

# Hospital Statement of Cost

BHF Page 1

Healthcare and Family Services, Bureau of Health Finance, 201 S. Grand Ave. E., Springfield, IL 62763

## General Information Preliminary

|                                         |                                      |                   |
|-----------------------------------------|--------------------------------------|-------------------|
| Name of Hospital:<br>Methodist Hospital | Medicare Provider Number:<br>15-0002 |                   |
| Street:<br>600 Grant Street             | Medicaid Provider Number:<br>7031    |                   |
| City:<br>Gary                           | State:<br>IN                         | Zip:<br>46402     |
| Period Covered by Statement:            | From:<br>01/01/2018                  | To:<br>12/31/2018 |

## Type of Contrc

| Voluntary Nonprofit                               | Proprietary                          | Government (Non-Federal)        |                                            |
|---------------------------------------------------|--------------------------------------|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> Church                   | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  | <input type="checkbox"/> Township          |
| <input type="checkbox"/> XXXX Corporation<br>XXXX | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   | <input type="checkbox"/> Hospital District |
| <input type="checkbox"/> Other (Specify)          | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other (Specify)   |

## Type of Hospita

|                                                          |                                         |                                          |
|----------------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> XXXX General Short-Term<br>XXXX | <input type="checkbox"/> Psychiatric    | <input type="checkbox"/> Cancer          |
| <input type="checkbox"/> General Long-Term               | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other (Specify) |

## Health Care Program

(A Separate Report Must Be Filled Out For Each Distinct Part Unit)

|                                                         |                                                    |                          |
|---------------------------------------------------------|----------------------------------------------------|--------------------------|
| <input type="checkbox"/> XXXX Medicaid Hospital<br>XXXX | <input type="checkbox"/> Medicaid Sub II<br>Rehab  | <input type="checkbox"/> |
| <input type="checkbox"/> Medicaid Sub I<br>Psych        | <input type="checkbox"/> Medicaid Sub III<br>Other | <input type="checkbox"/> |

**NOTE: Intentional Misrepresentation Or Falsification Of Any Information In This Cost Report May Be Punishable  
By Fine And / Or Imprisonment Under Federal Law**

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S):

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Methodist Hospital 7031 for the cost report beginning 01/01/2018 and ending 12/31/2018 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

Signed (Officer or Administrator of Provider(s)):

Name (Typewritten)  
Title  
Date  
Firm  
Telephone Number  
Email Address

Name (Typewritten)  
Title  
Date  
Telephone Number  
Email Address

This State Agency is requesting disclosure of information that is necessary to accomplish statutory purposes as found in Section 5 of the (305 ILCS 5/) Healthcare and Family Services Code (from Ch. 23, Par. 5). Failure to provide any information on or before the due date will result in cessation of program payments. This form has been approved by the Forms Mgt. Center.

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |         |                              |                |
|---------------------------|---------|------------------------------|----------------|
| Medicare Provider Number: | 15-0002 | Medicaid Provider Number:    | 7031           |
| Program:                  |         | Period Covered by Statement: |                |
|                           |         | From: 01/01/2018             | To: 12/31/2018 |

