

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

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

**PART I - COST REPORT STATUS**

Provider use only		1. <input checked="" type="checkbox"/> Electronically filed cost report      Date: 08/24/2017    Time: 11:33	
		2. <input type="checkbox"/> Manually submitted cost report	
		3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
		4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received: _____	10. NPR Date: _____
	(1) As Submitted	7. Contractor No.: _____	11. Contractor's Vendor Code: ____
	(2) Settled without audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4:
	(3) Settled with audit	9. <input type="checkbox"/> Final Report for this Provider CCN	Enter number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 04/01/2016 and ending 03/31/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		709,109	-77,323	8,031		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		709,109	-77,323	8,031		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.

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
0	1	2	3	4	5	6	7	8	
3	Hospital	JACKSON PARK HOSPITAL	14-0177	16974	1	07 / 01 / 1966	N	P	O
4	Subprovider - IPF								
5	Subprovider - IRF								
6	Subprovider - (OTHER)								
7	Swing Beds - SNF								
8	Swing Beds - NF								
9	Hospital-Based SNF								
10	Hospital-Based NF								
11	Hospital-Based OLTC								
12	Hospital-Based HHA								
13	Separately Certified ASC								
14	Hospital-Based Hospice								
15	Hospital-Based Health Clinic - RHC								
16	Hospital-Based Health Clinic - FQHC								
17	Hospital-Based (CMHC)								
18	Renal Dialysis								
19	Other								

20	Cost Reporting Period (mm/dd/yyyy)	From: 04 / 01 / 2016	To: 03 / 31 / 2017	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

		1	2	3
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	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)	Y	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
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.	1	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.	10,063				9,221	
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.						

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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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?	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)	N			63
----	--	---	--	--	----

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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)						64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
65	1	2	3	4	5		65

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

**Inpatient Psychiatric Facility PPS**

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

**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.				109
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:	317,157			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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

**WORKSHEET S-2  
PART I**

All Providers

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

If this facility is part of a chain organization, enter 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)	0.25				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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0			171

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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.	N			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)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/15/2017	Y	08/15/2017
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**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	--------------------------------	--	--

**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
42	Employer: JACKSON PARK HOSPITAL		
43	Phone number: 773-947-7989	E-mail Address: NELSONVASQUEZ@JACKSONPARK.COM	



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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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			6,233	9,256	29,207	1
2	HMO and other (see instructions)						315	9,221		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			6,233	9,256	29,207	7
8	Intensive Care Unit	31	8	2,920			772	699	2,207	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						75	161	13
14	Total (see instructions)		201	73,365			7,005	10,030	31,575	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							194	2,611	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							33	35	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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)					1,491	2,984	7,785	1
2	HMO and other (see instructions)					73	2,703		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	16.31	626.92			1,491	2,984	7,785	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	16.31	626.92						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

# KPMG LLP Compu-Max 2552-10

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	--------------------------------	--	--

## 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	36,762,228	36,762,228	1,303,984.00	28.19	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	962,385	962,385	38,405.00	25.06	7	
7.01	Contracted interns & residents (in an approved program)						7.01	
8	Home office and/or related organization personnel						8	
9	SNF	44					9	
10	Excluded area salaries (see instructions)		3,695,406	3,695,406	51,438.00	71.84	10	
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		4,361,925	4,361,925	66,784.00	65.31	11	
12	Contract management and administrative services						12	
13	Contract labor: Physician-Part A - Administrative						13	
14	Home office salaries & wage-related costs						14	
14.01	Home office salaries						14.01	
14.02	Related organization salaries						14.02	
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)		6,564,893	6,564,893			17	
18	Wage-related costs (other)(see instructions)						18	
19	Excluded areas		494,898	494,898			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/FQHC)						24	
25	Interns & residents (in an approved program)		202,726	202,726			25	
25.50	Home office wage-related						25.50	
25.51	Related organization wage-related						25.51	
25.52	Home office: Physician Part A - Administrative - wage-related						25.52	
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		248,831	248,831	10,401.00	23.92	26	
27	Administrative & General		6,437,167	6,437,167	175,934.00	36.59	27	
28	Administrative & General under contract (see instructions)		153,829	153,829	448.00	343.37	28	
29	Maintenance & Repairs		624,016	624,016	20,645.00	30.23	29	
30	Operation of Plant		830,530	830,530	58,149.00	14.28	30	
31	Laundry & Linen Service						31	
32	Housekeeping		995,840	995,840	69,347.00	14.36	32	
33	Housekeeping under contract (see instructions)						33	
34	Dietary		917,371	-370,572	546,799	34,166.00	16.00	34
35	Dietary under contract (see instructions)						35	
36	Cafeteria			370,572	370,572	23,128.00	16.02	36
37	Maintenance of Personnel						37	
38	Nursing Administration		1,404,970	1,404,970	47,915.00	29.32	38	
39	Central Services and Supply		55,947	55,947	4,370.00	12.80	39	
40	Pharmacy		799,232	799,232	24,923.00	32.07	40	
41	Medical Records & Medical Records Library		747,827	747,827	40,785.00	18.34	41	
42	Social Service		192,894	192,894	9,023.00	21.38	42	
43	Other General Service						43	

### Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		35,953,672		35,953,672	1,266,027.00	28.40	1
2	Excluded area salaries (see instructions)		3,695,406		3,695,406	51,438.00	71.84	2
3	Subtotal salaries (line 1 minus line 2)		32,258,266		32,258,266	1,214,589.00	26.56	3
4	Subtotal other wages & related costs (see instructions)		4,361,925		4,361,925	66,784.00	65.31	4
5	Subtotal wage-related costs (see instructions)		6,564,893		6,564,893		20.35%	5
6	Total (sum of lines 3 through 5)		43,185,084		43,185,084	1,281,373.00	33.70	6
7	Total overhead cost (see instructions)		13,408,454		13,408,454	519,234.00	25.82	7

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	348,635	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	404,039	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)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,200,204	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	141,778	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	649,872	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	2,617,689	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	-99,702	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)	7,262,515	24

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

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
----	------------------------------------	--	----

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	4,361,925	7,262,516	1
2	Hospital	4,361,925	7,262,516	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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

## 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)		0.227874	1
---	--	--	----------	---

### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		36,162,366	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		93,978,960	6
7	Medicaid cost (line 1 times line 6)		21,415,362	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	7,152,449		7,152,449	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,629,857		1,629,857	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,629,857		1,629,857	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)			19,025,050	26
27	Medicare bad debts for the entire hospital complex (see instructions)			728,863	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			18,296,187	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,169,225	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			5,799,082	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,799,082	31

