76
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	7,532,891		7,532,891		7,532,891	91
92	Observation Beds (Non-Distinct Part)	3,000,793		3,000,793		3,000,793	92
93	<b>FAMILY PRACTICE</b>	8,254,309		8,254,309		8,254,309	93
93.01	<b>CANCER CENTER</b>	252,240		252,240		252,240	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Subtotal (sum of lines 30 thru 199)	75,563,356		75,563,356		75,563,356	200
201	Less Observation Beds	3,000,793		3,000,793		3,000,793	201
202	Total (line 200 minus line 201)	72,562,563		72,562,563		72,562,563	202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	50,149,766		50,149,766				30
31	Intensive Care Unit	20,235,150		20,235,150				31
43	Nursery	765,589		765,589				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,609,766	3,492,553	8,102,319	0.373807	0.373807	0.373807	50
52	Delivery Room & Labor Room	278,100	453,456	731,556	1.997046	1.997046	1.997046	52
54	Radiology-Diagnostic	5,385,187	6,303,221	11,688,408	0.187727	0.187727	0.187727	54
56	Radioisotope	1,074,943	502,057	1,577,000	0.349352	0.349352	0.349352	56
57	CT Scan	8,537,757	10,542,293	19,080,050	0.037971	0.037971	0.037971	57
60	Laboratory	33,044,611	33,814,336	66,858,947	0.077549	0.077549	0.077549	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	13,435,893	2,580,413	16,016,306	0.154089	0.154089	0.154089	65
66	Physical Therapy	462,458	675,684	1,138,142	0.719215	0.719215	0.719215	66
71	Medical Supplies Charged to Patients	1,976,574	231,350	2,207,924	0.198586	0.198586	0.198586	71
72	Impl. Dev. Charged to Patients	511,078	39,337	550,415	0.550879	0.550879	0.550879	72
73	Drugs Charged to Patients	24,504,302	3,636,443	28,140,745	0.127349	0.127349	0.127349	73
74	Renal Dialysis	2,401,002	105,994	2,506,996	0.342322	0.342322	0.342322	74
76	OP PSYCH	517	1,513,862	1,514,379	0.429446	0.429446	0.429446	76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	7,774,531	9,098,527	16,873,058	0.446445	0.446445	0.446445	91
92	Observation Beds (Non-Distinct Part)		14,647,728	14,647,728	0.204864	0.204864	0.204864	92
93	FAMILY PRACTICE		12,184,963	12,184,963	0.677418	0.677418	0.677418	93
93.01	CANCER CENTER		127,468	127,468	1.978850	1.978850	1.978850	93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	175,147,224	99,949,685	275,096,909				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	175,147,224	99,949,685	275,096,909				202

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	1,514,097		1,514,097	36,111	41.93	7,226	302,986	30
31	Intensive Care Unit	105,286		105,286	2,299	45.80	911	41,724	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	40,767		40,767	270	150.99			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,660,150		1,660,150	38,680		8,137	344,710	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	253,216	8,102,319	0.031252	1,832,981	57,284	50
52	Delivery Room & Labor Room	31,039	731,556	0.042429	5,915	251	52
54	Radiology-Diagnostic	162,192	11,688,408	0.013876	1,718,915	23,852	54
56	Radioisotope	27,621	1,577,000	0.017515	507,309	8,886	56
57	CT Scan	19,630	19,080,050	0.001029	3,385,712	3,484	57
60	Laboratory	77,891	66,858,947	0.001165	15,020,276	17,499	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	74,811	16,016,306	0.004671	4,466,020	20,861	65
66	Physical Therapy	61,819	1,138,142	0.054316	234,909	12,759	66
71	Medical Supplies Charged to Patients	1,941	2,207,924	0.000879	353,930	311	71
72	Impl. Dev. Charged to Patients	1,343	550,415	0.002440	308,876	754	72
73	Drugs Charged to Patients	49,250	28,140,745	0.001750	8,480,643	14,841	73
74	Renal Dialysis	148,063	2,506,996	0.059060	1,147,504	67,772	74
76	OP PSYCH	35,725	1,514,379	0.023591			76
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	174,428	16,873,058	0.010338	1,758,530	18,180	91
92	Observation Beds (Non-Distinct Part)	156,644	14,647,728	0.010694			92
93	FAMILY PRACTICE	385,772	12,184,963	0.031660			93
93.01	CANCER CENTER	50,899	127,468	0.399308			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,712,284	203,946,404		39,221,520	246,734	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