| Line No. | Inpatient Statistics   | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|----------|------------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
|          | <b>Part I-Hospital</b> | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.       | Adults and Pediatrics  | 382                  | 139,430                  |                         | 71,101                                           | 50.99%                                              |                                        | 13,960                                                  | 5.87                                                |
| 2.       | Psych                  | 14                   | 5,110                    |                         | 2,936                                            | 57.46%                                              |                                        | 226                                                     | 12.99                                               |
| 3.       | Rehab                  | 39                   | 14,235                   |                         | 8,648                                            | 60.75%                                              |                                        | 576                                                     | 15.01                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 39                   | 14,235                   |                         | 8,249                                            | 57.95%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | NICU                   | 35                   | 12,775                   |                         | 2,601                                            | 20.36%                                              |                                        |                                                         |                                                     |
| 8.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        |                      |                          |                         | 2,869                                            |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>509</b>           | <b>185,785</b>           |                         | <b>96,404</b>                                    | <b>51.89%</b>                                       |                                        | <b>14,762</b>                                           | <b>6.34</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 20,759                                           |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |            |              |     |            |             |
|-----|------------------------|-----|-----|-----|------------|--------------|-----|------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)        | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 416        |              |     | 139        | 4.26        |
| 2.  | Psych                  |     |     |     |            |              |     |            |             |
| 3.  | Rehab                  |     |     |     |            |              |     |            |             |
| 4.  | Other (Sub)            |     |     |     |            |              |     |            |             |
| 5.  | Intensive Care Unit    |     |     |     | 142        |              |     |            |             |
| 6.  | Coronary Care Unit     |     |     |     |            |              |     |            |             |
| 7.  | NICU                   |     |     |     | 34         |              |     |            |             |
| 8.  | Other                  |     |     |     |            |              |     |            |             |
| 9.  | Other                  |     |     |     |            |              |     |            |             |
| 10. | Other                  |     |     |     |            |              |     |            |             |
| 11. | Other                  |     |     |     |            |              |     |            |             |
| 12. | Other                  |     |     |     |            |              |     |            |             |
| 13. | Other                  |     |     |     |            |              |     |            |             |
| 14. | Other                  |     |     |     |            |              |     |            |             |
| 16. | Other                  |     |     |     |            |              |     |            |             |
| 17. | Other                  |     |     |     |            |              |     |            |             |
| 18. | Other                  |     |     |     |            |              |     |            |             |
| 19. | Other                  |     |     |     |            |              |     |            |             |
| 20. | Other                  |     |     |     |            |              |     |            |             |
| 21. | Newborn Nursery        |     |     |     | 44         |              |     |            |             |
| 22. | <b>Total</b>           |     |     |     | <b>636</b> | <b>0.66%</b> |     | <b>139</b> | <b>4.26</b> |

| Line No. | Part III - Outpatient Statistics - Occasions of Service | Program | Total Hospital |
|----------|---------------------------------------------------------|---------|----------------|
| 1.       | Total Outpatient Occasions of Service                   |         |                |

Hospital Statement of Cost / Apportionment of Ancillary Services to Health Care Programs

BHF Page 3

Preliminary

|                           |         |                              |                           |
|---------------------------|---------|------------------------------|---------------------------|
| Medicare Provider Number: | 15-0002 | Medicaid Provider Number:    | 7031                      |
| Program:                  |         | Period Covered by Statement: |                           |
|                           |         | From:                        | 01/01/2018 To: 12/31/2018 |