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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				2,825,991	2,825,991		2,825,991	1
2	00200	Cap Rel Costs-Mvble Equip								2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	248,831	70,695	319,526	6,945,075	7,264,601	-390	7,264,211	4
5	00500	Administrative & General	6,437,167	-3,759,886	2,677,281	-9,744,438	-7,067,157	19,064,327	11,997,170	5
6	00600	Maintenance & Repairs	624,016	480,908	1,104,924		1,104,924		1,104,924	6
7	00700	Operation of Plant	830,530	1,389,243	2,219,773		2,219,773	-577,630	1,642,143	7
8	00800	Laundry & Linen Service		290,794	290,794		290,794		290,794	8
9	00900	Housekeeping	995,840	365,041	1,360,881	-26,628	1,334,253		1,334,253	9
10	01000	Dietary	917,371	225,279	1,142,650	-461,574	681,076		681,076	10
11	01100	Cafeteria		4,604	4,604	461,574	466,178	-284,713	181,465	11
12	01200	Maintenance of Personnel		-3,449	-3,449		-3,449	3,449		12
13	01300	Nursing Administration	1,404,970	130,337	1,535,307		1,535,307		1,535,307	13
14	01400	Central Services & Supply	55,947	47,373	103,320		103,320		103,320	14
15	01500	Pharmacy	799,232	1,588,149	2,387,381	-1,515,172	872,209		872,209	15
16	01600	Medical Records & Library	747,827	85,251	833,078		833,078	-4,413	828,665	16
17	01700	Social Service	192,894	320	193,214		193,214		193,214	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	962,385		962,385		962,385	-31,192	931,193	21
22	02200	I&R Services-Other Prgm Costs Apprvd		151,423	151,423		151,423		151,423	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	9,537,597	2,230,954	11,768,551	-85,522	11,683,029	-379,960	11,303,069	30
31	03100	Intensive Care Unit	1,307,578	721,884	2,029,462		2,029,462	-54,084	1,975,378	31
43	04300	Nursery	650,653	524,592	1,175,245	-22,478	1,152,767	-492,917	659,850	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	909,759	1,091,543	2,001,302	-660,091	1,341,211		1,341,211	50
52	05200	Delivery Room & Labor Room	1,119,910	164,790	1,284,700		1,284,700		1,284,700	52
54	05400	Radiology-Diagnostic	921,352	944,134	1,865,486	-16,931	1,848,555	-825,000	1,023,555	54
55.01	03190	CHEMO THERAPY				85,522	85,522		85,522	55.01
56	05600	Radioisotope	164,718	260,999	425,717		425,717		425,717	56
57	05700	CT Scan	292,437	88,304	380,741		380,741		380,741	57
60	06000	Laboratory		4,102,675	4,102,675		4,102,675		4,102,675	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	842,702	271,525	1,114,227		1,114,227	-33,333	1,080,894	65
66	06600	Physical Therapy	242,737	126,464	369,201		369,201	-12,000	357,201	66
69	06900	Electrocardiology	258,745	12,892	271,637		271,637		271,637	69
71	07100	Medical Supplies Charged to Patients				462,433	462,433		462,433	71
72	07200	Impl. Dev. Charged to Patients				237,067	237,067		237,067	72
73	07300	Drugs Charged to Patients				1,515,172	1,515,172		1,515,172	73
74	07400	Renal Dialysis		54,349	54,349		54,349		54,349	74
76	03550	OP PSYCH	164,664	8,055	172,719		172,719		172,719	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	2,436,960	3,853,274	6,290,234		6,290,234	-1,513,058	4,777,176	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)	33,066,822	15,522,516	48,589,338		48,589,338	14,859,086	63,448,424	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
192	19200	Physicians' Private Offices	3,583,441	1,620,065	5,203,506		5,203,506		5,203,506	192
194	07950	OTHER NON REIMBURSEABLE COST CENTER	111,965	64,316	176,281		176,281		176,281	194
200		TOTAL (sum of lines 118-199)	36,762,228	17,206,897	53,969,125		53,969,125	14,859,086	68,828,211	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**RECLASSIFICATIONS**

**WORKSHEET A-6**

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5	6		
1	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		2,357,678	1
500	Total reclassifications					2,357,678	500
	Code Letter - A						
1	FRINGE BENEFITS	B	Employee Benefits Department	4		6,945,075	1
2							2
500	Total reclassifications					6,945,075	500
	Code Letter - B						
1	INTEREST	C	Cap Rel Costs-Bldg & Fixt	1		374,738	1
500	Total reclassifications					374,738	500
	Code Letter - C						
1	CAFETERIA	D	Cafeteria	11	370,572	91,002	1
500	Total reclassifications				370,572	91,002	500
	Code Letter - D						
1	CENTRAL SUPPLY AND IMPLANTS	E	Medical Supplies Charged to P	71		462,433	1
2			Impl. Dev. Charged to Patient	72		237,067	2
3							3
500	Total reclassifications					699,500	500
	Code Letter - E						
1	CHARGEABLE DRUGS	F	Drugs Charged to Patients	73		1,515,172	1
500	Total reclassifications					1,515,172	500
	Code Letter - F						
1	CHEMO THERAPY	G	CHEMO THERAPY	55.01	70,522	15,000	1
500	Total reclassifications				70,522	15,000	500
	Code Letter - G						
1	CAPITAL INSURANCE	H	Cap Rel Costs-Bldg & Fixt	1		93,575	1
500	Total reclassifications					93,575	500
	Code Letter - H						
	<b>GRAND TOTAL (Increases)</b>					441,094	12,091,740

(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**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.		
		1	6	7	8	9	10		
1	DEPRECIATION EXPENSE	A	Administrative & General	5		2,357,678	9	1	
500	Total reclassifications					2,357,678		500	
	Code letter - A								
1	FRINGE BENEFITS	B	Administrative & General	5		6,918,447		1	
2			Housekeeping	9		26,628		2	
500	Total reclassifications					6,945,075		500	
	Code letter - B								
1	INTEREST	C	Administrative & General	5		374,738	11	1	
500	Total reclassifications					374,738		500	
	Code letter - C								
1	CAFETERIA	D	Dietary	10	370,572	91,002		1	
500	Total reclassifications				370,572	91,002		500	
	Code letter - D								
1	CENTRAL SUPPLY AND IMPLANTS	E	Nursery	43		22,478		1	
2			Operating Room	50		660,091		2	
3			Radiology-Diagnostic	54		16,931		3	
500	Total reclassifications					699,500		500	
	Code letter - E								
1	CHARGEABLE DRUGS	F	Pharmacy	15		1,515,172		1	
500	Total reclassifications					1,515,172		500	
	Code letter - F								
1	CHEMO THERAPY	G	Adults & Pediatrics	30	70,522	15,000		1	
500	Total reclassifications				70,522	15,000		500	
	Code letter - G								
1	CAPITAL INSURANCE	H	Administrative & General	5		93,575	9	1	
500	Total reclassifications					93,575		500	
	Code letter - H								
	<b>GRAND TOTAL (Decreases)</b>				<b>441,094</b>	<b>12,091,740</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.

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**RECONCILIATION OF CAPITAL COST CENTERS**

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

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

	Description	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	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	53,864,255	1,624,735		1,624,735		55,488,990		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	31,075,270	31,952		31,952		31,107,222		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	87,421,549	1,656,687		1,656,687		89,078,236		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	87,421,549	1,656,687		1,656,687		89,078,236		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 lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

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

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	55,488,990		55,488,990	0.640778					1
2	Cap Rel Costs-Mvble Equip	31,107,222		31,107,222	0.359222					2
3	Total (sum of lines 1-2)	86,596,212		86,596,212	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	2,451,253		374,738				2,825,991	1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)	2,451,253		374,738				2,825,991	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	--------------------------------	--	--

**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-53,516	Administrative & General	5		7
8	Television and radio service (chapter 21)	A	-10,141	Administrative & General	5		8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-3,341,544				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	-284,713	Cafeteria	11		14
15	Rental of quarters to employees & others	B	-168,752	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	-4,413	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							35
36							36
36.03	LOCKER & ID REVENUE	B	-390	Employee Benefits Department	4		36.03
36.05	CLERICAL FEES	B	-35	Administrative & General	5		36.05
36.06	DIALYSIS RENT	B	-212,254	Operation of Plant	7	9	36.06
36.20	DOCTOR'S OFFICE RENTALS	B	-196,624	Operation of Plant	7	9	36.20
37	LOBBYING DUES	A	-38,056	Administrative & General	5		37
38							38
39	ELIMINATE NEG ON WS A	A	3,449	Maintenance of Personnel	12		39
40	PROVIDER TAX PROCEEDS	B	27,797,973	Administrative & General	5		40
41	PROVIDER TAX EXP	A	-8,655,285	Administrative & General	5		41
42	DONATION	B	5,152	Administrative & General	5		42
43	EHR INCENTIVE PYMT -RECORDED AS RE	B	18,235	Administrative & General	5		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)		14,859,086				50

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

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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

