

# 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>John H. Stroger Jr. Hospital of Cook County |                     | Medicare Provider Number:<br>14-0124 |
| Street:<br>1901 W. Harrison St.                                  |                     | Medicaid Provider Number:<br>0001    |
| City:<br>Chicago                                                 | State:<br>IL        | Zip:<br>60612                        |
| Period Covered by Statement:                                     | From:<br>12/01/2018 | To:<br>11/30/2019                    |

## Type of Control

| 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"/> Corporation           | <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"/> XXXX County <input type="checkbox"/> XXXX Other (Specify) _____ |

## Type of Hospital

|                                                          |                                         |                                                |
|----------------------------------------------------------|-----------------------------------------|------------------------------------------------|
| <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"/> _____<br>_____ |
| <input type="checkbox"/> Medicaid Sub I<br>Psych _____  | <input type="checkbox"/> Medicaid Sub III<br>Other _____ | <input type="checkbox"/> _____<br>_____ |

**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)) John H. Stroger Jr. Hospital of Cx 0001 for the cost report beginning 12/01/2018 and ending 11/30/2019 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 |
| Firm               |      |
| 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: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| 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  | 320                  | 116,800                  |                         | 63,089                                           | 54.01%                                              |                                        | 13,238                                                  | 6.52                                                |
| 2.       | Psych                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 32                   | 11,680                   |                         | 8,255                                            | 70.68%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Burn ICU               | 8                    | 2,920                    |                         | 1,328                                            | 45.48%                                              |                                        |                                                         |                                                     |
| 8.       | SICU                   | 14                   | 5,110                    |                         | 2,838                                            | 55.54%                                              |                                        |                                                         |                                                     |
| 9.       | Trauma ICU             | 12                   | 4,380                    |                         | 2,175                                            | 49.66%                                              |                                        |                                                         |                                                     |
| 10.      | Neuro ICU              | 10                   | 3,650                    |                         | 1,842                                            | 50.47%                                              |                                        |                                                         |                                                     |
| 11.      | Neonatal ICU           | 52                   | 18,980                   |                         | 6,753                                            | 35.58%                                              |                                        |                                                         |                                                     |
| 12.      | Peds ICU               |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        | 9                    | 3,285                    |                         | 1,936                                            | 58.93%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>457</b>           | <b>166,805</b>           |                         | <b>88,216</b>                                    | <b>52.89%</b>                                       |                                        | <b>13,238</b>                                           | <b>6.52</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 20,907                                           |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |               |               |     |              |             |
|-----|------------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 7,955         |               |     | 3,371        | 3.60        |
| 2.  | Psych                  |     |     |     |               |               |     |              |             |
| 3.  | Rehab                  |     |     |     |               |               |     |              |             |
| 4.  | Other (Sub)            |     |     |     |               |               |     |              |             |
| 5.  | Intensive Care Unit    |     |     |     | 1,270         |               |     |              |             |
| 6.  | Coronary Care Unit     |     |     |     |               |               |     |              |             |
| 7.  | Burn ICU               |     |     |     | 159           |               |     |              |             |
| 8.  | SICU                   |     |     |     | 375           |               |     |              |             |
| 9.  | Trauma ICU             |     |     |     | 433           |               |     |              |             |
| 10. | Neuro ICU              |     |     |     | 370           |               |     |              |             |
| 11. | Neonatal ICU           |     |     |     | 1,576         |               |     |              |             |
| 12. | Peds ICU               |     |     |     |               |               |     |              |             |
| 13. | Other                  |     |     |     |               |               |     |              |             |
| 14. | Other                  |     |     |     |               |               |     |              |             |
| 16. | Other                  |     |     |     |               |               |     |              |             |
| 17. | Other                  |     |     |     |               |               |     |              |             |
| 18. | Other                  |     |     |     |               |               |     |              |             |
| 19. | Other                  |     |     |     |               |               |     |              |             |
| 20. | Other                  |     |     |     |               |               |     |              |             |
| 21. | Newborn Nursery        |     |     |     | 646           |               |     |              |             |
| 22. | <b>Total</b>           |     |     |     | <b>12,784</b> | <b>14.49%</b> |     | <b>3,371</b> | <b>3.60</b> |

|          |                                                         |         |                |
|----------|---------------------------------------------------------|---------|----------------|
| Line No. | Part III - Outpatient Statistics - Occasions of Service | Program | Total Hospital |
| 1.       | Total Outpatient Occasions of Service                   | 23,869  | 119,962        |