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

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	36,111		7,226		30
31	Intensive Care Unit	2,299		911		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	270				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	38,680		8,137		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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                     Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,102,319			1,832,981		756,789		50
52	Delivery Room & Labor Room	731,556			5,915		395		52
54	Radiology-Diagnostic	11,688,408			1,718,915		653,054		54
56	Radioisotope	1,577,000			507,309		163,815		56
57	CT Scan	19,080,050			3,385,712		1,643,618		57
60	Laboratory	66,858,947			15,020,276		2,600,000		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,016,306			4,466,020		664,451		65
66	Physical Therapy	1,138,142			234,909		1,721		66
71	Medical Supplies Charged to Patients	2,207,924			353,930		85,832		71
72	Impl. Dev. Charged to Patients	550,415			308,876		22,268		72
73	Drugs Charged to Patients	28,140,745			8,480,643		344,272		73
74	Renal Dialysis	2,506,996			1,147,504		46,085		74
76	OP PSYCH	1,514,379					257,464		76
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	16,873,058			1,758,530		909,713		91
92	Observation Beds (Non-Distinct Part)	14,647,728					1,959,760		92
93	FAMILY PRACTICE	12,184,963							93
93.01	CANCER CENTER	127,468							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	203,946,404			39,221,520		10,109,237		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	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	0.373807	756,789			282,893		50	
52	Delivery Room & Labor Room	1.997046	395			789		52	
54	Radiology-Diagnostic	0.187727	653,054			122,596		54	
56	Radioisotope	0.349352	163,815			57,229		56	
57	CT Scan	0.037971	1,643,618			62,410		57	
60	Laboratory	0.077549	2,600,000			201,627		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.154089	664,451			102,385		65	
66	Physical Therapy	0.719215	1,721			1,238		66	
71	Medical Supplies Charged to Patients	0.198586	85,832			17,045		71	
72	Impl. Dev. Charged to Patients	0.550879	22,268			12,267		72	
73	Drugs Charged to Patients	0.127349	344,272		136	43,843		17 73	
74	Renal Dialysis	0.342322	46,085			15,776		74	
76	OP PSYCH	0.429446	257,464			110,567		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	0.446445	909,713			406,137		91	
92	Observation Beds (Non-Distinct Part)	0.204864	1,959,760			401,484		92	
93	FAMILY PRACTICE	0.677418						93	
93.01	CANCER CENTER	1.978850						93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Subtotal (see instructions)		10,109,237		136	1,838,286		17 200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		10,109,237		136	1,838,286		17 202	

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	1,514,097		1,514,097	36,111	41.93	10,543	442,068	30
31	Intensive Care Unit	105,286		105,286	2,299	45.80	559	25,602	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	40,767		40,767	270	150.99	223	33,671	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,660,150		1,660,150	38,680		11,325	501,341	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	253,216	8,102,319	0.031252			50
52	Delivery Room & Labor Room	31,039	731,556	0.042429			52
54	Radiology-Diagnostic	162,192	11,688,408	0.013876			54
56	Radioisotope	27,621	1,577,000	0.017515			56
57	CT Scan	19,630	19,080,050	0.001029			57
60	Laboratory	77,891	66,858,947	0.001165			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	74,811	16,016,306	0.004671			65
66	Physical Therapy	61,819	1,138,142	0.054316			66
71	Medical Supplies Charged to Patients	1,941	2,207,924	0.000879			71
72	Impl. Dev. Charged to Patients	1,343	550,415	0.002440			72
73	Drugs Charged to Patients	49,250	28,140,745	0.001750			73
74	Renal Dialysis	148,063	2,506,996	0.059060			74
76	OP PSYCH	35,725	1,514,379	0.023591			76
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	174,428	16,873,058	0.010338			91
92	Observation Beds (Non-Distinct Part)	156,644	14,647,728	0.010694			92
93	<b>FAMILY PRACTICE</b>	385,772	12,184,963	0.031660			93
93.01	<b>CANCER CENTER</b>	50,899	127,468	0.399308			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,712,284	203,946,404				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