| Line No.                        | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|---------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                              | Operating Room                 | 13,682,469                                               | 160,072,673                                                 | 0.085477                                 | 716,065                                                                     |                                                                             | 61,207                                                                |                                                                       |
| 2.                              | Recovery Room                  | 2,637,105                                                | 10,821,121                                                  | 0.243700                                 | 168,712                                                                     |                                                                             | 41,115                                                                |                                                                       |
| 3.                              | Delivery and Labor Room        | 5,287,229                                                | 5,656,816                                                   | 0.934665                                 | 15,278                                                                      |                                                                             | 14,280                                                                |                                                                       |
| 4.                              | Anesthesiology                 |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 5.                              | Radiology - Diagnostic         | 8,959,328                                                | 40,084,188                                                  | 0.223513                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 6.                              | Radiology - Therapeutic        | 2,931,201                                                | 15,066,732                                                  | 0.194548                                 | 9,535                                                                       |                                                                             | 1,855                                                                 |                                                                       |
| 7.                              | Nuclear Medicine               | 3,036,498                                                | 16,612,204                                                  | 0.182787                                 | 24,187                                                                      |                                                                             | 4,421                                                                 |                                                                       |
| 8.                              | Laboratory                     | 15,984,089                                               | 155,336,834                                                 | 0.102900                                 | 441,496                                                                     |                                                                             | 45,430                                                                |                                                                       |
| 9.                              | Blood                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         | 2,234,232                                                | 8,960,206                                                   | 0.249351                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 11.                             | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            | 4,966,049                                                | 39,342,354                                                  | 0.126227                                 | 234,225                                                                     |                                                                             | 29,566                                                                |                                                                       |
| 13.                             | Physical Therapy               | 2,983,580                                                | 7,869,238                                                   | 0.379145                                 | 26,509                                                                      |                                                                             | 10,051                                                                |                                                                       |
| 14.                             | Occupational Therapy           | 2,460,216                                                | 6,077,206                                                   | 0.404827                                 | 19,458                                                                      |                                                                             | 7,877                                                                 |                                                                       |
| 15.                             | Speech Pathology               | 808,521                                                  | 2,501,738                                                   | 0.323184                                 | 8,758                                                                       |                                                                             | 2,830                                                                 |                                                                       |
| 16.                             | EKG                            | 1,283,853                                                | 23,171,578                                                  | 0.055406                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 17.                             | EEG                            | 1,945,307                                                | 26,940,508                                                  | 0.072208                                 | 53,634                                                                      |                                                                             | 3,873                                                                 |                                                                       |
| 18.                             | Med. / Surg. Supplies          | 17,739,723                                               | 53,172,472                                                  | 0.333626                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 19.                             | Drugs Charged to Patients      | 25,710,106                                               | 153,795,763                                                 | 0.167170                                 | 611,744                                                                     |                                                                             | 102,265                                                               |                                                                       |
| 20.                             | Renal Dialysis                 | 3,027,310                                                | 8,939,534                                                   | 0.338643                                 | 32,177                                                                      |                                                                             | 10,897                                                                |                                                                       |
| 21.                             | Ambulance                      |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                             | Endoscopy                      | 3,714,439                                                | 18,174,858                                                  | 0.204372                                 | 20,894                                                                      |                                                                             | 4,270                                                                 |                                                                       |
| 23.                             | Ultrasound                     | 2,793,582                                                | 17,965,300                                                  | 0.155499                                 | 34,573                                                                      |                                                                             | 5,376                                                                 |                                                                       |
| 24.                             | CT Scan                        | 4,433,617                                                | 124,404,760                                                 | 0.035639                                 | 248,533                                                                     |                                                                             | 8,857                                                                 |                                                                       |
| 25.                             | MRI                            | 1,478,746                                                | 29,626,211                                                  | 0.049913                                 | 51,159                                                                      |                                                                             | 2,553                                                                 |                                                                       |
| 26.                             | Cardiac Cath                   | 6,126,240                                                | 74,584,802                                                  | 0.082138                                 | 232,107                                                                     |                                                                             | 19,065                                                                |                                                                       |
| 27.                             | Cardiac Rehab                  | 686,422                                                  | 896,419                                                     | 0.765738                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                             | Implants Charged to Pt         | 19,901,483                                               | 32,459,800                                                  | 0.613112                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| Outpatient Service Cost Centers |                                |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                             | Clinic                         | 10,676,806                                               | 25,858,355                                                  | 0.412896                                 | 2,005                                                                       |                                                                             | 828                                                                   |                                                                       |
| 44.                             | Emergency                      | 17,113,458                                               | 67,240,057                                                  | 0.254513                                 | 139,340                                                                     |                                                                             | 35,464                                                                |                                                                       |
| 45.                             | Observation                    | 18,367,978                                               | 32,223,098                                                  | 0.570025                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                             | Total                          |                                                          |                                                             |                                          | 3,090,389                                                                   |                                                                             | 412,080                                                               |                                                                       |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to CMS 2552, W/S C charges to recompute the department cost to charge ratio.

**Hospital Statement of Cost / Computation of Inpatient Operating Cc**

BHF Page 4

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 81,279,717            | 2,401,421   | 6,977,006    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 91,860                | 2,936       | 8,648        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 884.82                | 817.92      | 806.78       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 416                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 368,085               |             |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  |                       |             |              |                     |
| 5.       | Medically necessary private room days applicable to the program (BHF Page 2, Pt. II, Col. 3)                             |                       |             |              |                     |
| 6.       | Medically necessary private room cost applicable to the program (Line 4 X Line 5)                                        |                       |             |              |                     |
| 7.       | Total program inpatient routine service cost (Line 3 + Line 6)                                                           | 368,085               |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 13,054,340                                            | 8,249                                             | 1,582.54                           | 142                                        | 224,721                        |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | NICU                                                                        | 2,845,305                                             | 2,601                                             | 1,093.93                           | 34                                         | 37,194                         |
| 11.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 3,424,550                                             | 2,869                                             | 1,193.64                           | 44                                         | 52,520                         |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 412,080                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>1,094,600</b>               |

**Hospital Statement of Costs****Apportionment of Cost of Services Rendered by Interns and Residents Not in an Approved Teaching Program**