**WORKSHEET A-8-1**

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

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

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

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

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

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

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

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

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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	31,294		31,294	211,500	1	102	5	1
2										2
3	30	Adults & Pediatrics AGGREGATE	379,960	379,960						3
4	31	Intensive Care Unit AGGREGATE	54,084	54,084						4
5	43	Nursery	492,917	492,917						5
6										6
7										7
8	54	Radiology-Diagnostic AGGREGATE	825,000	825,000						8
9										9
10	65	Respiratory Therapy AGGREGATE	33,333	33,333						10
11	66	Physical Therapy AGGREGATE	12,000	12,000						11
12	91	Emergency AGGREGATE	1,513,058	1,513,058						12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,341,646	3,310,352	31,294		1	102	5	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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					102	31,192	31,192	1
2										2
3	30	Adults & Pediatrics AGGREGATE							379,960	3
4	31	Intensive Care Unit AGGREGATE							54,084	4
5	43	Nursery							492,917	5
6										6
7										7
8	54	Radiology-Diagnostic AGGREGATE							825,000	8
9										9
10	65	Respiratory Therapy AGGREGATE							33,333	10
11	66	Physical Therapy AGGREGATE							12,000	11
12	91	Emergency AGGREGATE							1,513,058	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					102	31,192	3,341,544	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	2,825,991	2,825,991					1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	7,264,211	12,602	7,276,813				4
5	Administrative & General	11,997,170	156,127	1,282,876	13,436,173	13,436,173		5
6	Maintenance & Repairs	1,104,924	30,190	124,361	1,259,475	305,505	1,564,980	6
7	Operation of Plant	1,642,143	672,442	165,518	2,480,103	601,586	400,580	7
8	Laundry & Linen Service	290,794	11,038		301,832	73,214	6,576	8
9	Housekeeping	1,334,253	36,196	198,463	1,568,912	380,563	21,563	9
10	Dietary	681,076	41,053	108,973	831,102	201,596	24,456	10
11	Cafeteria	181,465	28,699	73,852	284,016	68,892	17,097	11
12	Maintenance of Personnel		33,667		33,667	8,166	20,056	12
13	Nursing Administration	1,535,307	17,670	279,999	1,832,976	444,616	10,526	13
14	Central Services & Supply	103,320	40,970	11,150	155,440	37,704	24,406	14
15	Pharmacy	872,209	16,815	159,281	1,048,305	254,282	10,017	15
16	Medical Records & Library	828,665	41,550	149,036	1,019,251	247,235	24,752	16
17	Social Service	193,214	13,733	38,442	245,389	59,523	8,181	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	931,193		191,796	1,122,989	272,398		21
22	I&R Services-Other Prgm Costs Apprvd	151,423	6,411		157,834	38,285	3,819	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	11,303,069	672,100	1,886,696	13,861,865	3,362,407	400,378	30
31	Intensive Care Unit	1,975,378	29,343	260,590	2,265,311	549,485	17,480	31
43	Nursery	659,850	10,707	129,670	800,227	194,107	6,378	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,341,211	123,030	181,308	1,645,549	399,153	73,291	50
52	Delivery Room & Labor Room	1,284,700	12,841	223,189	1,520,730	368,876	7,650	52
54	Radiology-Diagnostic	1,023,555	90,550	183,618	1,297,723	314,782	53,942	54
55.01	CHEMO THERAPY	85,522		14,054	99,576	24,154		55.01
56	Radioisotope	425,717	15,334	32,827	473,878	114,946	9,135	56
57	CT Scan	380,741	6,467	58,280	445,488	108,060	3,852	57
60	Laboratory	4,102,675	33,768		4,136,443	1,003,356	20,116	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,080,894	26,418	167,944	1,275,256	309,332	15,738	65
66	Physical Therapy	357,201	35,506	48,376	441,083	106,991	21,152	66
69	Electrocardiology	271,637		51,566	323,203	78,398		69
71	Medical Supplies Charged to Patients	462,433			462,433	112,170		71
72	Impl. Dev. Charged to Patients	237,067			237,067	57,504		72
73	Drugs Charged to Patients	1,515,172			1,515,172	367,528		73
74	Renal Dialysis	54,349	88,711		143,060	34,701	52,846	74
76	OP PSYCH	172,719	19,970	32,816	225,505	54,700	11,896	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	Emergency	4,777,176	55,458	485,667	5,318,301	1,290,034	33,037	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)	63,448,424	2,379,366	6,540,348	62,265,334	11,844,249	1,298,920	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	5,203,506	446,625	714,151	6,364,282	1,543,752	266,060	192
194	OTHER NON REIMBURSEABLE COST CENTER	176,281		22,314	198,595	48,172		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	68,828,211	2,825,991	7,276,813	68,828,211	13,436,173	1,564,980	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	3,482,269						7
8	Laundry & Linen Service	19,665	401,287					8
9	Housekeeping	64,485		2,035,523				9
10	Dietary	73,138		43,811	1,174,103			10
11	Cafeteria	51,129		30,627	474,280	926,041		11
12	Maintenance of Personnel	59,979		35,928			157,796	12
13	Nursing Administration	31,481		18,857		48,648	29,773	13
14	Central Services & Supply	72,990		43,722		4,434		14
15	Pharmacy	29,957		17,944		25,295		15
16	Medical Records & Library	74,023		44,341		41,406		16
17	Social Service	24,467		14,656		9,164		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					38,977		21
22	I&R Services-Other Prgm Costs Apprvd	11,422		6,842				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,197,378	371,192	717,248	669,877	382,363	98,250	30
31	Intensive Care Unit	52,276	28,049	31,314	29,946	43,348		31
43	Nursery	19,075	2,046	11,426		14,442	29,773	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	219,184		131,295		29,793		50
52	Delivery Room & Labor Room	22,877		13,704		27,597		52
54	Radiology-Diagnostic	161,320		96,633		27,660		54
55.01	CHEMO THERAPY					2,977		55.01
56	Radioisotope	27,318		16,364		3,927		56
57	CT Scan	11,520		6,901		10,325		57
60	Laboratory	60,159		36,036				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	47,065		28,193		29,729		65
66	Physical Therapy	63,256		37,891		6,693		66
69	Electrocardiology					6,461		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	158,042		94,670				74
76	OP PSYCH	35,578		21,311		6,546		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	98,801		59,183		114,040		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)	2,686,585	401,287	1,558,897	1,174,103	873,825	157,796	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	795,684		476,626		44,974		192
194	OTHER NON REIMBURSEABLE COST CENTER					7,242		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,482,269	401,287	2,035,523	1,174,103	926,041	157,796	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	2,416,877						13
14	Central Services & Supply		338,696					14
15	Pharmacy			1,385,800				15
16	Medical Records & Library				1,451,008			16
17	Social Service					361,380		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						1,434,364	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,511,038	61,221	18,620	1,342,188	334,278	1,113,391	30
31	Intensive Care Unit	171,305	23,414	3,761	101,421	25,259	47,018	31
43	Nursery	57,074			7,399	1,843	48,271	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	117,736		7,681			95,290	50
52	Delivery Room & Labor Room	109,058	5,764					52
54	Radiology-Diagnostic						15,045	54
55.01	CHEMO THERAPY							55.01
56	Radioisotope		41,059					56
57	CT Scan		4,678					57
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		14,939	2,412			67,078	65
66	Physical Therapy		214	1,055				66
69	Electrocardiology		305					69
71	Medical Supplies Charged to Patients		79,634					71
72	Impl. Dev. Charged to Patients		40,825					72
73	Drugs Charged to Patients			1,351,083				73
74	Renal Dialysis		561					74
76	OP PSYCH		199					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	450,666	60,249	1,188			48,271	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)	2,416,877	333,062	1,385,800	1,451,008	361,380	1,434,364	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		5,616					192
194	OTHER NON REIMBURSEABLE COST CENTER		18					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,416,877	338,696	1,385,800	1,451,008	361,380	1,434,364	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	218,202					22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	169,367	25,611,061	-1,282,758	24,328,303		30
31	Intensive Care Unit	7,156	3,396,543	-54,174	3,342,369		31
43	Nursery	7,343	1,199,404	-55,614	1,143,790		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	14,499	2,733,471	-109,789	2,623,682		50
52	Delivery Room & Labor Room		2,076,256		2,076,256		52
54	Radiology-Diagnostic	2,292	1,969,397	-17,337	1,952,060		54
55.01	CHEMO THERAPY		126,707		126,707		55.01
56	Radioisotope		686,627		686,627		56
57	CT Scan		590,824		590,824		57
60	Laboratory		5,256,110		5,256,110		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	10,202	1,799,944	-77,280	1,722,664		65
66	Physical Therapy		678,335		678,335		66
69	Electrocardiology		408,367		408,367		69
71	Medical Supplies Charged to Patients		654,237		654,237		71
72	Impl. Dev. Charged to Patients		335,396		335,396		72
73	Drugs Charged to Patients		3,233,783		3,233,783		73
74	Renal Dialysis		483,880		483,880		74
76	OP PSYCH		355,735		355,735		76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	7,343	7,481,113	-55,614	7,425,499		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)	218,202	59,077,190	-1,652,566	57,424,624		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices		9,496,994		9,496,994		192
194	OTHER NON REIMBURSEABLE COST CENTER		254,027		254,027		194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	218,202	68,828,211	-1,652,566	67,175,645		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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		12,602	12,602	12,602			4
5	Administrative & General	82,629	156,127	238,756	2,221	240,977		5
6	Maintenance & Repairs	58,485	30,190	88,675	215	5,479	94,369	6
7	Operation of Plant		672,442	672,442	287	10,788	24,155	7
8	Laundry & Linen Service		11,038	11,038		1,313	397	8
9	Housekeeping		36,196	36,196	344	6,825	1,300	9
10	Dietary		41,053	41,053	189	3,615	1,475	10
11	Cafeteria		28,699	28,699	128	1,235	1,031	11
12	Maintenance of Personnel		33,667	33,667		146	1,209	12
13	Nursing Administration		17,670	17,670	485	7,973	635	13
14	Central Services & Supply	55,450	40,970	96,420	19	676	1,472	14
15	Pharmacy	17,094	16,815	33,909	276	4,560	604	15
16	Medical Records & Library		41,550	41,550	258	4,434	1,493	16
17	Social Service		13,733	13,733	67	1,067	493	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				332	4,885		21