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

BHF Page 3

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| 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                 | 101,833,427                                              | 187,032,664                                                 | 0.544469                                 | 9,877,267                                                                   | 272,975                                                                     | 5,377,866                                                             | 148,626                                                               |
| 2.                              | Recovery Room                  | 7,862,839                                                | 15,185,200                                                  | 0.517796                                 | 476,200                                                                     | 836,000                                                                     | 246,574                                                               | 432,877                                                               |
| 3.                              | Delivery and Labor Room        | 7,817,213                                                | 2,283,603                                                   | 3.423193                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                              | Anesthesiology                 | 13,202,771                                               | 63,486,319                                                  | 0.207962                                 | 4,191,520                                                                   | 2,258,048                                                                   | 871,677                                                               | 469,588                                                               |
| 5.                              | Radiology - Diagnostic         | 58,626,962                                               | 184,344,206                                                 | 0.318030                                 | 4,547,999                                                                   | 7,030,530                                                                   | 1,446,400                                                             | 2,235,919                                                             |
| 6.                              | Radiology - Therapeutic        |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                              | Nuclear Medicine               |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                              | Laboratory                     | 64,168,168                                               | 153,042,238                                                 | 0.419284                                 | 6,646,895                                                                   | 3,551,860                                                                   | 2,786,937                                                             | 1,489,238                                                             |
| 9.                              | Blood                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         | 6,944,988                                                | 6,973,808                                                   | 0.995867                                 | 537,408                                                                     | 59,094                                                                      | 535,187                                                               | 58,850                                                                |
| 11.                             | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            | 15,092,251                                               | 10,923,080                                                  | 1.381685                                 | 761,488                                                                     | 487,174                                                                     | 1,052,137                                                             | 673,121                                                               |
| 13.                             | Physical Therapy               | 6,431,419                                                | 8,501,164                                                   | 0.756534                                 | 470,996                                                                     | 25,137                                                                      | 356,324                                                               | 19,017                                                                |
| 14.                             | Occupational Therapy           | 2,640,476                                                | 3,425,858                                                   | 0.770749                                 | 241,644                                                                     | 5,178                                                                       | 186,247                                                               | 3,991                                                                 |
| 15.                             | Speech Pathology               | 1,398,782                                                | 1,605,655                                                   | 0.871160                                 | 65,670                                                                      | 11,693                                                                      | 57,209                                                                | 10,186                                                                |
| 16.                             | EKG                            | 19,772,974                                               | 38,178,800                                                  | 0.517905                                 | 884,270                                                                     | 535,706                                                                     | 457,968                                                               | 277,445                                                               |
| 17.                             | EEG                            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 18.                             | Med. / Surg. Supplies          | 12,330,539                                               | 32,383,642                                                  | 0.380764                                 | 2,272,165                                                                   | 938,373                                                                     | 865,159                                                               | 357,299                                                               |
| 19.                             | Drugs Charged to Patients      | 193,012,447                                              | 204,119,398                                                 | 0.945586                                 | 10,585,920                                                                  | 1,670,356                                                                   | 10,009,898                                                            | 1,579,465                                                             |
| 20.                             | Renal Dialysis                 | 5,899,523                                                | 10,136,688                                                  | 0.581997                                 | 513,792                                                                     |                                                                             | 299,025                                                               |                                                                       |
| 21.                             | Ambulance                      |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 23.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 24.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                             | Other                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 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                         | 176,892,239                                              | 124,669,914                                                 | 1.418885                                 | 820,555                                                                     | 5,895,627                                                                   | 1,164,273                                                             | 8,365,217                                                             |
| 44.                             | Emergency                      | 62,508,491                                               | 65,646,414                                                  | 0.952200                                 | 17,664                                                                      | 5,883,032                                                                   | 16,820                                                                | 5,601,823                                                             |
| 45.                             | Observation                    | 35,777,940                                               | 48,951,857                                                  | 0.730880                                 | 1,752,793                                                                   | 2,920,701                                                                   | 1,281,081                                                             | 2,134,682                                                             |
| 46.                             | Total                          |                                                          |                                                             |                                          | 44,664,246                                                                  | 32,381,484                                                                  | 27,010,782                                                            | 23,857,344                                                            |