Preliminary

|                           |                                                                 |                           |      |
|---------------------------|-----------------------------------------------------------------|---------------------------|------|
| Medicare Provider Number: | 15-0002                                                         | Medicaid Provider Number: | 7031 |
| Program:                  | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |                           |      |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Average Cost Per Day (Col. 2 / Col. 3) | Program Inpatient Days (BHF Page 2, Part II, Column 4) | Program Inpatient Expenses (Col. 4 X Col. 5) |
|----------|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------|
|          |                                                    | (1)                                                       | (2)                                               | (3)                                                               | (4)                                    | (5)                                                    | (6)                                          |
| 1.       | Total Cost of Svcs. Rendered                       | 100%                                                      |                                                   |                                                                   |                                        |                                                        |                                              |
| 2.       | Adults and Pediatrics (General Service Care)       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 3.       | Psych                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 4.       | Rehab                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 5.       | Other (Sub)                                        |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 6.       | Intensive Care Unit                                |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 7.       | Coronary Care Unit                                 |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 8.       | NICU                                               |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |

| Line No. | Hospital Outpatient Services                         | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Lines 88-93) | Ratio of Cost to Charges (Col. 2 / Col. 3) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45) |                 | Program Expenses (Col. 4 X Cols. 5A-B) |                 |
|----------|------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------|----------------------------------------|-----------------|
|          |                                                      | (1)                                                       | (2)                                               | (3)                                                          | (4)                                        | Inpatient (5A)                                       | Outpatient (5B) | Inpatient (6A)                         | Outpatient (6B) |
| 23.      | Clinic                                               |                                                           |                                                   |                                                              |                                            |                                                      |                 |                                        |                 |
| 24.      | Emergency                                            |                                                           |                                                   |                                                              |                                            |                                                      |                 |                                        |                 |
| 25.      | Observation                                          |                                                           |                                                   |                                                              |                                            |                                                      |                 |                                        |                 |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                           |                                                   |                                                              |                                            |                                                      |                 |                                        |                 |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                           |                                                   |                                                              |                                            |                                                      |                 |                                        |                 |

**Hospital Statement of Cost / Analysis of Hospital - Based Physician Expense**

BHF Page 6(a)

Preliminary

|                           |         |                              |                |
|---------------------------|---------|------------------------------|----------------|
| Medicare Provider Number: | 15-0002 | Medicaid Provider Number:    | 7031           |
| Program:                  |         | Period Covered by Statement: |                |
|                           |         | From: 01/01/2018             | To: 12/31/2018 |

| Line No. | Cost Centers                      | Professional Component<br>(CMS 2552-10,<br>W/S A-8-2,<br>Col. 4) | Total Dept. Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of Professional<br>Component<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>Col. 4) | Outpatient Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>Col. 5) |
|----------|-----------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers  | (1)                                                              | (2)                                                                  | (3)                                                                      | (4)                                                        | (5)                                                         | (6)                                                                | (7)                                                                 |
| 1.       | Operating Room                    |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 2.       | Recovery Room                     |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 3.       | Delivery and Labor Room           |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 4.       | Anesthesiology                    |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 5.       | Radiology - Diagnostic            |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 6.       | Radiology - Therapeutic           |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 7.       | Nuclear Medicine                  |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 8.       | Laboratory                        |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 9.       | Blood                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 10.      | Blood - Administration            |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 11.      | Intravenous Therapy               |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 12.      | Respiratory Therapy               |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 13.      | Physical Therapy                  |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 14.      | Occupational Therapy              |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 15.      | Speech Pathology                  |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 16.      | EKG                               |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 17.      | EEG                               |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 18.      | Med. / Surg. Supplies             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 19.      | Drugs Charged to Patients         |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 20.      | Renal Dialysis                    |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 21.      | Ambulance                         |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 22.      | Endoscopy                         |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 23.      | Ultrasound                        |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 24.      | CT Scan                           | 462                                                              | 124,404,760                                                          | 0.000004                                                                 | 248,533                                                    |                                                             | 1                                                                  |                                                                     |
| 25.      | MRI                               |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 26.      | Cardiac Cath                      |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 27.      | Cardiac Rehab                     |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 28.      | Implants Charged to Pt            |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 29.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 30.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 31.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 32.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 33.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 34.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 35.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 36.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 37.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 38.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 39.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 40.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 41.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 42.      | Other                             |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
|          | Outpatient Ancillary Cost Centers |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 43.      | Clinic                            |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 44.      | Emergency                         |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 45.      | Observation                       |                                                                  |                                                                      |                                                                          |                                                            |                                                             |                                                                    |                                                                     |
| 46.      | Ancillary Total                   |                                                                  |                                                                      |                                                                          |                                                            |                                                             | 1                                                                  |                                                                     |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the professional component to total charge ratio.