22	I&R Services-Other Prgm Costs Apprvd		6,411	6,411		687	230	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	13,076	672,100	685,176	3,269	60,322	24,143	30
31	Intensive Care Unit	5,691	29,343	35,034	451	9,854	1,054	31
43	Nursery	4,288	10,707	14,995	224	3,481	385	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	7,280	123,030	130,310	314	7,158	4,419	50
52	Delivery Room & Labor Room		12,841	12,841	386	6,615	461	52
54	Radiology-Diagnostic		90,550	90,550	318	5,645	3,253	54
55.01	CHEMO THERAPY				24	433		55.01
56	Radioisotope		15,334	15,334	57	2,061	551	56
57	CT Scan		6,467	6,467	101	1,938	232	57
60	Laboratory		33,768	33,768		17,994	1,213	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	25,177	26,418	51,595	291	5,547	949	65
66	Physical Therapy		35,506	35,506	84	1,919	1,275	66
69	Electrocardiology				89	1,406		69
71	Medical Supplies Charged to Patients					2,012		71
72	Impl. Dev. Charged to Patients					1,031		72
73	Drugs Charged to Patients					6,591		73
74	Renal Dialysis		88,711	88,711		622	3,187	74
76	OP PSYCH		19,970	19,970	57	981	717	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	26,322	55,458	81,780	841	23,135	1,992	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)	295,492	2,379,366	2,674,858	11,327	212,428	78,325	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		446,625	446,625	1,236	27,685	16,044	192
194	OTHER NON REIMBURSEABLE COST CENTER	40,017		40,017	39	864		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	335,509	2,825,991	3,161,500	12,602	240,977	94,369	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	707,672						7
8	Laundry & Linen Service	3,996	16,744					8
9	Housekeeping	13,105		57,770				9
10	Dietary	14,863		1,243	62,438			10
11	Cafeteria	10,391		869	25,222	67,575		11
12	Maintenance of Personnel	12,189		1,020			48,231	12
13	Nursing Administration	6,398		535		3,550	9,100	13
14	Central Services & Supply	14,833		1,241		324		14
15	Pharmacy	6,088		509		1,846		15
16	Medical Records & Library	15,043		1,258		3,021		16
17	Social Service	4,972		416		669		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					2,844		21
22	I&R Services-Other Prgm Costs Apprvd	2,321		194				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	243,332	15,489	20,357	35,623	27,903	30,031	30
31	Intensive Care Unit	10,624	1,170	889	1,593	3,163		31
43	Nursery	3,876	85	324		1,054	9,100	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	44,543		3,726		2,174		50
52	Delivery Room & Labor Room	4,649		389		2,014		52
54	Radiology-Diagnostic	32,784		2,743		2,018		54
55.01	CHEMO THERAPY					217		55.01
56	Radioisotope	5,552		464		287		56
57	CT Scan	2,341		196		753		57
60	Laboratory	12,226		1,023				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	9,565		800		2,169		65
66	Physical Therapy	12,855		1,075		488		66
69	Electrocardiology					471		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	32,118		2,687				74
76	OP PSYCH	7,230		605		478		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	20,078		1,680		8,322		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)	545,972	16,744	44,243	62,438	63,765	48,231	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	161,700		13,527		3,282		192
194	OTHER NON REIMBURSEABLE COST CENTER					528		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	707,672	16,744	57,770	62,438	67,575	48,231	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	46,346						13
14	Central Services & Supply		114,985					14
15	Pharmacy			47,792				15
16	Medical Records & Library				67,057			16
17	Social Service					21,417		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						8,061	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	28,976	20,784	642	62,028	19,811		30
31	Intensive Care Unit	3,285	7,949	130	4,687	1,497		31
43	Nursery	1,094			342	109		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,258		265				50
52	Delivery Room & Labor Room	2,091	1,957					52
54	Radiology-Diagnostic							54
55.01	CHEMO THERAPY							55.01
56	Radioisotope		13,939					56
57	CT Scan		1,588					57
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		5,072	83				65
66	Physical Therapy		72	36				66
69	Electrocardiology		104					69
71	Medical Supplies Charged to Patients		27,036					71
72	Impl. Dev. Charged to Patients		13,860					72
73	Drugs Charged to Patients			46,595				73
74	Renal Dialysis		190					74
76	OP PSYCH		67					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	8,642	20,454	41				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)	46,346	113,072	47,792	67,057	21,417		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		1,907					192
194	OTHER NON REIMBURSEABLE COST CENTER		6					194
200	Cross Foot Adjustments						8,061	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	46,346	114,985	47,792	67,057	21,417	8,061	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	9,843					22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		1,277,886		1,277,886		30
31	Intensive Care Unit		81,380		81,380		31
43	Nursery		35,069		35,069		43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		195,167		195,167		50
52	Delivery Room & Labor Room		31,403		31,403		52
54	Radiology-Diagnostic		137,311		137,311		54
55.01	CHEMO THERAPY		674		674		55.01
56	Radioisotope		38,245		38,245		56
57	CT Scan		13,616		13,616		57
60	Laboratory		66,224		66,224		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		76,071		76,071		65
66	Physical Therapy		53,310		53,310		66
69	Electrocardiology		2,070		2,070		69
71	Medical Supplies Charged to Patients		29,048		29,048		71
72	Impl. Dev. Charged to Patients		14,891		14,891		72
73	Drugs Charged to Patients		53,186		53,186		73
74	Renal Dialysis		127,515		127,515		74
76	OP PSYCH		30,105		30,105		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		166,965		166,965		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)		2,430,136		2,430,136		118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices		672,006		672,006		192
194	OTHER NON REIMBURSEABLE COST CENTER		41,454		41,454		194
200	Cross Foot Adjustments	9,843	17,904		17,904		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	9,843	3,161,500		3,161,500		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	36,513,397					4
5	Administrative & General	16,973	6,437,167	-13,436,173	55,392,038			5
6	Maintenance & Repairs	3,282	624,016		1,259,475	285,597		6
7	Operation of Plant	73,103	830,530		2,480,103	73,103	212,494	7
8	Laundry & Linen Service	1,200			301,832	1,200	1,200	8
9	Housekeeping	3,935	995,840		1,568,912	3,935	3,935	9
10	Dietary	4,463	546,799		831,102	4,463	4,463	10
11	Cafeteria	3,120	370,572		284,016	3,120	3,120	11
12	Maintenance of Personnel	3,660			33,667	3,660	3,660	12
13	Nursing Administration	1,921	1,404,970		1,832,976	1,921	1,921	13
14	Central Services & Supply	4,454	55,947		155,440	4,454	4,454	14
15	Pharmacy	1,828	799,232		1,048,305	1,828	1,828	15
16	Medical Records & Library	4,517	747,827		1,019,251	4,517	4,517	16
17	Social Service	1,493	192,894		245,389	1,493	1,493	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		962,385		1,122,989			21
22	I&R Services-Other Prgm Costs Apprvd	697			157,834	697	697	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	73,066	9,467,075		13,861,865	73,066	73,066	30
31	Intensive Care Unit	3,190	1,307,578		2,265,311	3,190	3,190	31
43	Nursery	1,164	650,653		800,227	1,164	1,164	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	13,375	909,759		1,645,549	13,375	13,375	50
52	Delivery Room & Labor Room	1,396	1,119,910		1,520,730	1,396	1,396	52
54	Radiology-Diagnostic	9,844	921,352		1,297,723	9,844	9,844	54
55.01	CHEMO THERAPY		70,522		99,576			55.01
56	Radioisotope	1,667	164,718		473,878	1,667	1,667	56
57	CT Scan	703	292,437		445,488	703	703	57
60	Laboratory	3,671			4,136,443	3,671	3,671	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,872	842,702		1,275,256	2,872	2,872	65
66	Physical Therapy	3,860	242,737		441,083	3,860	3,860	66
69	Electrocardiology		258,745		323,203			69
71	Medical Supplies Charged to Patients				462,433			71
72	Impl. Dev. Charged to Patients				237,067			72
73	Drugs Charged to Patients				1,515,172			73
74	Renal Dialysis	9,644			143,060	9,644	9,644	74
76	OP PSYCH	2,171	164,664		225,505	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	2,436,960		5,318,301	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	32,817,991	-13,436,173	48,829,161	237,043	163,940	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	48,554	3,583,441		6,364,282	48,554	48,554	192
194	OTHER NON REIMBURSEABLE COST CENTER		111,965		198,595			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,825,991	7,276,813		13,436,173	1,564,980	3,482,269	202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.198531	0.199292		0.242565	5.479679	16.387611	203
204	Cost to be allocated (Per Wkst. B, Part II)		12,602		240,977	94,369	707,672	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.000345		0.004350	0.330427	3.330315	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA FTES SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION 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	31,575						8
9	Housekeeping		207,359					9
10	Dietary		4,463	102,958				10
11	Cafeteria		3,120	41,590	43,858			11
12	Maintenance of Personnel		3,660			53		12
13	Nursing Administration		1,921		2,304	10	28,965	13
14	Central Services & Supply		4,454		210			14
15	Pharmacy		1,828		1,198			15
16	Medical Records & Library		4,517		1,961			16
17	Social Service		1,493		434			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				1,846			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	29,207	73,066	58,742	18,109	33	18,109	30
31	Intensive Care Unit	2,207	3,190	2,626	2,053		2,053	31
43	Nursery	161	1,164		684	10	684	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		13,375		1,411		1,411	50
52	Delivery Room & Labor Room		1,396		1,307		1,307	52
54	Radiology-Diagnostic		9,844		1,310			54
55.01	CHEMO THERAPY				141			55.01
56	Radioisotope		1,667		186			56
57	CT Scan		703		489			57
60	Laboratory		3,671					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,872		1,408			65
66	Physical Therapy		3,860		317			66
69	Electrocardiology				306			69
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		310			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		5,401		5,401	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)	31,575	158,805	102,958	41,385	53	28,965	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		48,554		2,130			192
194	OTHER NON REIMBURSEABLE COST CENTER				343			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	401,287	2,035,523	1,174,103	926,041	157,796	2,416,877	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.709010	9.816420	11.403708	21.114529	2,977.283019	83.441291	203
