

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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 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.	Date: 08/30/2016 Time: 07:33
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 04/01/2015 and ending 03/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					TITLE XIX	
		TITLE V	PART A	PART B	HIT			
		1	2	3	4	5		
1	HOSPITAL		1,044,219	52,307	-48,743		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		1,044,219	52,307	-48,743		200	

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

	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 / 2015	To: 03 / 31 / 2016							20
21	Type of control (see instructions)	2								21

**Inpatient PPS Information**

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	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.	10,739		4		3,579	5,075	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
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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

**WORKSHEET S-2  
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	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, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

**Teaching Hospitals that Claim Residents in 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

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	1.54	16.88	0.083605

**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, indicate which program year began during this cost reporting period. (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, indicate which program year began during this cost reporting period. (see instructions)				76

**Long Term Care Hospital PPS**

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

**TEFRA Providers**

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

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**WORKSHEET S-2  
PART I**

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

**Rural Providers**

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

**Miscellaneous Cost Reporting Information**

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

**Transplant Center Information**

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

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**WORKSHEET S-2  
PART I**

All Providers

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

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

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

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

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50				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 / 2015	09 / 30 / 2016			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	09/15/2016	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 Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

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

<b>Bed Complement</b>			
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	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	06/30/2016	Y	06/30/2016
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 relieved for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: NELSON	Last name: VASQUEZ	Title: VP	41
42	Employer: JACKSON PARK HOSPITAL			42
43	Phone number: 773-947-7989	E-mail Address: NELSONVASQUEZ@JACKSONPARK.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			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	193	70,445			6,270	14,709	29,811	1
2	HMO and other (see instructions)							3,579		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			6,270	14,709	29,811	7
8	Intensive Care Unit	31	8	2,920			585	966	1,958	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						98	199	13
14	Total (see instructions)		201	73,365			6,855	15,773	31,968	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								3,024	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							45	45	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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)					1,582	3,200	8,404	1
2	HMO and other (see instructions)								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)	18.42	641.73			1,582	3,200	8,404	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)	18.42	641.73						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	34,358,596		34,358,596	1,334,806.77	25.74	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							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	961,338		961,338	38,165.50	25.19	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)		3,561,348		3,561,348	78,175.20	45.56	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		6,888,718		6,888,718	107,019.33	64.37	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs							14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		6,340,509		6,340,509			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		756,832		756,832			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							23
24	Wage-related costs (RHC/FOHC)							24
25	Interns & residents (in an approved program)		204,297		204,297			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		243,046		243,046	12,302.80	19.76	26
27	Administrative & General		6,260,207		6,260,207	152,992.14	40.92	27
28	Administrative & General under contract (see instructions)		575,297		575,297	3,293.00	174.70	28
29	Maintenance & Repairs		616,777		616,777	19,822.72	31.11	29
30	Operation of Plant		710,188		710,188	53,851.80	13.19	30
31	Laundry & Linen Service							31
32	Housekeeping		934,057		934,057	67,113.45	13.92	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		948,746	-359,735	589,011	37,705.05	15.62	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			359,735	359,735	23,028.09	15.62	36
37	Maintenance of Personnel							37
38	Nursing Administration		1,182,216		1,182,216	44,540.10	26.54	38
39	Central Services and Supply		52,998		52,998	4,162.25	12.73	39
40	Pharmacy		855,335		855,335	24,973.87	34.25	40
41	Medical Records & Medical Records Library		802,800		802,800	44,540.10	18.02	41
42	Social Service		130,327		130,327	4,162.25	31.31	42
43	Other General Service							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		33,972,555		33,972,555	1,299,934.27	26.13	1
2	Excluded area salaries (see instructions)		3,561,348		3,561,348	78,175.20	45.56	2
3	Subtotal salaries (line 1 minus line 2)		30,411,207		30,411,207	1,221,759.07	24.89	3
4	Subtotal other wages & related costs (see instructions)		6,888,718		6,888,718	107,019.33	64.37	4
5	Subtotal wage-related costs (see instructions)		6,340,509		6,340,509		20.85%	5
6	Total (sum of lines 3 through 5)		43,640,434		43,640,434	1,328,778.40	32.84	6
7	Total overhead cost (see instructions)		13,311,994		13,311,994	492,487.62	27.03	7

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<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)	301,421	3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	3,160,326	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	409,543	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	309,044	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	3,048,543	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	72,761	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)	7,301,638	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	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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)		0.257904	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		20,678,026	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		32,869,195	6
7	Medicaid cost (line 1 times line 6)		8,477,097	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

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

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

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

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

### Uncompensated 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)				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	6,659,654		6,659,654	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,717,551		1,717,551	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,717,551		1,717,551	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)			18,861,968	26
27	Medicare bad debts for the entire hospital complex (see instructions)			894,549	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			17,967,419	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,633,869	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			6,351,420	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,351,420	31

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

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				3,932,257	3,932,257	-31,014	3,901,243	1
2	00200	Cap Rel Costs-Mvble Equip								2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	243,046	71,731	314,777	7,422,289	7,737,066	-350	7,736,716	4
5	00500	Administrative & General	6,260,207	24,102,977	30,363,184	-11,213,686	19,149,498	-420,246	18,729,252	5
6	00600	Maintenance & Repairs	616,777	350,277	967,054		967,054		967,054	6
7	00700	Operation of Plant	710,188	1,602,824	2,313,012	-120,652	2,192,360	-485,591	1,706,769	7
8	00800	Laundry & Linen Service		254,116	254,116		254,116		254,116	8
9	00900	Housekeeping	934,057	446,849	1,380,906	-19,208	1,361,698		1,361,698	9
10	01000	Dietary	948,746	697,532	1,646,278	-624,218	1,022,060		1,022,060	10
11	01100	Cafeteria		952	952	624,218	625,170	-247,759	377,411	11
12	01200	Maintenance of Personnel		-983	-983		-983	983		12
13	01300	Nursing Administration	1,182,216	488,273	1,670,489		1,670,489		1,670,489	13
14	01400	Central Services & Supply	52,998	80,671	133,669	-44,123	89,546		89,546	14
15	01500	Pharmacy	855,335	1,526,368	2,381,703	-1,441,445	940,258		940,258	15
16	01600	Medical Records & Library	802,800	49,524	852,324		852,324	-5,737	846,587	16
17	01700	Social Service	130,327	24	130,351		130,351		130,351	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	961,338	92,102	1,053,440		1,053,440	-36,211	1,017,229	21
22	02200	I&R Services-Other Prgm Costs Apprvd		4,700	4,700		4,700		4,700	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	9,326,706	2,234,979	11,561,685		11,561,685	-357,970	11,203,715	30
31	03100	Intensive Care Unit	1,184,559	709,336	1,893,895		1,893,895	-19,950	1,873,945	31
43	04300	Nursery	609,605	476,462	1,086,067		1,086,067	-440,736	645,331	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	861,854	895,700	1,757,554	-488,987	1,268,567		1,268,567	50
52	05200	Delivery Room & Labor Room	682,229	190,424	872,653		872,653		872,653	52
54	05400	Radiology-Diagnostic	864,803	1,395,671	2,260,474	-15,638	2,244,836	-975,000	1,269,836	54
56	05600	Radioisotope	114,641	35,802	150,443		150,443		150,443	56
57	05700	CT Scan	302,670	127,880	430,550		430,550		430,550	57
60	06000	Laboratory		3,986,511	3,986,511		3,986,511		3,986,511	60
62.30	06250	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	06500	Respiratory Therapy	1,083,480	272,210	1,355,690		1,355,690	-62,500	1,293,190	65
66	06600	Physical Therapy	215,004	243,056	458,060		458,060	-20,000	438,060	66
71	07100	Medical Supplies Charged to Patients				363,319	363,319		363,319	71
72	07200	Impl. Dev. Charged to Patients				185,429	185,429		185,429	72
73	07300	Drugs Charged to Patients				1,441,445	1,441,445		1,441,445	73
74	07400	Renal Dialysis		301,557	301,557		301,557		301,557	74
76	03550	OP PSYCH	151,073	15,608	166,681		166,681		166,681	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	1,702,589	4,560,976	6,263,565	-1,000	6,262,565	-1,088,260	5,174,305	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	CANCER CENTER								93.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	30,797,248	45,214,109	76,011,357		76,011,357	-4,190,341	71,821,016	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
192	19200	Physicians' Private Offices	3,437,873	1,590,991	5,028,864		5,028,864		5,028,864	192
194	07950	OTHER NON REIMBURSEABLE COST CENTER	123,475	99,258	222,733		222,733		222,733	194
200		TOTAL (sum of lines 118-199)	34,358,596	46,904,358	81,262,954		81,262,954	-4,190,341	77,072,613	200