**Hospital Statement of Cost / Analysis of Hospital - Based Physician Expense**

BHF Page 6(b)

Preliminary

|                           |         |                              |                |
|---------------------------|---------|------------------------------|----------------|
| Medicare Provider Number: | 15-0002 | Medicaid Provider Number:    | 7031           |
| Program:                  |         | Period Covered by Statement: |                |
|                           |         | From: 01/01/2018             | To: 12/31/2018 |

| Line No. | Cost Centers                   | Professional Component<br>(CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private<br>(CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for H B P<br>(Col. 3 X Col. 5) |
|----------|--------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers   | (1)                                                        | (2)                                                                  | (3)                                                       | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics          | 3,150,471                                                  | 91,860                                                               | 34.30                                                     | 416                                                          |                                                    | 14,269                                                    |                                                            |
| 48.      | Psych                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 53.      | NICU                           | 805,693                                                    | 2,601                                                                | 309.76                                                    | 34                                                           |                                                    | 10,532                                                    |                                                            |
| 54.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                            |                                                                      |                                                           |                                                              |                                                    | 24,801                                                    |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                            |                                                                      |                                                           |                                                              |                                                    | 1                                                         |                                                            |
| 69.      | Total (Lines 67-68)            |                                                            |                                                                      |                                                           |                                                              |                                                    | 24,802                                                    |                                                            |

**Hospital Statement of Cost**

BHF Page 7

**Computation of Lesser of Reasonable Cost or Customary Charge**

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |

| Line No. | Reasonable Cost                                                                                          | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|----------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 1.       | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                          |                           |
| 2.       | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 1,094,600                |                           |
| 3.       | Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                          |                           |
| 4.       | Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  | 24,802                   |                           |
| 5.       | Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                          |                           |
| 6.       | Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             | 1,214                    |                           |
| 7.       | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>1,120,616</b>         |                           |
| 8.       | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 100.00%                  |                           |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 3,090,389                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 465,722                  |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 103,645                  |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. NICU                                                                                               | 118,274                  |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 48,731                   |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>3,826,761</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 2,706,145                 |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

**Hospital Statement of Cost / Computation of Allowable Cost**

BHF Page 8

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 1,120,616         |                    |
| 2.       | Excess Reasonable Cost<br>(BHF Page 7, Line 15, Columns 1 & 2)                                                        |                   |                    |
| 3.       | Total Current Cost Reporting Period Cost<br>(Line 1 Minus Line 2)                                                     | 1,120,616         |                    |
| 4.       | Recovery of Excess Reasonable Cost Under<br>Lower of Cost or Charges<br>(BHF Page 9, Part III, Line 4, Cols. 2B & 3B) |                   |                    |
| 5.       | Protested Amounts (Nonallowable Cost Items)<br>In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2                   |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br>(Sum of Lines 3 and 4, Plus or Minus Line 5)                                           | 1,120,616         |                    |

| Line No. | Total Amount Received / Receivable                                      | Program Inpatient | Program Outpatient |
|----------|-------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                         | (1)               | (2)                |
| 7.       | Amount Received / Receivable From:                                      |                   |                    |
|          | A. State Agency                                                         |                   |                    |
|          | B. Other (Patients and Third Party Payors)                              |                   |                    |
| 8.       | Total Amount Received / Receivable<br>(Sum of Lines 7A and 7B)          |                   |                    |
| 9.       | <b>Balance Due Provider / (State Agency) *</b><br>(Line 6 Minus Line 8) |                   |                    |

\* Line 9 DOES NOT APPLY to the Medicaid program.