204	Cost to be allocated (Per Wkst. B, Part II)	16,744	57,770	62,438	67,575	48,231	46,346	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.530293	0.278599	0.606441	1.540768	910.018868	1.600069	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	1,966,778						14
15	Pharmacy		1,554,105					15
16	Medical Records & Library			31,575				16
17	Social Service				31,575			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	355,505	20,881	29,207	29,207	523,280	21,798	30
31	Intensive Care Unit	135,961	4,218	2,207	2,207	22,098	921	31
43	Nursery			161	161	22,687	945	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		8,614			44,785	1,866	50
52	Delivery Room & Labor Room	33,471						52
54	Radiology-Diagnostic					7,071	295	54
55.01	CHEMO THERAPY							55.01
56	Radioisotope	238,426						56
57	CT Scan	27,164						57
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	86,749	2,705			31,526	1,313	65
66	Physical Therapy	1,240	1,183					66
69	Electrocardiology	1,773						69
71	Medical Supplies Charged to Patients	462,433						71
72	Impl. Dev. Charged to Patients	237,067						72
73	Drugs Charged to Patients		1,515,172					73
74	Renal Dialysis	3,255						74
76	OP PSYCH	1,154						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	349,862	1,332			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)	1,934,060	1,554,105	31,575	31,575	674,134	28,083	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	32,612						192
194	OTHER NON REIMBURSEABLE COST CENTER	106						194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	338,696	1,385,800	1,451,008	361,380	1,434,364	218,202	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.172209	0.891703	45.954331	11.445131	2.127713	7.769896	203
204	Cost to be allocated (Per Wkst. B, Part II)	114,985	47,792	67,057	21,417	8,061	9,843	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.058464	0.030752	2.123737	0.678290	0.011958	0.350497	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
52	Delivery Room & Labor Room							52
54	Radiology-Diagnostic							54
55.01	CHEMO THERAPY							55.01
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
69	Electrocardiology							69
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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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	24,328,303		24,328,303		24,328,303	30
31	Intensive Care Unit	3,342,369		3,342,369		3,342,369	31
43	Nursery	1,143,790		1,143,790		1,143,790	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,623,682		2,623,682		2,623,682	50
52	Delivery Room & Labor Room	2,076,256		2,076,256		2,076,256	52
54	Radiology-Diagnostic	1,952,060		1,952,060		1,952,060	54
55.01	CHEMO THERAPY	126,707		126,707		126,707	55.01
56	Radioisotope	686,627		686,627		686,627	56
57	CT Scan	590,824		590,824		590,824	57
60	Laboratory	5,256,110		5,256,110		5,256,110	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,722,664		1,722,664		1,722,664	65
66	Physical Therapy	678,335		678,335		678,335	66
69	Electrocardiology	408,367		408,367		408,367	69
71	Medical Supplies Charged to Patients	654,237		654,237		654,237	71
72	Impl. Dev. Charged to Patients	335,396		335,396		335,396	72
73	Drugs Charged to Patients	3,233,783		3,233,783		3,233,783	73
74	Renal Dialysis	483,880		483,880		483,880	74
76	OP PSYCH	355,735		355,735		355,735	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	Emergency	7,425,499		7,425,499		7,425,499	91
92	Observation Beds (Non-Distinct Part)	1,996,397		1,996,397		1,996,397	92
93.01	CANCER CENTER						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Subtotal (sum of lines 30 thru 199)	59,421,021		59,421,021		59,421,021	200
201	Less Observation Beds	1,996,397		1,996,397		1,996,397	201
202	Total (line 200 minus line 201)	57,424,624		57,424,624		57,424,624	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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	48,250,689		48,250,689				30
31	Intensive Care Unit	16,599,308		16,599,308				31
43	Nursery	598,949		598,949				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,737,193	2,940,139	7,677,332	0.341744	0.341744	0.341744	50
52	Delivery Room & Labor Room	225,182	280,133	505,315	4.108835	4.108835	4.108835	52
54	Radiology-Diagnostic	4,617,391	6,955,105	11,572,496	0.168681	0.168681	0.168681	54
55.01	CHEMO THERAPY	172,736	655,312	828,048	0.153019	0.153019	0.153019	55.01
56	Radioisotope	922,819	605,669	1,528,488	0.449220	0.449220	0.449220	56
57	CT Scan	7,687,168	17,289,969	24,977,137	0.023655	0.023655	0.023655	57
60	Laboratory	27,169,895	35,294,481	62,464,376	0.084146	0.084146	0.084146	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	10,768,513	1,195,112	11,963,625	0.143992	0.143992	0.143992	65
66	Physical Therapy	609,646	886,169	1,495,815	0.453489	0.453489	0.453489	66
69	Electrocardiology	4,315,888	2,390,316	6,706,204	0.060894	0.060894	0.060894	69
71	Medical Supplies Charged to Patients	632,177	334,519	966,696	0.676776	0.676776	0.676776	71
72	Impl. Dev. Charged to Patients	278,141	67,939	346,080	0.969129	0.969129	0.969129	72
73	Drugs Charged to Patients	18,480,648	4,253,468	22,734,116	0.142244	0.142244	0.142244	73
74	Renal Dialysis	3,954,050	258,073	4,212,123	0.114878	0.114878	0.114878	74
76	OP PSYCH		1,372,977	1,372,977	0.259098	0.259098	0.259098	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	6,860,313	10,152,238	17,012,551	0.436472	0.436472	0.436472	91
92	Observation Beds (Non-Distinct Part)	2,216,249	7,973,048	10,189,297	0.195931	0.195931	0.195931	92
93.01	CANCER CENTER							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	159,096,955	92,904,667	252,001,622				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	159,096,955	92,904,667	252,001,622				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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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)	1,277,886		1,277,886	31,818	40.16	6,233	250,317	30
31	Intensive Care Unit	81,380		81,380	2,207	36.87	772	28,464	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	35,069		35,069	161	217.82			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,394,335		1,394,335	34,186		7,005	278,781	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	195,167	7,677,332	0.025421	1,306,991	33,225	50
52	Delivery Room & Labor Room	31,403	505,315	0.062145	8,144	506	52
54	Radiology-Diagnostic	137,311	11,572,496	0.011865	1,720,196	20,410	54
55.01	CHEMO THERAPY	674	828,048	0.000814	69,224	56	55.01
56	Radioisotope	38,245	1,528,488	0.025021	299,098	7,484	56
57	CT Scan	13,616	24,977,137	0.000545	3,050,877	1,663	57
60	Laboratory	66,224	62,464,376	0.001060	10,347,285	10,968	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	76,071	11,963,625	0.006359	3,273,290	20,815	65
66	Physical Therapy	53,310	1,495,815	0.035639	214,562	7,647	66
69	Electrocardiology	2,070	6,706,204	0.000309	1,307,930	404	69
71	Medical Supplies Charged to Pat	29,048	966,696	0.030049	246,428	7,405	71
72	Impl. Dev. Charged to Patients	14,891	346,080	0.043028	122,095	5,254	72
73	Drugs Charged to Patients	53,186	22,734,116	0.002339	6,214,633	14,536	73
74	Renal Dialysis	127,515	4,212,123	0.030273	1,437,836	43,528	74
76	OP PSYCH	30,105	1,372,977	0.021927			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	166,965	17,012,551	0.009814	1,431,611	14,050	91
92	Observation Beds (Non-Distinct	104,865	10,189,297	0.010292	286,700	2,951	92
93.01	CANCER CENTER						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,140,666	186,552,676		31,336,900	190,902	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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)	31,818		6,233		30
31	Intensive Care Unit	2,207		772		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	161				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	34,186		7,005		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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
55.01	CHEMO THERAPY							55.01
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
69	Electrocardiology							69
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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	7,677,332			1,306,991		456,173		50
52	Delivery Room & Labor Room	505,315			8,144				52
54	Radiology-Diagnostic	11,572,496			1,720,196		670,648		54
55.01	CHEMO THERAPY	828,048			69,224		217,000		55.01
56	Radioisotope	1,528,488			299,098		144,615		56
57	CT Scan	24,977,137			3,050,877		1,793,665		57
60	Laboratory	62,464,376			10,347,285		2,001,951		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	11,963,625			3,273,290		79,330		65
66	Physical Therapy	1,495,815			214,562		2,437		66
69	Electrocardiology	6,706,204			1,307,930		394,391		69
71	Medical Supplies Charged to Pat	966,696			246,428		37,063		71
72	Impl. Dev. Charged to Patients	346,080			122,095		9,692		72
73	Drugs Charged to Patients	22,734,116			6,214,633		334,172		73
74	Renal Dialysis	4,212,123			1,437,836		46,085		74
76	OP PSYCH	1,372,977					351,715		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	17,012,551			1,431,611		791,029		91
92	Observation Beds (Non-Distinct)	10,189,297			286,700		746,139		92
93.01	CANCER CENTER								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	186,552,676			31,336,900		8,076,105		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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	0.341744	456,173			155,894			50
52	Delivery Room & Labor Room	4.108835							52
54	Radiology-Diagnostic	0.168681	670,648			113,126			54
55.01	CHEMO THERAPY	0.153019	217,000			33,205			55.01
56	Radioisotope	0.449220	144,615			64,964			56
57	CT Scan	0.023655	1,793,665			42,429			57
60	Laboratory	0.084146	2,001,951		410	168,456		34	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.143992	79,330			11,423			65
66	Physical Therapy	0.453489	2,437			1,105			66
69	Electrocardiology	0.060894	394,391			24,016			69
71	Medical Supplies Charged to Pat	0.676776	37,063			25,083			71
72	Impl. Dev. Charged to Patients	0.969129	9,692			9,393			72
73	Drugs Charged to Patients	0.142244	334,172			47,534			73
74	Renal Dialysis	0.114878	46,085			5,294			74
76	OP PSYCH	0.259098	351,715			91,129			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	0.436472	791,029			345,262			91
92	Observation Beds (Non-Distinct	0.195931	746,139			146,192			92
93.01	CANCER CENTER								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		8,076,105		410	1,284,505		34	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		8,076,105		410	1,284,505		34	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