\* 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 Cost

BHF Page 4

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0124 | Medicaid Provider Number:<br>0001                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 12/01/2018 To: 11/30/2019 |

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) | 142,179,051           |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 83,996                |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,692.69              |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 7,955                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 13,465,349            |             |              |                     |
| 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)                                                           | 13,465,349            |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(A) | Total Days<br>(CMS 2552-10, W/S S-3, Part 1, Col. 8)<br>(B) | Average Per Diem<br>(Col. A / Col. B)<br>(C) | Program Days<br>(BHF Page 2, Part II, Col. 4)<br>(D) | Program Cost<br>(Col. C x Col. D)<br>(E) |
|----------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------|------------------------------------------------------|------------------------------------------|
| 8.       | Intensive Care Unit                                                         | 19,944,060                                                      | 8,255                                                       | 2,416.00                                     | 1,270                                                | 3,068,320                                |
| 9.       | Coronary Care Unit                                                          |                                                                 |                                                             |                                              |                                                      |                                          |
| 10.      | Burn ICU                                                                    | 9,477,121                                                       | 1,328                                                       | 7,136.39                                     | 159                                                  | 1,134,686                                |
| 11.      | SICU                                                                        | 8,860,334                                                       | 2,838                                                       | 3,122.03                                     | 375                                                  | 1,170,761                                |
| 12.      | Trauma ICU                                                                  | 15,191,248                                                      | 2,175                                                       | 6,984.48                                     | 433                                                  | 3,024,280                                |
| 13.      | Neuro ICU                                                                   | 5,616,499                                                       | 1,842                                                       | 3,049.13                                     | 370                                                  | 1,128,178                                |
| 14.      | Neonatal ICU                                                                | 14,322,273                                                      | 6,753                                                       | 2,120.88                                     | 1,576                                                | 3,342,507                                |
| 15.      | Peds ICU                                                                    |                                                                 |                                                             |                                              |                                                      |                                          |
| 16.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 17.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 18.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 19.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 20.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 21.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 22.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 23.      | Nursery                                                                     | 5,836,617                                                       | 1,936                                                       | 3,014.78                                     | 646                                                  | 1,947,548                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                 |                                                             |                                              |                                                      | 27,010,782                               |
| 25.      | Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)         |                                                                 |                                                             |                                              |                                                      | 55,292,411                               |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| 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.       | Burn ICU                                           |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | SICU                                               |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Trauma ICU                                         |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Neuro ICU                                          |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Neonatal ICU                                       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Peds ICU                                           |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 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) |            |
|----------|------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|------------|----------------------------------------|------------|
|          |                                                      |                                                           |                                                   |                                                              |                                            | Inpatient                                            | Outpatient | Inpatient                              | Outpatient |
|          |                                                      |                                                           |                                                   |                                                              |                                            | (5A)                                                 | (5B)       | (6A)                                   | (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: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| Line No. | Cost Centers                      | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF, Page 3, Col. 4) | Outpatient Program Charges (BHF, Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|-----------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers  | (1)                                                     | (2)                                                      | (3)                                                          | (4)                                             | (5)                                              | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                    | 10,649,099                                              | 187,032,664                                              | 0.056937                                                     | 9,877,267                                       | 272,975                                          | 562,382                                                | 15,542                                                  |
| 2.       | Recovery Room                     | 351,634                                                 | 15,185,200                                               | 0.023156                                                     | 476,200                                         | 836,000                                          | 11,027                                                 | 19,358                                                  |
| 3.       | Delivery and Labor Room           |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 4.       | Anesthesiology                    | 5,170,222                                               | 63,486,319                                               | 0.081438                                                     | 4,191,520                                       | 2,258,048                                        | 341,349                                                | 183,891                                                 |
| 5.       | Radiology - Diagnostic            | 4,021,979                                               | 184,344,206                                              | 0.021818                                                     | 4,547,999                                       | 7,030,530                                        | 99,228                                                 | 153,392                                                 |
| 6.       | Radiology - Therapeutic           |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 7.       | Nuclear Medicine                  |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 8.       | Laboratory                        | 2,664,510                                               | 153,042,238                                              | 0.017410                                                     | 6,646,895                                       | 3,551,860                                        | 115,722                                                | 61,838                                                  |
| 9.       | Blood                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 10.      | Blood - Administration            |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 11.      | Intravenous Therapy               |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 12.      | Respiratory Therapy               | 2,661,479                                               | 10,923,080                                               | 0.243656                                                     | 761,488                                         | 487,174                                          | 185,541                                                | 118,703                                                 |
| 13.      | Physical Therapy                  |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 14.      | Occupational Therapy              |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 15.      | Speech Pathology                  |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 16.      | EKG                               | 2,225,466                                               | 38,178,800                                               | 0.058291                                                     | 884,270                                         | 535,706                                          | 51,545                                                 | 31,227                                                  |
| 17.      | EEG                               |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 19.      | Drugs Charged to Patients         |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 20.      | Renal Dialysis                    | 1,496,458                                               | 10,136,688                                               | 0.147628                                                     | 513,792                                         |                                                  | 75,850                                                 |                                                         |
| 21.      | Ambulance                         |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 22.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 23.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 24.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 25.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 26.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 27.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 28.      | Other                             |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 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                            | 17,183,499                                              | 124,669,914                                              | 0.137832                                                     | 820,555                                         | 5,895,627                                        | 113,099                                                | 812,606                                                 |
| 44.      | Emergency                         | 4,125,428                                               | 65,646,414                                               | 0.062843                                                     | 17,664                                          | 5,883,032                                        | 1,110                                                  | 369,707                                                 |
| 45.      | Observation                       |                                                         |                                                          |                                                              |                                                 |                                                  |                                                        |                                                         |
| 46.      | Ancillary Total                   |                                                         |                                                          |                                                              |                                                 |                                                  | 1,556,853                                              | 1,766,264                                               |