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
1		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		3,462,727	1
500	Total reclassifications					3,462,727	500
	Code Letter - A						
1	FRINGE BENEFITS	B	Employee Benefits Department	4		7,422,289	1
2							2
3							3
4							4
500	Total reclassifications					7,422,289	500
	Code Letter - B						
1	INTEREST	C	Cap Rel Costs-Bldg & Fixt	1		390,691	1
500	Total reclassifications					390,691	500
	Code Letter - C						
1	CAFETERIA	D	Cafeteria	11	359,735	264,483	1
500	Total reclassifications				359,735	264,483	500
	Code Letter - D						
1	CENTRAL SUPPLY AND IMPLANTS	E	Medical Supplies Charged to P	71		363,319	1
2			Impl. Dev. Charged to Patient	72		185,429	2
3							3
500	Total reclassifications					548,748	500
	Code Letter - E						
1	CHARGEABLE DRUGS	F	Drugs Charged to Patients	73		1,441,445	1
500	Total reclassifications					1,441,445	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						
	<b>GRAND TOTAL (Increases)</b>					<b>359,735</b>	<b>13,609,222</b>

(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.

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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		3,462,727	9	1
500	Total reclassifications					3,462,727		500
	Code letter - A							
1	FRINGE BENEFITS	B	Administrative & General	5		7,281,429		1
2			Operation of Plant	7		120,652		2
3			Housekeeping	9		19,208		3
4			Emergency	91		1,000		4
500	Total reclassifications					7,422,289		500
	Code letter - B							
1	INTEREST	C	Administrative & General	5		390,691	11	1
500	Total reclassifications					390,691		500
	Code letter - C							
1	CAFETERIA	D	Dietary	10	359,735	264,483		1
500	Total reclassifications				359,735	264,483		500
	Code letter - D							
1	CENTRAL SUPPLY AND IMPLANTS	E	Central Services & Supply	14		44,123		1
2			Operating Room	50		488,987		2
3			Radiology-Diagnostic	54		15,638		3
500	Total reclassifications					548,748		500
	Code letter - E							
1	CHARGEABLE DRUGS	F	Pharmacy	15		1,441,445		1
500	Total reclassifications					1,441,445		500
	Code letter - F							
1	PROPERTY INSURANCE	H	Administrative & General	5		78,839	9	1
500	Total reclassifications					78,839		500
	Code letter - H							
	GRAND TOTAL (Decreases)				359,735	13,609,222		

(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	47,896,215				2,014,466	45,881,749		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	30,274,828	263,687		263,687		30,538,515		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	80,653,067	263,687		263,687	2,014,466	78,902,288		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	80,653,067	263,687		263,687	2,014,466	78,902,288		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								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 line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

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

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	3,541,566		359,677				3,901,243	1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)	3,541,566		359,677				3,901,243	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	
1	Investment income-buildings & fixtures (chapter 2)	B	-31,014	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-59,673	Administrative & General	5		7
8	Television and radio service (chapter 21)	A	-11,479	Administrative & General	5		8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-3,000,627				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	-247,759	Cafeteria	11		14
15	Rental of quarters to employees & others	B	-145,765	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	-5,737	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							33
34							34
35	MISC INCOME	B	-317,592	Administrative & General	5		35
36							36
36.03	LOCKER & ID REVENUE	B	-350	Employee Benefits Department	4		36.03
36.05	CLERICAL FEES	B	-56	Administrative & General	5		36.05
36.06	DIALYSIS RENT	B	-230,839	Operation of Plant	7	9	36.06
36.20	DOCTOR'S OFFICE RENTALS	B	-108,987	Operation of Plant	7	9	36.20
37	LOBBYING DUES	B	-31,446	Administrative & General	5		37
38							38
39	ELIMINATE NEG ON WS A	A	983	Maintenance of Personnel	12		39
40							40
41							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)		-4,190,341				50