## Hospital Statement of Cost / Recovery of Excess Reasonable Cost

BHF Page 9

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |

## Part I - Computation of Recovery of Excess Reasonable Cost Under Lower of Cost or Charge

| Line No.                                                                        | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |           |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)    |                                                                                                                                                         | 2,706,145 |
| 2. Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5) |                                                                                                                                                         |           |
| 3. Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                |                                                                                                                                                         |           |

## Part II - Computation of Carry Over of Excess Reasonable Cost Under Lower of Cost or Charge

| Line No.                                                                      | Description | Prior Cost Reporting Period Ended |     |     | Current Cost Reporting Period<br>(4) | Sum of Columns<br>1 - 4<br>(5) |
|-------------------------------------------------------------------------------|-------------|-----------------------------------|-----|-----|--------------------------------------|--------------------------------|
|                                                                               |             | to                                | to  | to  |                                      |                                |
|                                                                               |             | (1)                               | (2) | (3) |                                      |                                |
| 1. Carry Over - Beginning of Current Period                                   |             |                                   |     |     |                                      |                                |
| 2. Recovery of Excess Reasonable Cost<br>(Part I, Line 3)                     |             |                                   |     |     |                                      |                                |
| 3. Excess Reasonable Cost - Current Period<br>(BHF Page 7, Line 14)           |             |                                   |     |     |                                      |                                |
| 4. Carry Over - End of Current Period<br>(Line 1 Minus Line 2 or Plus Line 3) |             |                                   |     |     |                                      |                                |

## Part III - Allocation of Recovered Excess Reasonable Cost Under Lower of Cost or Charges

| Line No.                         | Description | Total<br>(Part II, Cols. 1-3, Line 2)<br>(1) | Inpatient     |                               | Outpatient    |                               |
|----------------------------------|-------------|----------------------------------------------|---------------|-------------------------------|---------------|-------------------------------|
|                                  |             |                                              | Ratio<br>(2A) | Amount<br>(Col. 1x2A)<br>(2B) | Ratio<br>(3A) | Amount<br>(Col. 1x3A)<br>(3B) |
|                                  |             |                                              | (1)           | (2A)                          | (3A)          | (3B)                          |
| 1. Cost Report Period ended      |             |                                              |               |                               |               |                               |
| 2. Cost Report Period ended      |             |                                              |               |                               |               |                               |
| 3. Cost Report Period ended      |             |                                              |               |                               |               |                               |
| 4. Total<br>(Sum of Lines 1 - 3) |             |                                              |               |                               |               |                               |

**Hospital Statement of Cost**  
**Teaching Physicians / Routine Services Questionnaire**

BHF Supplement No. 1

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |

**Part I - Apportionment of Cost for the Services of Teaching Physician**

**Part A. Cost of Physicians Direct Medical and Surgical Services**

|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| 1. Physicians on hospital staff average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 1, Line 3)         |  |
| 2. Physicians on medical school faculty average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 2, Line 3) |  |
| 3. Total Per Diem<br>(Line 1 Plus Line 2)                                                                                |  |

| Part B. Program Data                                                         | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 4. Program inpatient days<br>(BHF Page 2, Part II, Column 4)                 |                 |             |              |                     |
| 5. Program outpatient occasions of service<br>(BHF Page 2, Part III, Line 1) |                 |             |              |                     |

| Part C. Program Cost                                                            | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|---------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 6. Program inpatient cost (Line 4 X Line 3)<br>(to BHF Page 7, Col. 1, Line 5)  |                 |             |              |                     |
| 7. Program outpatient cost (Line 5 X Line 3)<br>(to BHF Page 7, Col. 2, Line 5) |                 |             |              |                     |

**Part II - Routine Services Questionnaire**

| 1. Gross Routine Revenues                                                                                                                      | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| (A) General inpatient routine service charges (Excluding swing bed charges) (CMS 2552-10, W/S D - 1, Part I, Line 28)                          |                       |             |              |                     |
| (B) Routine general care semi-private room charges (Excluding swing bed charges)(CMS 2552-10, W/S D - 1, Part I, Line 30)                      |                       |             |              |                     |
| (C) Private room charges<br>(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)                                                             |                       |             |              |                     |
| 2. Routine Days                                                                                                                                |                       |             |              |                     |
| (A) Semi-private general care days<br>(CMS 2552-10, W/S D - 1, Part I, Line 4)                                                                 |                       |             |              |                     |
| (B) Private room days<br>(CMS 2552-10, W/S D - 1, Part I, Line 3)                                                                              |                       |             |              |                     |
| 3. Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)                                               |                       |             |              |                     |
| 4. Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)                                          |                       |             |              |                     |
| 5. Private room charge differential per diem<br>(Line 3 Minus Line 4) or (CMS 2552-10, W/S D-1, Part 1, Line 34)                               |                       |             |              |                     |
| 6. Private room cost differential (To BHF Page 4, Line 4)<br>((Line 5 X (CMS 2552-10, W/S D-1, Part I, Line 27)<br>Divided by (Line 1A Above)) |                       |             |              |                     |
| 7. Private room cost differential adjustment<br>(Line 2B X Line 6)                                                                             |                       |             |              |                     |
| 8. General inpatient routine service cost (net of swing bed and private room cost differential)<br>(CMS 2552-10, W/S D-1, Part I, Line 37)     |                       |             |              |                     |
| 9. Adjusted general inpatient routine service cost per diem (Line 8<br>Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)           |                       |             |              |                     |