\* 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: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| 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          | 12,542,821                                                 | 83,996                                                               | 149.33                                                    | 7,955                                                        |                                                    | 1,187,920                                                 |                                                            |
| 48.      | Psych                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            | 247,976                                                    | 8,255                                                                | 30.04                                                     | 1,270                                                        |                                                    | 38,151                                                    |                                                            |
| 52.      | Coronary Care Unit             |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 53.      | Burn ICU                       | 477,304                                                    | 1,328                                                                | 359.42                                                    | 159                                                          |                                                    | 57,148                                                    |                                                            |
| 54.      | SICU                           | 307,052                                                    | 2,838                                                                | 108.19                                                    | 375                                                          |                                                    | 40,571                                                    |                                                            |
| 55.      | Trauma ICU                     | 1,258,259                                                  | 2,175                                                                | 578.51                                                    | 433                                                          |                                                    | 250,495                                                   |                                                            |
| 56.      | Neuro ICU                      |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 57.      | Neonatal ICU                   | 84,693                                                     | 6,753                                                                | 12.54                                                     | 1,576                                                        |                                                    | 19,763                                                    |                                                            |
| 58.      | Peds ICU                       |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                            |                                                                      |                                                           |                                                              |                                                    | 1,594,048                                                 |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                            |                                                                      |                                                           |                                                              |                                                    | 1,556,853                                                 | 1,766,264                                                  |
| 69.      | Total (Lines 67-68)            |                                                            |                                                                      |                                                           |                                                              |                                                    | 3,150,901                                                 | 1,766,264                                                  |