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

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

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

**WORKSHEET A-8-1**

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

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

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

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

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

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

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

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total 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	36,211	36,211						1
2										2
3	30	Adults & Pediatrics AGGREGATE	357,970	357,970						3
4	31	Intensive Care Unit AGGREGATE	19,950	19,950						4
5	43	Nursery	440,736	440,736						5
6										6
7										7
8	54	Radiology-Diagnostic AGGREGATE	975,000	975,000						8
9										9
10	65	Respiratory Therapy AGGREGATE	62,500	62,500						10
11	66	Physical Therapy AGGREGATE	20,000	20,000						11
12	91	Emergency AGGREGATE	1,088,260	1,088,260						12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,000,627	3,000,627						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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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							36,211	1
2										2
3	30	Adults & Pediatrics AGGREGATE							357,970	3
4	31	Intensive Care Unit AGGREGATE							19,950	4
5	43	Nursery							440,736	5
6										6
7										7
8	54	Radiology-Diagnostic AGGREGATE							975,000	8
9										9
10	65	Respiratory Therapy AGGREGATE							62,500	10
11	66	Physical Therapy AGGREGATE							20,000	11
12	91	Emergency AGGREGATE							1,088,260	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL							3,000,627	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	EMPLOYEE BENEFITS DEPARTMENT	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	3,901,243	3,901,243					1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	7,736,716	17,397	7,754,113				4
5	Administrative & General	18,729,252	215,531	1,422,882	20,367,665	20,367,665		5
6	Maintenance & Repairs	967,054	41,676	140,187	1,148,917	412,676	1,561,593	6
7	Operation of Plant	1,706,769	928,295	161,419	2,796,483	1,004,460	399,713	7
8	Laundry & Linen Service	254,116	15,238		269,354	96,748	6,561	8
9	Housekeeping	1,361,698	49,968	212,302	1,623,968	583,308	21,516	9
10	Dietary	1,022,060	56,673	133,876	1,212,609	435,553	24,403	10
11	Cafeteria	377,411	39,619	81,764	498,794	179,160	17,060	11
12	Maintenance of Personnel		46,476		46,476	16,694	20,012	12
13	Nursing Administration	1,670,489	24,394	268,706	1,963,589	705,296	10,504	13
14	Central Services & Supply	89,546	56,559	12,046	158,151	56,806	24,354	14
15	Pharmacy	940,258	23,213	194,409	1,157,880	415,895	9,995	15
16	Medical Records & Library	846,587	57,359	182,468	1,086,414	390,226	24,698	16
17	Social Service	130,351	18,959	29,622	178,932	64,270	8,163	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,017,229		218,503	1,235,732	443,859		21
22	I&R Services-Other Prgm Costs Apprvd	4,700	8,851		13,551	4,867	3,811	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	11,203,715	927,825	2,119,858	14,251,398	5,118,904	399,512	30
31	Intensive Care Unit	1,873,945	40,508	269,238	2,183,691	784,353	17,442	31
43	Nursery	645,331	14,781	138,557	798,669	286,872	6,365	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,268,567	169,842	195,891	1,634,300	587,019	73,132	50
52	Delivery Room & Labor Room	872,653	17,727	155,064	1,045,444	375,510	7,633	52
54	Radiology-Diagnostic	1,269,836	125,004	196,561	1,591,401	571,611	53,825	54
56	Radioisotope	150,443	21,168	26,057	197,668	71,000	9,115	56
57	CT Scan	430,550	8,927	68,794	508,271	182,564	3,844	57
60	Laboratory	3,986,511	46,616		4,033,127	1,448,647	20,072	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	1,293,190	36,470	246,264	1,575,924	566,051	15,704	65
66	Physical Therapy	438,060	49,016	48,868	535,944	192,504	21,106	66
71	Medical Supplies Charged to Patients	363,319			363,319	130,499		71
72	Impl. Dev. Charged to Patients	185,429			185,429	66,604		72
73	Drugs Charged to Patients	1,441,445			1,441,445	517,748		73
74	Renal Dialysis	301,557	122,464		424,021	152,303	52,732	74
76	OP PSYCH	166,681	27,568	34,337	228,586	82,105	11,871	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	5,174,305	76,559	386,981	5,637,845	2,025,041	32,965	91
92	Observation Beds (Non-Distinct Part)							92
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)	71,821,016	3,284,683	6,944,654	70,394,997	17,969,153	1,296,108	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	5,028,864	616,560	781,394	6,426,818	2,308,429	265,485	192
194	OTHER NON REIMBURSEABLE COST CENTER	222,733		28,065	250,798	90,083		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	77,072,613	3,901,243	7,754,113	77,072,613	20,367,665	1,561,593	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	MAINTENANCE 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	4,200,656						7
8	Laundry & Linen Service	23,722	396,385					8
9	Housekeeping	77,788		2,306,580				9
10	Dietary	88,226		49,645	1,810,436			10
11	Cafeteria	61,677		34,706		791,397		11
12	Maintenance of Personnel	72,352		40,712			196,246	12
13	Nursing Administration	37,975		21,368		36,409	37,028	13
14	Central Services & Supply	88,048		49,545		3,401		14
15	Pharmacy	36,137		20,334		20,424		15
16	Medical Records & Library	89,294		50,245		34,573		16
17	Social Service	29,514		16,608		5,051		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					31,206		21
22	I&R Services-Other Prgm Costs Apprvd	13,779		7,753				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,444,393	369,640	812,757	1,742,712	352,341	122,190	30
31	Intensive Care Unit	63,061	24,278	35,484	67,724	35,304		31
43	Nursery	23,010	2,467	12,948		15,390	37,028	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	264,402		148,778		23,842		50
52	Delivery Room & Labor Room	27,597		15,529		18,451		52
54	Radiology-Diagnostic	194,600		109,501		20,934		54
56	Radioisotope	32,954		18,543		1,973		56
57	CT Scan	13,897		7,820		8,707		57
60	Laboratory	72,570		40,835				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	56,775		31,947		28,417		65
66	Physical Therapy	76,306		42,937		5,578		66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	190,646		107,276				74
76	OP PSYCH	42,917		24,149		5,204		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	119,183		67,064		80,284		91
92	Observation Beds (Non-Distinct Part)							92
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)	3,240,823	396,385	1,766,484	1,810,436	727,489	196,246	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	959,833		540,096		57,837		192
194	OTHER NON REIMBURSEABLE COST CENTER					6,071		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,200,656	396,385	2,306,580	1,810,436	791,397	196,246	202