**Hospital Statement of Cost / Graduate Medical Education Expense**

BHF Supplement No. 2(a)

Preliminary

|                           |         |                              |                |
|---------------------------|---------|------------------------------|----------------|
| Medicare Provider Number: | 15-0002 | Medicaid Provider Number:    | 7031           |
| Program:                  |         | Period Covered by Statement: |                |
|                           |         | From: 01/01/2018             | To: 12/31/2018 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept. Charges<br>(CMS 2552-10,<br>W/S C, Pt. 1,<br>Col. 8)* | Ratio of G M E Cost<br>to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | (1)                                                      | (2)                                                               | (3)                                                    | (4)                                               | (5)                                                | (6)                                                          | (7)                                                           |
| 1.       | Operating Room                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 2.       | Recovery Room                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 3.       | Delivery and Labor Room             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 4.       | Anesthesiology                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 5.       | Radiology - Diagnostic              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 6.       | Radiology - Therapeutic             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 7.       | Nuclear Medicine                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 8.       | Laboratory                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 9.       | Blood                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 10.      | Blood - Administration              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 11.      | Intravenous Therapy                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 12.      | Respiratory Therapy                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 13.      | Physical Therapy                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 14.      | Occupational Therapy                |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 15.      | Speech Pathology                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 16.      | EKG                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 17.      | EEG                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 20.      | Renal Dialysis                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 21.      | Ambulance                           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 22.      | Endoscopy                           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 23.      | Ultrasound                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 24.      | CT Scan                             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 25.      | MRI                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 26.      | Cardiac Cath                        |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 27.      | Cardiac Rehab                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 28.      | Implants Charged to Pt              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 29.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 30.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 31.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 32.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 33.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 34.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 35.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 36.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 37.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 38.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 39.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 40.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 41.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 42.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                           | 585,850                                                  | 67,240,057                                                        | 0.008713                                               | 139,340                                           |                                                    | 1,214                                                        |                                                               |
| 45.      | Observation                         |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                   |                                                        |                                                   |                                                    | 1,214                                                        |                                                               |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the G M E cost to total charge ratio.

**Hospital Statement of Cost / Graduate Medical Education Expense**

BHF Supplement No. 2(b)

Preliminary

|                           |         |                              |                |
|---------------------------|---------|------------------------------|----------------|
| Medicare Provider Number: | 15-0002 | Medicaid Provider Number:    | 7031           |
| Program:                  |         | Period Covered by Statement: |                |
|                           |         | From: 01/01/2018             | To: 12/31/2018 |

| Line No. | Cost Centers                   | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|--------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers   | (1)                                                | (2)                                                                   | (3)                                    | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | NICU                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                    |                                                                       |                                        |                                                              |                                                    | 1,214                                                     |                                                            |
| 69.      | Total (Lines 67-68)            |                                                    |                                                                       |                                        |                                                              |                                                    | 1,214                                                     |                                                            |

Hospital Statement of Cost  
Reconciliation of Patient Days and Revenue

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2018 To: 12/31/2018 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 592                   |             | 592                    |
| Newborn Days                       | 44                    |             | 44                     |
| Total Inpatient Revenue            | 3,827,608             | (847)       | 3,826,761              |
| Ancillary Revenue                  | 3,091,236             | (847)       | 3,090,389              |
| Routine Revenue                    | 736,372               |             | 736,372                |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

Notes:

BHF Page 3 - Removed \$847 of Cardiac Rehab Charges since they are not covered by IL Medicaid.