Check  Title V  
 Applicable  Title XVIII, Part A  
 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)	1,277,886		1,277,886	31,818	40.16	9,256	371,721	30
31	Intensive Care Unit	81,380		81,380	2,207	36.87	699	25,772	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	35,069		35,069	161	217.82	75	16,337	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,394,335		1,394,335	34,186		10,030	413,830	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0177**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  IPF  
 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	195,167	7,677,332	0.025421	199,733	5,077	50
52	Delivery Room & Labor Room	31,403	505,315	0.062145	20,905	1,299	52
54	Radiology-Diagnostic	137,311	11,572,496	0.011865	141,936	1,684	54
55.01	CHEMO THERAPY	674	828,048	0.000814	20,236	16	55.01
56	Radioisotope	38,245	1,528,488	0.025021	26,115	653	56
57	CT Scan	13,616	24,977,137	0.000545	287,869	157	57
60	Laboratory	66,224	62,464,376	0.001060	1,078,878	1,144	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	76,071	11,963,625	0.006359	270,545	1,720	65
66	Physical Therapy	53,310	1,495,815	0.035639	8,578	306	66
69	Electrocardiology	2,070	6,706,204	0.000309	153,913	48	69
71	Medical Supplies Charged to Pat	29,048	966,696	0.030049	18,213	547	71
72	Impl. Dev. Charged to Patients	14,891	346,080	0.043028	17,520	754	72
73	Drugs Charged to Patients	53,186	22,734,116	0.002339	745,052	1,743	73
74	Renal Dialysis	127,515	4,212,123	0.030273	69,127	2,093	74
76	OP PSYCH	30,105	1,372,977	0.021927			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	166,965	17,012,551	0.009814	304,074	2,984	91
92	Observation Beds (Non-Distinct	104,865	10,189,297	0.010292	153,572	1,581	92
93.01	CANCER CENTER						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	1,140,666	186,552,676		3,516,266	21,806	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [ ] PPS  
Applicable     [ ] Title XVIII, Part A        [ ] TEFRA  
Boxes:         [XX] Title XIX                   [XX] 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)	31,818		9,256		30
31	Intensive Care Unit	2,207		699		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	161		75		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	34,186		10,030		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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
55.01	CHEMO THERAPY							55.01
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
69	Electrocardiology							69
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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	7,677,332			199,733				50
52	Delivery Room & Labor Room	505,315			20,905				52
54	Radiology-Diagnostic	11,572,496			141,936				54
55.01	CHEMO THERAPY	828,048			20,236				55.01
56	Radioisotope	1,528,488			26,115				56
57	CT Scan	24,977,137			287,869				57
60	Laboratory	62,464,376			1,078,878				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	11,963,625			270,545				65
66	Physical Therapy	1,495,815			8,578				66
69	Electrocardiology	6,706,204			153,913				69
71	Medical Supplies Charged to Pat	966,696			18,213				71
72	Impl. Dev. Charged to Patients	346,080			17,520				72
73	Drugs Charged to Patients	22,734,116			745,052				73
74	Renal Dialysis	4,212,123			69,127				74
76	OP PSYCH	1,372,977							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	17,012,551			304,074				91
92	Observation Beds (Non-Distinct)	10,189,297			153,572				92
93.01	CANCER CENTER								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	186,552,676			3,516,266				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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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/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	0.341744							50
52	Delivery Room & Labor Room	4.108835							52
54	Radiology-Diagnostic	0.168681							54
55.01	CHEMO THERAPY	0.153019							55.01
56	Radioisotope	0.449220							56
57	CT Scan	0.023655							57
60	Laboratory	0.084146							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.143992							65
66	Physical Therapy	0.453489							66
69	Electrocardiology	0.060894							69
71	Medical Supplies Charged to Pat	0.676776							71
72	Impl. Dev. Charged to Patients	0.969129							72
73	Drugs Charged to Patients	0.142244							73
74	Renal Dialysis	0.114878							74
76	OP PSYCH	0.259098							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	0.436472							91
92	Observation Beds (Non-Distinct)	0.195931							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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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)	31,818	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	31,818	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)	29,207	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)	6,233	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)	24,328,303	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)	24,328,303	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)	24,328,303	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