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

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 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	2,812,169						13
14	Central Services & Supply		380,305					14
15	Pharmacy		9,239	1,669,904				15
16	Medical Records & Library				1,675,450			16
17	Social Service					302,538		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						1,710,797	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	1,885,121	84,388		1,562,401	282,125	1,327,964	30
31	Intensive Care Unit	188,885	28,781		102,619	18,530	56,080	31
43	Nursery	82,342	5,645		10,430	1,883	57,574	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	127,561					113,654	50
52	Delivery Room & Labor Room	98,719	6,943					52
54	Radiology-Diagnostic						17,945	54
56	Radioisotope		1,175					56
57	CT Scan		9,953					57
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		20,365				80,006	65
66	Physical Therapy		201					66
71	Medical Supplies Charged to Patients		85,219					71
72	Impl. Dev. Charged to Patients		43,493					72
73	Drugs Charged to Patients			1,669,904				73
74	Renal Dialysis		685					74
76	OP PSYCH		278					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	429,541	74,528				57,574	91
92	Observation Beds (Non-Distinct Part)							92
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,812,169	370,893	1,669,904	1,675,450	302,538	1,710,797	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		9,324					192
194	OTHER NON REIMBURSEABLE COST CENTER		88					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,812,169	380,305	1,669,904	1,675,450	302,538	1,710,797	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	43,761					22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	33,966	29,789,812	-1,361,930	28,427,882		30
31	Intensive Care Unit	1,435	3,607,667	-57,515	3,550,152		31
43	Nursery	1,473	1,342,096	-59,047	1,283,049		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,908	2,975,596	-116,562	2,859,034		50
52	Delivery Room & Labor Room		1,595,826		1,595,826		52
54	Radiology-Diagnostic	460	2,560,277	-18,405	2,541,872		54
56	Radioisotope		332,428		332,428		56
57	CT Scan		735,056		735,056		57
60	Laboratory		5,615,251		5,615,251		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	2,046	2,377,235	-82,052	2,295,183		65
66	Physical Therapy		874,576		874,576		66
71	Medical Supplies Charged to Patients		579,037		579,037		71
72	Impl. Dev. Charged to Patients		295,526		295,526		72
73	Drugs Charged to Patients		3,629,097		3,629,097		73
74	Renal Dialysis		927,663		927,663		74
76	OP PSYCH		395,110		395,110		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	1,473	8,525,498	-59,047	8,466,451		91
92	Observation Beds (Non-Distinct Part)						92
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)	43,761	66,157,751	-1,754,558	64,403,193		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices		10,567,822		10,567,822		192
194	OTHER NON REIMBURSEABLE COST CENTER		347,040		347,040		194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	43,761	77,072,613	-1,754,558	75,318,055		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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	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		17,397	17,397	17,397			4
5	Administrative & General	104,303	215,531	319,834	3,193	323,027		5
6	Maintenance & Repairs	4,278	41,676	45,954	315	6,545	52,814	6
7	Operation of Plant		928,295	928,295	362	15,932	13,520	7
8	Laundry & Linen Service		15,238	15,238		1,535	222	8
9	Housekeeping		49,968	49,968	476	9,252	728	9
10	Dietary		56,673	56,673	300	6,908	825	10
11	Cafeteria		39,619	39,619	183	2,842	577	11
12	Maintenance of Personnel		46,476	46,476		265	677	12
13	Nursing Administration		24,394	24,394	603	11,187	355	13
14	Central Services & Supply	30,714	56,559	87,273	27	901	824	14
15	Pharmacy	10,818	23,213	34,031	436	6,596	338	15
16	Medical Records & Library		57,359	57,359	409	6,189	835	16
17	Social Service		18,959	18,959	66	1,019	276	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				490	7,040		21
22	I&R Services-Other Prgm Costs Apprvd		8,851	8,851		77	129	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	15,438	927,825	943,263	4,757	81,168	13,512	30
31	Intensive Care Unit	4,196	40,508	44,704	604	12,440	590	31
43	Nursery	3,953	14,781	18,734	311	4,550	215	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	6,492	169,842	176,334	440	9,311	2,473	50
52	Delivery Room & Labor Room		17,727	17,727	348	5,956	258	52
54	Radiology-Diagnostic		125,004	125,004	441	9,066	1,820	54
56	Radioisotope		21,168	21,168	58	1,126	308	56
57	CT Scan		8,927	8,927	154	2,896	130	57
60	Laboratory		46,616	46,616		22,977	679	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	19,282	36,470	55,752	553	8,978	531	65
66	Physical Therapy		49,016	49,016	110	3,053	714	66
71	Medical Supplies Charged to Patients					2,070		71
72	Impl. Dev. Charged to Patients					1,056		72
73	Drugs Charged to Patients					8,212		73
74	Renal Dialysis		122,464	122,464		2,416	1,783	74
76	OP PSYCH		27,568	27,568	77	1,302	401	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	31,950	76,559	108,509	868	32,119	1,115	91
92	Observation Beds (Non-Distinct Part)							92
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)	231,424	3,284,683	3,516,107	15,581	284,984	43,835	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		616,560	616,560	1,753	36,614	8,979	192
194	OTHER NON REIMBURSEABLE COST CENTER	63,363		63,363	63	1,429		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	294,787	3,901,243	4,196,030	17,397	323,027	52,814	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	MAINTENANCE 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	958,109						7
8	Laundry & Linen Service	5,411	22,406					8
9	Housekeeping	17,742		78,166				9
10	Dietary	20,123		1,682	86,511			10
11	Cafeteria	14,068		1,176		58,465		11
12	Maintenance of Personnel	16,502		1,380			65,300	12
13	Nursing Administration	8,662		724		2,690	12,321	13
14	Central Services & Supply	20,083		1,679		251		14
15	Pharmacy	8,242		689		1,509		15
16	Medical Records & Library	20,367		1,703		2,554		16
17	Social Service	6,732		563		373		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					2,305		21
22	I&R Services-Other Prgm Costs Apprvd	3,143		263				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	329,446	20,895	27,542	83,275	26,030	40,658	30
31	Intensive Care Unit	14,383	1,372	1,203	3,236	2,608		31
43	Nursery	5,248	139	439		1,137	12,321	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	60,306		5,042		1,761		50
52	Delivery Room & Labor Room	6,294		526		1,363		52
54	Radiology-Diagnostic	44,385		3,711		1,547		54
56	Radioisotope	7,516		628		146		56
57	CT Scan	3,170		265		643		57
60	Laboratory	16,552		1,384				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,949		1,083		2,099		65
66	Physical Therapy	17,404		1,455		412		66
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	43,484		3,635				74
76	OP PSYCH	9,789		818		384		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	27,184		2,273		5,931		91
92	Observation Beds (Non-Distinct Part)							92
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)	739,185	22,406	59,863	86,511	53,743	65,300	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	218,924		18,303		4,273		192
194	OTHER NON REIMBURSEABLE COST CENTER					449		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	958,109	22,406	78,166	86,511	58,465	65,300	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 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	60,936						13
14	Central Services & Supply		111,038					14