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

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
6		7		8	9
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	36,111		10,543	30
31	Intensive Care Unit	2,299		559	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	270		223	43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	38,680		11,325	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,102,319							50
52	Delivery Room & Labor Room	731,556							52
54	Radiology-Diagnostic	11,688,408							54
56	Radioisotope	1,577,000							56
57	CT Scan	19,080,050							57
60	Laboratory	66,858,947							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,016,306							65
66	Physical Therapy	1,138,142							66
71	Medical Supplies Charged to Patients	2,207,924							71
72	Impl. Dev. Charged to Patients	550,415							72
73	Drugs Charged to Patients	28,140,745							73
74	Renal Dialysis	2,506,996							74
76	OP PSYCH	1,514,379							76
76.97	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	Emergency	16,873,058							91
92	Observation Beds (Non-Distinct Part)	14,647,728							92
93	FAMILY PRACTICE	12,184,963							93
93.01	CANCER CENTER	127,468							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	203,946,404							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	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	0.373807							50
52	Delivery Room & Labor Room	1.997046							52
54	Radiology-Diagnostic	0.187727							54
56	Radioisotope	0.349352							56
57	CT Scan	0.037971							57
60	Laboratory	0.077549							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.154089							65
66	Physical Therapy	0.719215							66
71	Medical Supplies Charged to Patients	0.198586							71
72	Impl. Dev. Charged to Patients	0.550879							72
73	Drugs Charged to Patients	0.127349							73
74	Renal Dialysis	0.342322							74
76	OP PSYCH	0.429446							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	0.446445							91
92	Observation Beds (Non-Distinct Part)	0.204864							92
93	FAMILY PRACTICE	0.677418							93
93.01	CANCER CENTER	1.978850							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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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)	36,111	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	36,111	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)	32,375	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,226	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	29,004,871	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	29,004,871	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	29,004,871	37

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0177**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						803.21	38
39	Program general inpatient routine service cost (line 9 x line 38)						5,803,995	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)						5,803,995	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	4,005,460	2,299	1,742.26	911	1,587,199		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						5,845,734	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						13,236,928	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						344,710	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						246,734	51
52	Total Program excludable cost (sum of lines 50 and 51)						591,444	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						12,645,484	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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)					3,736	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					803.21	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,000,793	89
		Cost	Routine Cost (from line 27)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,514,097	29,004,871	0.052201	3,000,793	156,644	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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)	36,111	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	36,111	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)	32,375	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	10,543	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	270	15
16	Nursery days (title V or XIX only)	223	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)	29,004,871	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	29,004,871	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	29,004,871	37

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0177**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						803.21	38
39	Program general inpatient routine service cost (line 9 x line 38)						8,468,243	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)						8,468,243	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)	1,248,234	270	4,623.09	223	1,030,949		42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	4,005,460	2,299	1,742.26	559	973,923		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						10,473,115	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						501,341	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						501,341	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						9,971,774	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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)					3,736	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		19,169,266		30
31	Intensive Care Unit		3,141,584		31
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.373807	1,832,981	685,181	50
52	Delivery Room & Labor Room	1.997046	5,915	11,813	52
54	Radiology-Diagnostic	0.187727	1,718,915	322,687	54
56	Radioisotope	0.349352	507,309	177,229	56
57	CT Scan	0.037971	3,385,712	128,559	57
60	Laboratory	0.077549	15,020,276	1,164,807	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154089	4,466,020	688,165	65
66	Physical Therapy	0.719215	234,909	168,950	66
71	Medical Supplies Charged to Patients	0.198586	353,930	70,286	71
72	Impl. Dev. Charged to Patients	0.550879	308,876	170,153	72
73	Drugs Charged to Patients	0.127349	8,480,643	1,080,001	73
74	Renal Dialysis	0.342322	1,147,504	392,816	74
76	OP PSYCH	0.429446			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	0.446445	1,758,530	785,087	91
92	Observation Beds (Non-Distinct Part)	0.204864			92
93	FAMILY PRACTICE	0.677418			93
93.01	CANCER CENTER	1.978850			93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		39,221,520	5,845,734	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		39,221,520		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	0.373807			50
52	Delivery Room & Labor Room	1.997046			52
54	Radiology-Diagnostic	0.187727			54
56	Radioisotope	0.349352			56
57	CT Scan	0.037971			57
60	Laboratory	0.077549			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154089			65
66	Physical Therapy	0.719215			66
71	Medical Supplies Charged to Patients	0.198586			71
72	Impl. Dev. Charged to Patients	0.550879			72
73	Drugs Charged to Patients	0.127349			73
74	Renal Dialysis	0.342322			74
76	OP PSYCH	0.429446			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	0.446445			91
92	Observation Beds (Non-Distinct Part)	0.204864			92
93	FAMILY PRACTICE	0.677418			93
93.01	CANCER CENTER	1.978850			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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	5,359,630			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	5,359,630			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	564,924			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	229,104			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	190.76			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) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	11.29			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	17.17			10
11	FTE count for residents in dental 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	11.29			14
15	Sum of lines 12 through 14 divided by 3	11.29			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	11.29			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.059184			19
20	Prior year resident to bed ratio (see instructions)	0.066972			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.059184			21
22	IME payment adjustment (see instructions)	348,224			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	5.88			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	348,224			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.2472			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.5289			31
32	Sum of lines 30 and 31	0.7761			32
33	Allowable disproportionate share percentage (see instructions)	0.5324			33
34	Disproportionate share adjustment (see instructions)	1,426,734			34
		<b>Prior to</b>	<b>On or after</b>		
		<b>October 1</b>	<b>October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)	9,046,380,143			35
35.01	Factor 3 (see instructions)	0.000641454			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,802,837	4,171,924		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,909,368	2,080,246		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,989,614			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	18,048,756			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	18,048,756			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,045,105			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	260,724			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 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	19,354,585			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	19,354,585			61
62	Deductibles billed to program beneficiaries	1,177,640			62
63	Coinsurance billed to program beneficiaries	251,816			63
64	Allowable bad debts (see instructions)	1,595,627			64
65	Adjusted reimbursable bad debts (see instructions)	1,037,158			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	812,088			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	18,962,287			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-33,845			70.93
70.94	HRR adjustment amount (see instructions)	-58,452			70.94
71	Amount due provider (see instructions)	18,869,990			71
71.01	Sequestration adjustment (see instructions)	377,400			71.01
72	Interim payments	16,421,818			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,070,772			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	146,317			75