							1					
38	Adjusted general inpatient routine service cost per diem (see instructions)						764.61	38				
39	Program general inpatient routine service cost (line 9 x line 38)						4,765,814	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)						4,765,814	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						3,342,369	2,207	1,514.44	772	1,169,148	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)						4,521,666	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						10,456,628	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						278,781	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						190,902	51
52	Total Program excludable cost (sum of lines 50 and 51)						469,683	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						9,986,945	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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)					2,611	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					764.61	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,996,397	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	1,277,886	24,328,303	0.052527	1,996,397	104,865	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0177**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	31,818	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	31,818	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)	29,207	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)	9,256	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)	161	15
16	Nursery days (title V or XIX only)	75	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)	24,328,303	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)	24,328,303	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)	24,328,303	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0177

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						764.61	38
39	Program general inpatient routine service cost (line 9 x line 38)						7,077,230	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						7,077,230	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	1,143,790	161	7,104.29	75	532,822	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	3,342,369	2,207	1,514.44	699	1,058,594	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)						648,768	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						9,317,414	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						413,830	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						21,806	51
52	Total Program excludable cost (sum of lines 50 and 51)						435,636	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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)					2,611	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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		13,321,501		30
31	Intensive Care Unit		2,662,242		31
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.341744	1,306,991	446,656	50
52	Delivery Room & Labor Room	4.108835	8,144	33,462	52
54	Radiology-Diagnostic	0.168681	1,720,196	290,164	54
55.01	CHEMO THERAPY	0.153019	69,224	10,593	55.01
56	Radioisotope	0.449220	299,098	134,361	56
57	CT Scan	0.023655	3,050,877	72,168	57
60	Laboratory	0.084146	10,347,285	870,683	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.143992	3,273,290	471,328	65
66	Physical Therapy	0.453489	214,562	97,302	66
69	Electrocardiology	0.060894	1,307,930	79,645	69
71	Medical Supplies Charged to Patients	0.676776	246,428	166,777	71
72	Impl. Dev. Charged to Patients	0.969129	122,095	118,326	72
73	Drugs Charged to Patients	0.142244	6,214,633	883,994	73
74	Renal Dialysis	0.114878	1,437,836	165,176	74
76	OP PSYCH	0.259098			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	0.436472	1,431,611	624,858	91
92	Observation Beds (Non-Distinct Part)	0.195931	286,700	56,173	92
93.01	CANCER CENTER				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		31,336,900	4,521,666	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		31,336,900		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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/IID  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		2,788,017		30
31	Intensive Care Unit		300,020		31
43	Nursery		44,947		43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.341744	199,733	68,258	50
52	Delivery Room & Labor Room	4.108835	20,905	85,895	52
54	Radiology-Diagnostic	0.168681	141,936	23,942	54
55.01	CHEMO THERAPY	0.153019	20,236	3,096	55.01
56	Radioisotope	0.449220	26,115	11,731	56
57	CT Scan	0.023655	287,869	6,810	57
60	Laboratory	0.084146	1,078,878	90,783	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.143992	270,545	38,956	65
66	Physical Therapy	0.453489	8,578	3,890	66
69	Electrocardiology	0.060894	153,913	9,372	69
71	Medical Supplies Charged to Patients	0.676776	18,213	12,326	71
72	Impl. Dev. Charged to Patients	0.969129	17,520	16,979	72
73	Drugs Charged to Patients	0.142244	745,052	105,979	73
74	Renal Dialysis	0.114878	69,127	7,941	74
76	OP PSYCH	0.259098			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	0.436472	304,074	132,720	91
92	Observation Beds (Non-Distinct Part)	0.195931	153,572	30,090	92
93.01	CANCER CENTER				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,516,266	648,768	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,516,266		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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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)	4,783,618			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,783,617			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)	379,506			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	434,514			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	193.85			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	16.31			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)	0.058241			19
20	Prior year resident to bed ratio (see instructions)	0.058744			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.058241			21
22	IME payment adjustment (see instructions)	299,531			22
22.01	IME payment adjustment - Managed Care (see instructions)	13,604			22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	5.02			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)	299,531			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	13,604			29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1535			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.6101			31
32	Sum of lines 30 and 31	0.7636			32
33	Allowable disproportionate share percentage (see instructions)	0.5220			33
34	Disproportionate share adjustment (see instructions)	1,248,524			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)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,406,660		3,405,680	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,703,330		1,698,174	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,401,504			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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
47	Subtotal (see instructions)	14,896,300			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)	14,909,904			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	944,096			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)	261,503			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)	16,115,503			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	16,115,503			61
62	Deductibles billed to program beneficiaries	1,119,888			62
63	Coinsurance billed to program beneficiaries	155,442			63
64	Allowable bad debts (see instructions)	935,119			64
65	Adjusted reimbursable bad debts (see instructions)	607,827			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	486,333			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	15,448,000			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)	1,220			70.93
70.94	HRR adjustment amount (see instructions)	-62,870			70.94
71	Amount due provider (see instructions)	15,386,350			71
71.01	Sequestration adjustment (see instructions)	307,727			71.01
72	Interim payments	14,369,514			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	709,109			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	815,849			75