15	Pharmacy		2,698	54,539				15
16	Medical Records & Library				89,416			16
17	Social Service					27,988		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						9,835	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	40,848	24,639		83,382	26,100		30
31	Intensive Care Unit	4,093	8,403		5,477	1,714		31
43	Nursery	1,784	1,648		557	174		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,764						50
52	Delivery Room & Labor Room	2,139	2,027					52
54	Radiology-Diagnostic							54
56	Radioisotope		343					56
57	CT Scan		2,906					57
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		5,946					65
66	Physical Therapy		59					66
71	Medical Supplies Charged to Patients		24,881					71
72	Impl. Dev. Charged to Patients		12,699					72
73	Drugs Charged to Patients			54,539				73
74	Renal Dialysis		200					74
76	OP PSYCH		81					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	9,308	21,760					91
92	Observation Beds (Non-Distinct Part)							92
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)	60,936	108,290	54,539	89,416	27,988		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		2,722					192
194	OTHER NON REIMBURSEABLE COST CENTER		26					194
200	Cross Foot Adjustments						9,835	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	60,936	111,038	54,539	89,416	27,988	9,835	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	12,463					22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		1,745,515		1,745,515		30
31	Intensive Care Unit		100,827		100,827		31
43	Nursery		47,257		47,257		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		258,431		258,431		50
52	Delivery Room & Labor Room		36,638		36,638		52
54	Radiology-Diagnostic		185,974		185,974		54
56	Radioisotope		31,293		31,293		56
57	CT Scan		19,091		19,091		57
60	Laboratory		88,208		88,208		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		87,891		87,891		65
66	Physical Therapy		72,223		72,223		66
71	Medical Supplies Charged to Patients		26,951		26,951		71
72	Impl. Dev. Charged to Patients		13,755		13,755		72
73	Drugs Charged to Patients		62,751		62,751		73
74	Renal Dialysis		173,982		173,982		74
76	OP PSYCH		40,420		40,420		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		209,067		209,067		91
92	Observation Beds (Non-Distinct Part)						92
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)		3,200,274		3,200,274		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices		908,128		908,128		192
194	OTHER NON REIMBURSEABLE COST CENTER		65,330		65,330		194
200	Cross Foot Adjustments	12,463	22,298		22,298		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	12,463	4,196,030		4,196,030		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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		1	4	5A	5	6	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	307,222						1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	1,370	34,115,550					4
5	Administrative & General	16,973	6,260,207	-20,367,665	56,704,948			5
6	Maintenance & Repairs	3,282	616,777		1,148,917	285,597		6
7	Operation of Plant	73,103	710,188		2,796,483	73,103	212,494	7
8	Laundry & Linen Service	1,200			269,354	1,200	1,200	8
9	Housekeeping	3,935	934,057		1,623,968	3,935	3,935	9
10	Dietary	4,463	589,011		1,212,609	4,463	4,463	10
11	Cafeteria	3,120	359,735		498,794	3,120	3,120	11
12	Maintenance of Personnel	3,660			46,476	3,660	3,660	12
13	Nursing Administration	1,921	1,182,216		1,963,589	1,921	1,921	13
14	Central Services & Supply	4,454	52,998		158,151	4,454	4,454	14
15	Pharmacy	1,828	855,335		1,157,880	1,828	1,828	15
16	Medical Records & Library	4,517	802,800		1,086,414	4,517	4,517	16
17	Social Service	1,493	130,327		178,932	1,493	1,493	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		961,338		1,235,732			21
22	I&R Services-Other Prgm Costs Apprvd	697			13,551	697	697	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	73,066	9,326,706		14,251,398	73,066	73,066	30
31	Intensive Care Unit	3,190	1,184,559		2,183,691	3,190	3,190	31
43	Nursery	1,164	609,605		798,669	1,164	1,164	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	13,375	861,854		1,634,300	13,375	13,375	50
52	Delivery Room & Labor Room	1,396	682,229		1,045,444	1,396	1,396	52
54	Radiology-Diagnostic	9,844	864,803		1,591,401	9,844	9,844	54
56	Radioisotope	1,667	114,641		197,668	1,667	1,667	56
57	CT Scan	703	302,670		508,271	703	703	57
60	Laboratory	3,671			4,033,127	3,671	3,671	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	2,872	1,083,480		1,575,924	2,872	2,872	65
66	Physical Therapy	3,860	215,004		535,944	3,860	3,860	66
71	Medical Supplies Charged to Patients				363,319			71
72	Impl. Dev. Charged to Patients				185,429			72
73	Drugs Charged to Patients				1,441,445			73
74	Renal Dialysis	9,644			424,021	9,644	9,644	74
76	OP PSYCH	2,171	151,073		228,586	2,171	2,171	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	6,029	1,702,589		5,637,845	6,029	6,029	91
92	Observation Beds (Non-Distinct Part)							92
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)	258,668	30,554,202	-20,367,665	50,027,332	237,043	163,940	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	48,554	3,437,873		6,426,818	48,554	48,554	192
194	OTHER NON REIMBURSEABLE COST CENTER		123,475		250,798			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,901,243	7,754,113		20,367,665	1,561,593	4,200,656	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.698449	0.227290		0.359187	5.467820	19.768351	203
204	Cost to be allocated (Per Wkst. B, Part II)		17,397		323,027	52,814	958,109	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.000510		0.005697	0.184925	4.508876	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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 FTES SERVED	
		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	31,968						8
9	Housekeeping		207,359					9
10	Dietary		4,463	62,287				10
11	Cafeteria		3,120		46,537			11
12	Maintenance of Personnel		3,660			53		12
13	Nursing Administration		1,921		2,141	10	30,908	13
14	Central Services & Supply		4,454		200			14
15	Pharmacy		1,828		1,201			15
16	Medical Records & Library		4,517		2,033			16
17	Social Service		1,493		297			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				1,835			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	29,811	73,066	59,957	20,719	33	20,719	30
31	Intensive Care Unit	1,958	3,190	2,330	2,076		2,076	31
43	Nursery	199	1,164		905	10	905	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		13,375		1,402		1,402	50
52	Delivery Room & Labor Room		1,396		1,085		1,085	52
54	Radiology-Diagnostic		9,844		1,231			54
56	Radioisotope		1,667		116			56
57	CT Scan		703		512			57
60	Laboratory		3,671					60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy		2,872		1,671			65
66	Physical Therapy		3,860		328			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		306			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency		6,029		4,721		4,721	91
92	Observation Beds (Non-Distinct Part)							92
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)	31,968	158,805	62,287	42,779	53	30,908	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		48,554		3,401			192
194	OTHER NON REIMBURSEABLE COST CENTER				357			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	396,385	2,306,580	1,810,436	791,397	196,246	2,812,169	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.399431	11.123607	29.066033	17.005759	3,702.754717	90.985149	203
204	Cost to be allocated (Per Wkst. B, Part II)	22,406	78,166	86,511	58,465	65,300	60,936	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.700888	0.376960	1.388909	1.256312	1,232.075472	1.971528	205