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

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

**HSP Bonus Payment Amount**

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

**HVBP Adjustment for HSP Bonus Payment**

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

**HRR Adjustment for HSP Bonus Payment**

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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)	17			1
2	Medical and other services reimbursed under OPPS (see instructions)	1,838,286			2
3	PPS payments	1,083,311			3
4	Outlier payment (see instructions)	6,949			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.800			5
6	Line 2 times line 5	1,470,629			6
7	Sum of line 3 and line 4 divided by line 6	0.7414			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	17			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	136			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	136			14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	136			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	119			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)	17			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,090,260			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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	821,603			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	36,208			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	857,811			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	857,811			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)	223,250			34
35	Adjusted reimbursable bad debts (see instructions)	145,113			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	102,650			36
37	Subtotal (see instructions)	1,002,924			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	1,002,924			40
40.01	Sequestration adjustment (see instructions)	20,058			40.01
41	Interim payments	950,646			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	32,220			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-0177**

**WORKSHEET E-1  
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		15,684,707		840,992	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero		798,933		117,113	2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51	03/24/2015	61,822	03/24/2015	7,459
	Provider	.52				3.51
	to	.53				3.52
	Program	.54				3.53
		.55				3.54
		.56				3.55
		.57				3.56
		.58				3.57
		.59				3.58
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-61,822		-7,459
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			16,421,818		950,646
	<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		2,448,172		52,278
		.02				6.01
7	Total Medicare program liability (see instructions)			18,869,990		1,002,924
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)
						8

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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT****WORKSHEET E-1  
PART II**

Check  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 (Wkst. S-3, Pt. I, col. 15, line 14)	7,930	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	8,137	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	155	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	34,674	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	275,096,909	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	15,439,504	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	637,846	8
9	Sequestration adjustment amount (see instructions)	12,757	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	625,089	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	Initial/interim HIT payment(s)	853,013	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-227,924	32

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	33,490,961		8
9			9
10			10
11			11
12	33,490,961		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	33,490,961		16
17	33,490,961		17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check [ ] Title V  
 Applicable [XX] Title XVIII  
 Box: [ ] Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
		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) (see instructions)				2
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §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 teh current year from your records (see instructions)			17.16	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	17.16	0.00	17.16	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 through 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 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			5.87	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
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	8,137	155	26	
27	Total inpatient days (see instructions)	34,694	34,694	27	
28	Ratio of inpatient days to total inpatient days	0.234536	0.004468	28	
29	Program direct GME amount	292,152	5,566	29	
30	Reduction for direct GME payments for Medicare Advantage		786	30	
31	Net Program direct GME amount			296,932	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 Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,506,996	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>					
<b>Part A Reasonable Cost</b>					
37	Reasonable cost (see instructions)			13,236,928	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			13,236,928	41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)			1,838,303	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			1,838,303	44
45	Total reasonable cost (sum of lines 41 and 44)			15,075,231	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.878058	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.121942	47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)			296,932	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			260,724	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			36,208	50

**KPMG LLP Compu-Max 2552-10**

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

**WORKSHEET E-4**

Check [ ] Title V  
 Applicable [ ] Title XVIII  
 Box: [XX] Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>				
		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			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §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 teh current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
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 through 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 §413.79(c)(4)			20
21	Direct 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
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	11,122	7,166	26
27	Total inpatient days (see instructions)	34,694	34,694	27
28	Ratio of inpatient days to total inpatient days	0.320574	0.206549	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			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 Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 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>				
<b>Part A Reasonable Cost</b>				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
<b>Part B Reasonable Cost</b>				
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
<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