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

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

**HSP Bonus Payment Amount**

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

100	HSP bonus amount (see instructions)				100
-----	-------------------------------------	--	--	--	-----

**HVBP Adjustment for HSP Bonus Payment**

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

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

**HRR Adjustment for HSP Bonus Payment**

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

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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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)	34			1
2	Medical and other services reimbursed under OPPS (see instructions)	1,284,505			2
3	PPS payments	959,350			3
4	Outlier payment (see instructions)	908			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.800			5
6	Line 2 times line 5	1,027,604			6
7	Sum of line 3 and line 4 divided by line 6	0.9345			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)	34			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	410			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)	410			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)	410			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	376			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)	34			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)	960,258			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)	214,227			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)	746,065			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	32,124			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	778,189			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	778,189			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)	186,209			34
35	Adjusted reimbursable bad debts (see instructions)	121,036			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	60,740			36
37	Subtotal (see instructions)	899,225			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)	899,225			40
40.01	Sequestration adjustment (see instructions)	17,985			40.01
41	Interim payments	958,563			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-77,323			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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		14,479,347		931,193
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				
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)			11/08/2016	27,370
					3.01
					3.02
		Program			3.03
		to			3.04
		Provider			3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
			11/08/2016	109,833	3.51
		Provider			3.52
		to			3.53
		Program			3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-109,833		27,370
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)		14,369,514		958,563
	<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)				5.01
					5.02
		Program			5.03
		to			5.04
		Provider			5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
		Provider			5.52
		to			5.53
		Program			5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		709,109		6.01
					6.02
7	Total Medicare program liability (see instructions)		15,078,623		881,240
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)

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

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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)	7,785	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	7,005	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	315	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	31,414	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	252,001,622	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	7,152,449	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)	199,466	8
9	Sequestration adjustment amount (see instructions)	3,989	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	195,477	10

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

30	Initial/interim HIT payment(s)	187,446	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	8,031	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**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0177

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  SUB (Other)  ICF/IID  TEFRA  
 Boxes:  SNF  Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	9,317,414		1
2			2
3			3
4	9,317,414		4
5			5
6			6
7	9,317,414		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	3,132,984		8
9	3,516,266		9
10			10
11			11
12	6,649,250		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	6,649,250		16
17			17
18	2,668,164		18
19			19
20			20
21	6,649,250		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	6,649,250		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	2,668,164		30
31	6,649,250		31
32			32
33			33
34			34
35			35
36	6,649,250		36
37			37
38	6,649,250		38
39			39
40	6,649,250		40
41	6,649,250		41
42			42
43			43

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

**WORKSHEET E-4**

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

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
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)			16.31	6
7	Enter the lesser of line 5 or line 6			11.29	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	16.31	0.00	16.31	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	11.29	0.00	11.29	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	11.29	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	11.29	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)	11.29	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	11.29	0.00		17
18	Per resident amount	112,420.29	106,566.25		18
19	Approved amount for resident costs	1,269,225		1,269,225	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			5.02	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)			1,269,225	25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	7,005	315		26
27	Total inpatient days (see instructions)	31,449	31,449		27
28	Ratio of inpatient days to total inpatient days	0.222742	0.010016		28
29	Program direct GME amount	282,710	12,713		29
30	Reduction for direct GME payments for Medicare Advantage		1,796		30
31	Net Program direct GME amount			293,627	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)			4,212,123	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)			10,456,628	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)			10,456,628	41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)			1,284,539	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			1,284,539	44
45	Total reasonable cost (sum of lines 41 and 44)			11,741,167	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.890595	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.109405	47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)			293,627	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			261,503	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			32,124	50

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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

**WORKSHEET E-4**

Check  Title V  
 Applicable  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			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	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
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
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	9,988	9,221	26
27	Total inpatient days (see instructions)	31,449	31,449	27
28	Ratio of inpatient days to total inpatient days	0.317594	0.293205	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			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)			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)			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
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART 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**

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form CMS-2552-10	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	--------------------------------	--	--

**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	7,603,553				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	115,398,734				4
5	Other receivables	6,037,804				5
6	Allowances for uncollectible notes and accounts receivable	-60,665,487				6
7	Inventory	1,012,645				7
8	Prepaid expenses	313,255				8
9	Other current assets	52,347,832				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	122,048,336				11
<b>FIXED ASSETS</b>						
12	Land	2,482,024				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	55,611,776				15
16	Accumulated depreciation	-64,559,556				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	31,107,222				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)	24,641,466				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	487,076				34
35	Total other assets (sum of lines 31-34)	487,076				35
36	Total assets (sum of lines 11, 30 and 35)	147,176,878				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	2,910,531				37
38	Salaries, wages and fees payable	5,600,622				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	5,715,463				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	1,611,998				44
45	Total current liabilities (sum of lines 37 thru 44)	15,838,614				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	8,710,803				47
48	Unsecured loans					48
49	Other long term liabilities	1,320,567				49
50	Total long term liabilities (sum of lines 46 thru 49)	10,031,370				50
51	Total liabilities (sum of lines 45 and 50)	25,869,984				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	121,306,894				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)	121,306,894				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	147,176,878				60

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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		113,012,108		1
2	Net income (loss) (from Worksheet G-3, line 29)		8,294,786		2
3	Total (sum of line 1 and line 2)		121,306,894		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)		121,306,894		11
12	Deductions (debit adjustments) (specify)				12
13					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)		121,306,894		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					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

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	50,782,765		50,782,765	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)	50,782,765		50,782,765	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	16,610,373		16,610,373	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,610,373		16,610,373	16
17	Total inpatient routine care services (sum of lines 10 and 16)	67,393,138		67,393,138	17
18	Ancillary services	91,857,863		91,857,863	18
19	Outpatient services		92,750,622	92,750,622	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)	159,251,001	92,750,622	252,001,623	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		53,969,125	29
30	Add (specify)			30
31	PROVIDER TAX PROCEEDS RECORDED AS R	27,797,973		31
32				32
33				33
34				34
35	MISC			35
36	Total additions (sum of lines 30-35)		27,797,973	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		81,767,098	43

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

JACKSON PARK HOSPITAL Provider CCN: 14-0177	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**STATEMENT OF REVENUES AND EXPENSES****WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	252,001,623	1
2	Less contractual allowances and discounts on patients' accounts	165,498,694	2
3	Net patient revenues (line 1 minus line 2)	86,502,929	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	81,767,098	4
5	Net income from service to patients (line 3 minus line 4)	4,735,831	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	284,713	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	168,752	22
23	Governmental appropriations		23
24	Other (DIALYSIS RENT)	212,254	24
24.01	Other (DOCTOR OFFICE RENTALS)	196,624	24.01
24.02	Other (MEDICAL SCHOOL BILLING)	2,383,775	24.02
24.03	Other (OTHER NON OP INCOME)	312,837	24.03
25	Total other income (sum of lines 6-24)	3,558,955	25
26	Total (line 5 plus line 25)	8,294,786	26
29	Net income (or loss) for the period (line 26 minus line 28)	8,294,786	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**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	773,090	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	12,600	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)	86.16	3
4	Number of interns & residents (see instructions)	11.29	4
5	Indirect medical education percentage (see instructions)	3.77	5
6	Indirect medical education adjustment (see instructions)	29,145	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1535	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.6101	8
9	Sum of lines 7 and 8	0.7636	9
10	Allowable disproportionate share percentage (see instructions)	0.1672	10
11	Disproportionate share adjustment (see instructions)	129,261	11
12	Total prospective capital payments (see instructions)	944,096	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: 04/01/2016 To: 03/31/2017	Run Date: 08/24/2017 Run Time: 11:33 Version: 2017.01 (08/09/2017)
--	---------------------------------------	--	--

**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
52	Delivery Room & Labor Room						52
54	Radiology-Diagnostic						54
55.01	CHEMO THERAPY						55.01
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
69	Electrocardiology						69
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