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

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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	1,621,402						14
15	Pharmacy	39,391	10,000					15
16	Medical Records & Library			31,968				16
17	Social Service				31,968			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					674,134		21
22	I&R Services-Other Prgm Costs Apprvd						28,083	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	359,781		29,811	29,811	523,280	21,798	30
31	Intensive Care Unit	122,707		1,958	1,958	22,098	921	31
43	Nursery	24,068		199	199	22,687	945	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room					44,785	1,866	50
52	Delivery Room & Labor Room	29,603						52
54	Radiology-Diagnostic					7,071	295	54
56	Radioisotope	5,011						56
57	CT Scan	42,432						57
60	Laboratory							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	86,825				31,526	1,313	65
66	Physical Therapy	858						66
71	Medical Supplies Charged to Patients	363,319						71
72	Impl. Dev. Charged to Patients	185,429						72
73	Drugs Charged to Patients		10,000					73
74	Renal Dialysis	2,920						74
76	OP PSYCH	1,184						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	317,746				22,687	945	91
92	Observation Beds (Non-Distinct Part)							92
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,581,274	10,000	31,968	31,968	674,134	28,083	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	39,752						192
194	OTHER NON REIMBURSEABLE COST CENTER	376						194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	380,305	1,669,904	1,675,450	302,538	1,710,797	43,761	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.234553	166.990400	52.410223	9.463776	2.537770	1.558274	203
204	Cost to be allocated (Per Wkst. B, Part II)	111,038	54,539	89,416	27,988	9,835	12,463	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.068483	5.453900	2.797047	0.875501	0.014589	0.443792	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS							
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	<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
93.01	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	28,427,882		28,427,882		28,427,882	30
31	Intensive Care Unit	3,550,152		3,550,152		3,550,152	31
43	Nursery	1,283,049		1,283,049		1,283,049	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,859,034		2,859,034		2,859,034	50
52	Delivery Room & Labor Room	1,595,826		1,595,826		1,595,826	52
54	Radiology-Diagnostic	2,541,872		2,541,872		2,541,872	54
56	Radioisotope	332,428		332,428		332,428	56
57	CT Scan	735,056		735,056		735,056	57
60	Laboratory	5,615,251		5,615,251		5,615,251	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	2,295,183		2,295,183		2,295,183	65
66	Physical Therapy	874,576		874,576		874,576	66
71	Medical Supplies Charged to Patients	579,037		579,037		579,037	71
72	Impl. Dev. Charged to Patients	295,526		295,526		295,526	72
73	Drugs Charged to Patients	3,629,097		3,629,097		3,629,097	73
74	Renal Dialysis	927,663		927,663		927,663	74
76	OP PSYCH	395,110		395,110		395,110	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	8,466,451		8,466,451		8,466,451	91
92	Observation Beds (Non-Distinct Part)	2,618,119		2,618,119		2,618,119	92
93.01	CANCER CENTER						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Subtotal (sum of lines 30 thru 199)	67,021,312		67,021,312		67,021,312	200
201	Less Observation Beds	2,618,119		2,618,119		2,618,119	201
202	Total (line 200 minus line 201)	64,403,193		64,403,193		64,403,193	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	56,752,245		56,752,245				30
31	Intensive Care Unit	6,832,461		6,832,461				31
43	Nursery	702,136		702,136				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,606,408	3,714,583	8,320,991	0.343593	0.343593	0.343593	50
52	Delivery Room & Labor Room	238,286	319,333	557,619	2.861857	2.861857	2.861857	52
54	Radiology-Diagnostic	4,169,330	6,528,256	10,697,586	0.237612	0.237612	0.237612	54
56	Radioisotope	748,897	507,209	1,256,106	0.264650	0.264650	0.264650	56
57	CT Scan	7,816,747	13,265,741	21,082,488	0.034866	0.034866	0.034866	57
60	Laboratory	27,834,126	36,827,810	64,661,936	0.086840	0.086840	0.086840	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	12,808,938	3,897,672	16,706,610	0.137382	0.137382	0.137382	65
66	Physical Therapy	528,436	772,805	1,301,241	0.672109	0.672109	0.672109	66
71	Medical Supplies Charged to Patients	1,225,408	167,308	1,392,716	0.415761	0.415761	0.415761	71
72	Impl. Dev. Charged to Patients	252,793		252,793	1.169043	1.169043	1.169043	72
73	Drugs Charged to Patients	21,066,033	4,756,710	25,822,743	0.140539	0.140539	0.140539	73
74	Renal Dialysis	2,506,997	396,327	2,903,324	0.319518	0.319518	0.319518	74
76	OP PSYCH		1,525,588	1,525,588	0.258989	0.258989	0.258989	76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	7,573,140	9,204,712	16,777,852	0.504621	0.504621	0.504621	91
92	Observation Beds (Non-Distinct Part)		12,171,128	12,171,128	0.215109	0.215109	0.215109	92
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	155,662,381	94,055,182	249,717,563				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	155,662,381	94,055,182	249,717,563				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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	1,745,515		1,745,515	32,835	53.16	6,270	333,313	30
31	Intensive Care Unit	100,827		100,827	1,958	51.49	585	30,122	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	47,257		47,257	199	237.47			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,893,599		1,893,599	34,992		6,855	363,435	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	258,431	8,320,991	0.031058	1,301,451	40,420	50
52	Delivery Room & Labor Room	36,638	557,619	0.065704	5,445	358	52
54	Radiology-Diagnostic	185,974	10,697,586	0.017385	1,216,516	21,149	54
56	Radioisotope	31,293	1,256,106	0.024913	283,071	7,052	56
57	CT Scan	19,091	21,082,488	0.000906	2,964,850	2,686	57
60	Laboratory	88,208	64,661,936	0.001364	11,296,684	15,409	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	87,891	16,706,610	0.005261	3,712,782	19,533	65
66	Physical Therapy	72,223	1,301,241	0.055503	202,417	11,235	66
71	Medical Supplies Charged to Pat	26,951	1,392,716	0.019351	221,311	4,283	71
72	Impl. Dev. Charged to Patients	13,755	252,793	0.054412	62,580	3,405	72
73	Drugs Charged to Patients	62,751	25,822,743	0.002430	5,416,505	13,162	73
74	Renal Dialysis	173,982	2,903,324	0.059925	1,119,853	67,107	74
76	OP PSYCH	40,420	1,525,588	0.026495			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	209,067	16,777,852	0.012461	1,552,388	19,344	91
92	Observation Beds (Non-Distinct	160,758	12,171,128	0.013208			92
93.01	CANCER CENTER						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,467,433	185,430,721		29,355,853	225,143	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable     [XX] Title XVIII, Part A       [ ] TEFRA  
Boxes:         [ ] Title XIX                       [ ] 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)	32,835		6,270		30
31	Intensive Care Unit	1,958		585		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	199				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	34,992		6,855		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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/IID                       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 Pat							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							92
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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,320,991			1,301,451		491,946		50
52	Delivery Room & Labor Room	557,619			5,445				52
54	Radiology-Diagnostic	10,697,586			1,216,516		612,735		54
56	Radioisotope	1,256,106			283,071		102,845		56
57	CT Scan	21,082,488			2,964,850		1,474,380		57
60	Laboratory	64,661,936			11,296,684		2,256,442		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,706,610			3,712,782		605,250		65
66	Physical Therapy	1,301,241			202,417		1,131		66
71	Medical Supplies Charged to Pat	1,392,716			221,311		42,138		71
72	Impl. Dev. Charged to Patients	252,793			62,580		24,672		72
73	Drugs Charged to Patients	25,822,743			5,416,505		599,312		73
74	Renal Dialysis	2,903,324			1,119,853		82,952		74
76	OP PSYCH	1,525,588					228,898		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	16,777,852			1,552,388		912,833		91
92	Observation Beds (Non-Distinct)	12,171,128					1,193,060		92
93.01	CANCER CENTER								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	185,430,721			29,355,853		8,628,594		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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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 [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.343593	491,946			169,029			50
52	Delivery Room & Labor Room	2.861857							52
54	Radiology-Diagnostic	0.237612	612,735			145,593			54
56	Radioisotope	0.264650	102,845			27,218			56
57	CT Scan	0.034866	1,474,380			51,406			57
60	Laboratory	0.086840	2,256,442			195,949			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.137382	605,250			83,150			65
66	Physical Therapy	0.672109	1,131			760			66
71	Medical Supplies Charged to Pat	0.415761	42,138			17,519			71
72	Impl. Dev. Charged to Patients	1.169043	24,672			28,843			72
73	Drugs Charged to Patients	0.140539	599,312		1,228	84,227		173	73
74	Renal Dialysis	0.319518	82,952			26,505			74
76	OP PSYCH	0.258989	228,898			59,282			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	0.504621	912,833			460,635			91
92	Observation Beds (Non-Distinct)	0.215109	1,193,060			256,638			92
93.01	CANCER CENTER								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		8,628,594		1,228	1,606,754		173	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		8,628,594		1,228	1,606,754		173	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	1,745,515		1,745,515	32,835	53.16	14,709	781,930	30
31	Intensive Care Unit	100,827		100,827	1,958	51.49	966	49,739	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	47,257		47,257	199	237.47	98	23,272	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,893,599		1,893,599	34,992		15,773	854,941	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	258,431	8,320,991	0.031058			50
52	Delivery Room & Labor Room	36,638	557,619	0.065704			52
54	Radiology-Diagnostic	185,974	10,697,586	0.017385			54
56	Radioisotope	31,293	1,256,106	0.024913			56
57	CT Scan	19,091	21,082,488	0.000906			57
60	Laboratory	88,208	64,661,936	0.001364			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	87,891	16,706,610	0.005261			65
66	Physical Therapy	72,223	1,301,241	0.055503			66
71	Medical Supplies Charged to Pat	26,951	1,392,716	0.019351			71
72	Impl. Dev. Charged to Patients	13,755	252,793	0.054412			72
73	Drugs Charged to Patients	62,751	25,822,743	0.002430			73
74	Renal Dialysis	173,982	2,903,324	0.059925			74
76	OP PSYCH	40,420	1,525,588	0.026495			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	209,067	16,777,852	0.012461			91
92	Observation Beds (Non-Distinct	160,758	12,171,128	0.013208			92
93.01	CANCER CENTER						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,467,433	185,430,721				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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable    [ ] Title XVIII, Part A            [ ] TEFRA  
Boxes:        [XX] 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)	32,835		14,709		30
31	Intensive Care Unit	1,958		966		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	199		98		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	34,992		15,773		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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/IID                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX                     IRF                     NF                     Other