**KPMG LLP Compu-Max 2552-10**

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**BALANCE SHEET**

**WORKSHEET G**

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

<b>Assets</b> (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	8,518,860			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	91,194,207			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable	-40,102,479			6
7	Inventory	808,734			7
8	Prepaid expenses	145,992			8
9	Other current assets	47,277,005			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	107,842,319			11
<b>FIXED ASSETS</b>					
12	Land	2,482,024			12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings	47,896,214			15
16	Accumulated depreciation	-58,734,296			16
17	Leasehold improvements	4,361,614			17
18	Accumulated depreciation				18
19	Fixed equipment				19
20	Accumulated depreciation				20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	30,274,829			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)	26,280,385			30
<b>OTHER ASSETS</b>					
31	Investments	286,163			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	351,216			34
35	Total other assets (sum of lines 31-34)	637,379			35
36	Total assets (sum of lines 11, 30 and 35)	134,760,083			36

<b>Liabilities and Fund Balances</b> (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
<b>CURRENT LIABILITIES</b>					
37	Accounts payable	4,568,637			37
38	Salaries, wages and fees payable	6,736,726			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)	5,217,667			40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	90,139			43
44	Other current liabilities	701,030			44
45	Total current liabilities (sum of lines 37 thru 44)	17,314,199			45
<b>LONG TERM LIABILITIES</b>					
46	Mortgage payable				46
47	Notes payable	10,662,554			47
48	Unsecured loans				48
49	Other long term liabilities				49
50	Total long term liabilities (sum of lines 46 thru 49)	10,662,554			50
51	Total liabilities (sum of lines 45 and 50)	27,976,753			51
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	106,783,330			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56

**KPMG LLP Compu-Max 2552-10**

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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	<b>Assets</b>					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	106,783,330				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	134,760,083				60

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		101,229,641			1
2	Net income (loss) (from Worksheet G-3, line 29)		5,553,692			2
3	Total (sum of line 1 and line 2)		106,783,333			3
4	Additions (credit adjustments) (specify)					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)		106,783,333			11
12	Deductions (debit adjustments) (specify)	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)		106,783,330			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5						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) (specify)					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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**

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

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	46,344,709		46,344,709	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)	46,344,709		46,344,709	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	24,803,583		24,803,583	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)	24,803,583		24,803,583	16
17	Total inpatient routine care services (sum of lines 10 and 16)	71,148,292		71,148,292	17
18	Ancillary services	103,997,784		103,997,784	18
19	Outpatient services		98,927,941	98,927,941	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				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)	175,146,076	98,927,941	274,074,017	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		80,215,708	29
30	Add (specify)			30
31	BAD DEBTS	16,186,005		31
32				32
33				33
34				34
35	MISC			35
36	Total additions (sum of lines 30-35)		16,186,005	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)		96,401,713	43

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**STATEMENT OF REVENUES AND EXPENSES**

**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	274,074,017	1
2	Less contractual allowances and discounts on patients' accounts	172,417,469	2
3	Net patient revenues (line 1 minus line 2)	101,656,548	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	96,401,713	4
5	Net income from service to patients (line 3 minus line 4)	5,254,835	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 otehr 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, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial 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)	298,857	24.0
8			8
25	Total other income (sum of lines 6-24)	298,857	25
26	Total (line 5 plus line 25)	5,553,692	26
29	Net income (or loss) for the period (line 26 minus line 28)	5,553,692	29

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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	856,787	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	13,277	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)	95.05	3
4	Number of interns & residents (see instructions)	11.29	4
5	Indirect medical education percentage (see instructions)	3.41	5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	29,216	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.2472	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.5289	8
9	Sum of lines 7 and 8	0.7761	9
10	Allowable disproportionate share percentage (see instructions)	0.1702	10
11	Disproportionate share adjustment (line 10 times column 1, sum of lines 1 and 1.01)	145,825	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,045,105	12

**PART II - PAYMENT UNDER REASONABLE COST**

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

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**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, columns 1 and 1.01) (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (line 10 times column 1, 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

**KPMG LLP Compu-Max 2552-10**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2014 To: 03/31/2015	Run Date: 08/27/2015 Run Time: 18:25 Version: 2015.03 (08/20/2015)
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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	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 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						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 Centers						201
202	TOTAL (sum of lines 118-201)						202