## Hospital Statement of Cost

BHF Page 7

## Computation of Lesser of Reasonable Cost or Customary Charges

Preliminary

| Medicare Provider Number: |                                                                                                          | Medicaid Provider Number:    |                           |
|---------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|
| 14-0124                   |                                                                                                          | 0001                         |                           |
| Program:                  |                                                                                                          | Period Covered by Statement: |                           |
| Medicaid Hospital         |                                                                                                          | From: 12/01/2018             | To: 11/30/2019            |
| Line No.                  | Reasonable Cost                                                                                          | Program Inpatient<br>(1)     | Program Outpatient<br>(2) |
| 1.                        | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                              | 23,857,344                |
| 2.                        | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 55,292,411                   |                           |
| 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)                                  | 3,150,901                    | 1,766,264                 |
| 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)                             | 3,190,530                    | 1,712,919                 |
| 7.                        | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>61,633,842</b>            | <b>27,336,527</b>         |
| 8.                        | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 69.00%                       | 31.00%                    |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 44,664,246               | 32,381,484                |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 14,214,724               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 3,239,006                |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Burn ICU                                                                                           | 1,197,796                |                           |
|          | H. SICU                                                                                               | 1,236,011                |                           |
|          | I. Trauma ICU                                                                                         | 3,192,431                |                           |
|          | J. Neuro ICU                                                                                          | 1,190,929                |                           |
|          | K. Neonatal ICU                                                                                       | 3,528,602                |                           |
|          | L. Peds ICU                                                                                           |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 2,055,839                |                           |
| 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>74,519,584</b>        | <b>32,381,484</b>         |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 17,930,699                |
| 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>14-0124 | Medicaid Provider Number:<br>0001                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 12/01/2018 To: 11/30/2019 |

| 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)                                        | 61,633,842        | 27,336,527         |
| 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)                                                     | 61,633,842        | 27,336,527         |
| 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)                                           | <b>61,633,842</b> | <b>27,336,527</b>  |

| 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.

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0124 | Medicaid Provider Number:<br>0001                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 12/01/2018 To: 11/30/2019 |

**Part I - Computation of Recovery of Excess Reasonable Cost Under Lower of Cost or Charges**

| 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)                                                                               | 17,930,699 |
| 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 Charges**

| 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 (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**

BHF Supplement No. 1

**Teaching Physicians / Routine Services Questionnaire**

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0124 | Medicaid Provider Number:<br>0001                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 12/01/2018 To: 11/30/2019 |