(A)	Cost Center Description	1 Non Physician Anesth- etist 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 Pat							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							92
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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,320,991							50
52	Delivery Room & Labor Room	557,619							52
54	Radiology-Diagnostic	10,697,586							54
56	Radioisotope	1,256,106							56
57	CT Scan	21,082,488							57
60	Laboratory	64,661,936							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,706,610							65
66	Physical Therapy	1,301,241							66
71	Medical Supplies Charged to Pat	1,392,716							71
72	Impl. Dev. Charged to Patients	252,793							72
73	Drugs Charged to Patients	25,822,743							73
74	Renal Dialysis	2,903,324							74
76	OP PSYCH	1,525,588							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	16,777,852							91
92	Observation Beds (Non-Distinct)	12,171,128							92
93.01	CANCER CENTER								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	185,430,721							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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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 [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/ID

(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	0.343593						50
52	Delivery Room & Labor Room	2.861857						52
54	Radiology-Diagnostic	0.237612						54
56	Radioisotope	0.264650						56
57	CT Scan	0.034866						57
60	Laboratory	0.086840						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	0.137382						65
66	Physical Therapy	0.672109						66
71	Medical Supplies Charged to Pat	0.415761						71
72	Impl. Dev. Charged to Patients	1.169043						72
73	Drugs Charged to Patients	0.140539						73
74	Renal Dialysis	0.319518						74
76	OP PSYCH	0.258989						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	0.504621						91
92	Observation Beds (Non-Distinct)	0.215109						92
93.01	CANCER CENTER							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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,835	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,835	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)	29,811	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)	6,270	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)	28,427,882	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)	28,427,882	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)	28,427,882	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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**

38	Adjusted general inpatient routine service cost per diem (see instructions)					865.78	38
39	Program general inpatient routine service cost (line 9 x line 38)					5,428,441	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)					5,428,441	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	3,550,152	1,958	1,813.15	585	1,060,693	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)					4,624,799	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					11,113,933	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					363,435	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					225,143	51
52	Total Program excludable cost (sum of lines 50 and 51)					588,578	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					10,525,355	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/IID             PPS  
 Applicable     Title XVIII, Part A             IPF                     SNF                     TEFRA  
 Boxes:         Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					3,024	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					865.78	88
89	Observation bed cost (line 87 x line 88) (see instructions)					2,618,119	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,745,515	28,427,882	0.061402	2,618,119	160,758	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,835	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,835	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)	29,811	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)	14,709	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)	199	15
16	Nursery days (title V or XIX only)	98	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)	28,427,882	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)	28,427,882	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)	28,427,882	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					865.78	38	
39	Program general inpatient routine service cost (line 9 x line 38)					12,734,758	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)					12,734,758	41	
42	Nursery (Titles V and XIX only)	1,283,049	199	6,447.48	98	631,853	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	3,550,152	1,958	1,813.15	966	1,751,503	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)					15,118,114	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					854,941	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)					854,941	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					14,263,173	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/IID             PPS  
 Applicable     Title XVIII, Part A             IPF                     SNF                     TEFRA  
 Boxes:         Title XIX - I/P             IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					3,024	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/ID  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		13,634,124		30
31	Intensive Care Unit		2,017,373		31
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.343593	1,301,451	447,169	50
52	Delivery Room & Labor Room	2.861857	5,445	15,583	52
54	Radiology-Diagnostic	0.237612	1,216,516	289,059	54
56	Radioisotope	0.264650	283,071	74,915	56
57	CT Scan	0.034866	2,964,850	103,372	57
60	Laboratory	0.086840	11,296,684	981,004	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>				62.30
65	Respiratory Therapy	0.137382	3,712,782	510,069	65
66	Physical Therapy	0.672109	202,417	136,046	66
71	Medical Supplies Charged to Patients	0.415761	221,311	92,012	71
72	Impl. Dev. Charged to Patients	1.169043	62,580	73,159	72
73	Drugs Charged to Patients	0.140539	5,416,505	761,230	73
74	Renal Dialysis	0.319518	1,119,853	357,813	74
76	OP PSYCH	0.258989			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	0.504621	1,552,388	783,368	91
92	Observation Beds (Non-Distinct Part)	0.215109			92
93.01	CANCER CENTER				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		29,355,853	4,624,799	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		29,355,853		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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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/ID  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	0.343593			50
52	Delivery Room & Labor Room	2.861857			52
54	Radiology-Diagnostic	0.237612			54
56	Radioisotope	0.264650			56
57	CT Scan	0.034866			57
60	Laboratory	0.086840			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.137382			65
66	Physical Therapy	0.672109			66
71	Medical Supplies Charged to Patients	0.415761			71
72	Impl. Dev. Charged to Patients	1.169043			72
73	Drugs Charged to Patients	0.140539			73
74	Renal Dialysis	0.319518			74
76	OP PSYCH	0.258989			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	0.504621			91
92	Observation Beds (Non-Distinct Part)	0.215109			92
93.01	CANCER CENTER				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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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)	4,672,138			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,914,171			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)	109,178			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	192.19			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	18.42			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)	0.058744			19
20	Prior year resident to bed ratio (see instructions)	0.059184			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.058744			21
22	IME payment adjustment (see instructions)	302,678			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)	7.13			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)	302,678			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)	0.2384			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.6059			31
32	Sum of lines 30 and 31	0.8443			32
33	Allowable disproportionate share percentage (see instructions)	0.5887			33
34	Disproportionate share adjustment (see instructions)	1,410,865			34
		<b>Prior to</b>		<b>On or after</b>	
	<b>Uncompensated Care Adjustment</b>	<b>October 1 (1.00)</b>	<b>(1.01)</b>	<b>October 1 (2.00)</b>	
35	Total uncompensated care amount (see instructions)	7,647,644,885			35
35.01	Factor 3 (see instructions)	0.000545518		0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,171,928		3,406,660	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,091,680		1,703,330	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,795,010			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
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
47	Subtotal (see instructions)	15,204,040			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)	15,204,040			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	944,616			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)	234,421			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)	16,383,077			59
60	Primary payer payments	12,354			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	16,370,723			61
62	Deductibles billed to program beneficiaries	1,048,276			62
63	Coinsurance billed to program beneficiaries	141,218			63
64	Allowable bad debts (see instructions)	1,072,831			64
65	Adjusted reimbursable bad debts (see instructions)	697,340			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	595,240			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	15,878,569			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)	-9,687			70.93
70.94	HRR adjustment amount (see instructions)	-68,479			70.94
71	Amount due provider (see instructions)	15,800,403			71
71.01	Sequestration adjustment (see instructions)	316,008			71.01
72	Interim payments	14,440,176			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,044,219			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	111,441			75

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

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

**HSP Bonus Payment Amount**

**Prior to 10/1      On or After 10/1**

100	HSP bonus amount (see instructions)				100
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**HVBP Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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)	173			1
2	Medical and other services reimbursed under OPPS (see instructions)	1,606,754			2
3	PPS payments	993,701			3
4	Outlier payment (see instructions)	2,911			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.800			5
6	Line 2 times line 5	1,285,403			6
7	Sum of line 3 and line 4 divided by line 6	0.7753			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)	173			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	1,228			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)	1,228			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)	1,228			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,055			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)	173			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)	996,612			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)	227,853			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)	768,932			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	33,932			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	802,864			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	802,864			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)	303,398			34
35	Adjusted reimbursable bad debts (see instructions)	197,209			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	73,283			36
37	Subtotal (see instructions)	1,000,073			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)	1,000,073			40
40.01	Sequestration adjustment (see instructions)	20,001			40.01
41	Interim payments	927,765			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	52,307			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**

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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		13,201,126		753,405	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		980,218		140,283	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	11/05/2015	258,832	11/05/2015	34,077	3.01
		.02					3.02
		.03					3.03
		.04					3.04
		.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51					3.51
		.52					3.52
		.53					3.53
		.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		258,832		34,077	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			14,440,176		927,765	4
<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
		.03					5.03
		.04					5.04
		.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
		.52					5.52
		.53					5.53
		.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		1,044,219		52,307	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			15,484,395		980,072	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

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

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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	8,404	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	6,855	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)		3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	31,769	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	249,717,563	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	6,659,654	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)	382,544	8
9	Sequestration adjustment amount (see instructions)	7,651	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	374,893	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH**

30	Initial/interim HIT payment(s)	423,636	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-48,743	32

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



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

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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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			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 cap (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 the current year from your records (see instructions)			18.42	6
7	Enter the lesser of line 5 or line 6			11.29	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	18.21	0.00	18.21	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	11.16	0.00	11.16	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	11.16	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	11.29	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)	11.25	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	11.25	0.00		17
18	Per resident amount	110,704.37	104,939.68		18
19	Approved amount for resident costs	1,245,424		1,245,424	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)			7.13	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)			1,245,424	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	6,855			26
27	Total inpatient days (see instructions)	31,814			27
28	Ratio of inpatient days to total inpatient days	0.215471	0.000000		28
29	Program direct GME amount	268,353			29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount			268,353	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from 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)			2,903,324	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			11,113,933	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)			12,354	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			11,101,579	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			1,606,927	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			1,606,927	44
45	Total reasonable cost (sum of lines 41 and 44)			12,708,506	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.873555	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.126445	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			268,353	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			234,421	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			33,932	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:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
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 cap (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 the current year from your records (see instructions)			6	
7	Enter the lesser of line 5 or line 6			7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 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)	15,720	3,579		26
27	Total inpatient days (see instructions)	31,814	31,814		27
28	Ratio of inpatient days to total inpatient days	0.494122	0.112498		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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	7,517,879				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	95,905,758				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-46,299,979				6
7	Inventory	935,993				7
8	Prepaid expenses	381,477				8
9	Other current assets	48,347,603				9
10	Due from other funds	4,973,626				10
11	Total current assets (sum of lines 1-10)	111,762,357				11
<b>FIXED ASSETS</b>						
12	Land	2,482,024				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	53,866,828				15
16	Accumulated depreciation	-62,197,022				16
17	Leasehold improvements					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	30,965,193				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)	25,117,023				30
<b>OTHER ASSETS</b>						
31	Investments	286,163				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	351,270				34
35	Total other assets (sum of lines 31-34)	637,433				35
36	Total assets (sum of lines 11, 30 and 35)	137,516,813				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	4,623,099				37
38	Salaries, wages and fees payable	6,271,499				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	2,984,722				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	-18,983				43
44	Other current liabilities	317,082				44
45	Total current liabilities (sum of lines 37 thru 44)	14,177,419				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	10,418,691				47
48	Unsecured loans					48
49	Other long term liabilities					49
50	Total long term liabilities (sum of lines 46 thru 49)	10,418,691				50
51	Total liabilities (sum of lines 45 and 50)	24,596,110				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	112,920,703				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	112,920,703				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	137,516,813				60

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

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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		106,783,330		1
2	Net income (loss) (from Worksheet G-3, line 29)		6,429,447		2
3	Total (sum of line 1 and line 2)		113,212,777		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)		113,212,777		11
12	Deductions (debit adjustments) (specify)	292,074			12
13	PENSION ADJUSTMENT				13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		292,074		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		112,920,703		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**

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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	46,922,784		46,922,784	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)	46,922,784		46,922,784	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	18,056,698		18,056,698	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)	18,056,698		18,056,698	16
17	Total inpatient routine care services (sum of lines 10 and 16)	64,979,482		64,979,482	17
18	Ancillary services	92,077,674		92,077,674	18
19	Outpatient services		92,649,194	92,649,194	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)	157,057,156	92,649,194	249,706,350	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		81,262,954	29
30	Add (specify)			30
31	BAD DEBTS	18,861,968		31
32				32
33				33
34				34
35	MISC			35
36	Total additions (sum of lines 30-35)		18,861,968	36
37	Deduct (specify)			37
38	FS VARIANCE	-7,144		38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)		-7,144	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		100,117,778	43

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

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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)	249,706,350	1
2	Less contractual allowances and discounts on patients' accounts	147,484,074	2
3	Net patient revenues (line 1 minus line 2)	102,222,276	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	100,117,778	4
5	Net income from service to patients (line 3 minus line 4)	2,104,498	5

## OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (PROVIDER TAX PROCEEDS)		24.01
24.08	Other (MISC REVENUE)	4,324,949	24.08
25	Total other income (sum of lines 6-24)	4,324,949	25
26	Total (line 5 plus line 25)	6,429,447	26
29	Net income (or loss) for the period (line 26 minus line 28)	6,429,447	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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	770,056	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	2,222	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)	86.92	3
4	Number of interns & residents (see instructions)	11.29	4
5	Indirect medical education percentage (see instructions)	3.73	5
6	Indirect medical education adjustment (see instructions)	28,723	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.2384	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.6059	8
9	Sum of lines 7 and 8	0.8443	9
10	Allowable disproportionate share percentage (see instructions)	0.1865	10
11	Disproportionate share adjustment (see instructions)	143,615	11
12	Total prospective capital payments (see instructions)	944,616	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: 04/01/2015 To: 03/31/2016	Run Date: 08/30/2016 Run Time: 07:33 Version: 2016.05 (08/16/2016)
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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 (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)		12

**PART II - PAYMENT UNDER REASONABLE COST**

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

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

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

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

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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<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
93.01	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