**Part I - Apportionment of Cost for the Services of Teaching Physicians**
**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: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| Line No. | Cost Centers                 | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost 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 for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Inpatient Ancillary Centers  | (1)                                                | (2)                                                         | (3)                                                 | (4)                                               | (5)                                                | (6)                                                       | (7)                                                        |
| 1.       | Operating Room               | 9,857,605                                          | 187,032,664                                                 | 0.052705                                            | 9,877,267                                         | 272,975                                            | 520,581                                                   | 14,387                                                     |
| 2.       | Recovery Room                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room      | 785,894                                            | 2,283,603                                                   | 0.344147                                            |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology               | 3,848,043                                          | 63,486,319                                                  | 0.060612                                            | 4,191,520                                         | 2,258,048                                          | 254,056                                                   | 136,865                                                    |
| 5.       | Radiology - Diagnostic       | 2,474,888                                          | 184,344,206                                                 | 0.013425                                            | 4,547,999                                         | 7,030,530                                          | 61,057                                                    | 94,385                                                     |
| 6.       | Radiology - Therapeutic      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                   | 1,269,521                                          | 153,042,238                                                 | 0.008295                                            | 6,646,895                                         | 3,551,860                                          | 55,136                                                    | 29,463                                                     |
| 9.       | Blood                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy          | 1,080,759                                          | 10,923,080                                                  | 0.098943                                            | 761,488                                           | 487,174                                            | 75,344                                                    | 48,202                                                     |
| 13.      | Physical Therapy             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                          | 1,576,723                                          | 38,178,800                                                  | 0.041298                                            | 884,270                                           | 535,706                                            | 36,519                                                    | 22,124                                                     |
| 17.      | EEG                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 18.      | Med. / Surg. Supplies        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients    | 125,841                                            | 204,119,398                                                 | 0.000617                                            | 10,585,920                                        | 1,670,356                                          | 6,532                                                     | 1,031                                                      |
| 20.      | Renal Dialysis               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 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 Centers |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                       | 9,712,023                                          | 124,669,914                                                 | 0.077902                                            | 820,555                                           | 5,895,627                                          | 63,923                                                    | 459,281                                                    |
| 44.      | Emergency                    | 10,122,860                                         | 65,646,414                                                  | 0.154203                                            | 17,664                                            | 5,883,032                                          | 2,724                                                     | 907,181                                                    |
| 45.      | Observation                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | Ancillary Total              |                                                    |                                                             |                                                     |                                                   |                                                    | 1,075,872                                                 | 1,712,919                                                  |

\* 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: | 14-0124           | Medicaid Provider Number:    | 0001                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 12/01/2018 To: 11/30/2019 |

| 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          | 13,440,393                                         | 83,996                                                                | 160.01                                 | 7,955                                                        |                                                    | 1,272,880                                                 |                                                            |
| 48.      | Psych                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            | 2,077,623                                          | 8,255                                                                 | 251.68                                 | 1,270                                                        |                                                    | 319,634                                                   |                                                            |
| 52.      | Coronary Care Unit             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Burn ICU                       | 417,005                                            | 1,328                                                                 | 314.01                                 | 159                                                          |                                                    | 49,928                                                    |                                                            |
| 54.      | SICU                           | 605,768                                            | 2,838                                                                 | 213.45                                 | 375                                                          |                                                    | 80,044                                                    |                                                            |
| 55.      | Trauma ICU                     |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Neuro ICU                      | 92,531                                             | 1,842                                                                 | 50.23                                  | 370                                                          |                                                    | 18,585                                                    |                                                            |
| 57.      | Neonatal ICU                   | 1,110,369                                          | 6,753                                                                 | 164.43                                 | 1,576                                                        |                                                    | 259,142                                                   |                                                            |
| 58.      | Peds ICU                       |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        | 342,981                                            | 1,936                                                                 | 177.16                                 | 646                                                          |                                                    | 114,445                                                   |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                    |                                                                       |                                        |                                                              |                                                    | 2,114,658                                                 |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                    |                                                                       |                                        |                                                              |                                                    | 1,075,872                                                 | 1,712,919                                                  |
| 69.      | Total (Lines 67-68)            |                                                    |                                                                       |                                        |                                                              |                                                    | 3,190,530                                                 | 1,712,919                                                  |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0124 | Medicaid Provider Number:<br>0001                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 12/01/2018 To: 11/30/2019 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 12,138                |             | 12,138                 |
| Newborn Days                       | 646                   |             | 646                    |
| Total Inpatient Revenue            | 74,519,585            | (1)         | 74,519,584             |
| Ancillary Revenue                  | 44,664,247            | (1)         | 44,664,246             |
| Routine Revenue                    | 29,855,338            |             | 29,855,338             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    | 23,869                |             | 23,869                 |
| Total Outpatient Revenue           | 32,381,483            | 1           | 32,381,484             |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]