

# 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>Lake Behavioral Hospital |                     | Medicare Provider Number:<br>14-0033 |  |
| Street:<br>2615 Washington Street             |                     | Medicaid Provider Number:<br>23002   |  |
| City:<br>Waukegan                             | State:<br>Illinois  | Zip:<br>60085                        |  |
| Period Covered by Statement:                  | From:<br>03/01/2018 | To:<br>03/31/2019                    |  |

## Type of Control

### Voluntary Nonprofit

☐ Church

☐ Corporation

☐ Other (Specify) \_\_\_\_\_

### Proprietary

☐ Individual

☐ Partnership

☐ XXXX Corporation  
XXXX

### Government (Non-Federal)

☐ State

☐ City

☐ County

☐ Township

☐ Hospital District

☐ Other (Specify) \_\_\_\_\_

## Type of Hospital

☐ General Short-Term

☐ General Long-Term

☐ XXXX Psychiatric  
XXXX

☐ Rehabilitation

☐ Cancer

☐ Other (Specify) \_\_\_\_\_

## Health Care Program

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

☐ Medicaid Hospital

☐ Medicaid Sub II Rehab

☐ Medicaid Sub I Psych

☐ Medicaid Sub III Other

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

**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)) Lake Behavioral Hospital 23002 for the cost report beginning 03/01/2018 and ending 03/31/2019 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 \_\_\_\_\_

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

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Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0033           | Medicaid Provider Number:    | 23002                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 03/01/2018 To: 03/31/2019 |

| 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  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 2.       | Psych                  | 46                   | 18,216                   |                         | 11,493                                           | 63.09%                                              |                                        | 1,230                                                   | 9.34                                                |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 15.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>46</b>            | <b>18,216</b>            |                         | <b>11,493</b>                                    | <b>63.09%</b>                                       |                                        | <b>1,230</b>                                            | <b>9.34</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |            |              |     |           |             |
|-----|------------------------|-----|-----|-----|------------|--------------|-----|-----------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)       | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     |            |              |     |           |             |
| 2.  | Psych                  |     |     |     | 429        |              |     | 83        | 5.17        |
| 3.  | Rehab                  |     |     |     |            |              |     |           |             |
| 4.  | Other (Sub)            |     |     |     |            |              |     |           |             |
| 5.  | Intensive Care Unit    |     |     |     |            |              |     |           |             |
| 6.  | Coronary Care Unit     |     |     |     |            |              |     |           |             |
| 7.  | Other                  |     |     |     |            |              |     |           |             |
| 8.  | Other                  |     |     |     |            |              |     |           |             |
| 9.  | Other                  |     |     |     |            |              |     |           |             |
| 10. | Other                  |     |     |     |            |              |     |           |             |
| 11. | Other                  |     |     |     |            |              |     |           |             |
| 12. | Other                  |     |     |     |            |              |     |           |             |
| 13. | Other                  |     |     |     |            |              |     |           |             |
| 14. | Other                  |     |     |     |            |              |     |           |             |
| 15. | Other                  |     |     |     |            |              |     |           |             |
| 16. | Other                  |     |     |     |            |              |     |           |             |
| 17. | Other                  |     |     |     |            |              |     |           |             |
| 18. | Other                  |     |     |     |            |              |     |           |             |
| 19. | Other                  |     |     |     |            |              |     |           |             |
| 20. | Other                  |     |     |     |            |              |     |           |             |
| 21. | Newborn Nursery        |     |     |     |            |              |     |           |             |
| 22. | <b>Total</b>           |     |     |     | <b>429</b> | <b>3.73%</b> |     | <b>83</b> | <b>5.17</b> |

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

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

BHF Page 3

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0033           | Medicaid Provider Number:    | 23002                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 03/01/2018 To: 03/31/2019 |

| 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                 |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 2.                              | Recovery Room                  |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 3.                              | Delivery and Labor Room        |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                              | Anesthesiology                 |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 5.                              | Radiology - Diagnostic         |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 6.                              | Radiology - Therapeutic        |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                              | Nuclear Medicine               |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                              | Laboratory                     |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 9.                              | Blood                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 11.                             | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 13.                             | Physical Therapy               |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 14.                             | Occupational Therapy           |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 15.                             | Speech Pathology               |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 16.                             | EKG                            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 17.                             | EEG                            |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 18.                             | Med. / Surg. Supplies          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 19.                             | Drugs Charged to Patients      |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 20.                             | Renal Dialysis                 |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                             | Ambulance                      |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                             | 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                         | 762,265                                                  | 1,577,450                                                   | 0.483226                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                             | Emergency                      |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 45.                             | Observation                    |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                             | Total                          |                                                          |                                                             |                                          |                                                                             |                                                                             |                                                                       |                                                                       |

\* 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

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Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0033 | Medicaid Provider Number:<br>23002                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |

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) |                       | 10,071,220  |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  |                       | 11,493      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  |                       | 876.29      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 429         |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 375,928     |              |                     |
| 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)                                                           |                       | 375,928     |              |                     |

| 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                                                         |                                                                 |                                                             |                                              |                                                      |                                          |
| 9.       | Coronary Care Unit                                                          |                                                                 |                                                             |                                              |                                                      |                                          |
| 10.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 11.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 12.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 13.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 14.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 15.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 16.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 17.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 18.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 19.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 20.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 21.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 22.      | Other                                                                       |                                                                 |                                                             |                                              |                                                      |                                          |
| 23.      | Nursery                                                                     |                                                                 |                                                             |                                              |                                                      |                                          |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                 |                                                             |                                              |                                                      |                                          |
| 25.      | Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)         |                                                                 |                                                             |                                              |                                                      | 375,928                                  |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0033           | Medicaid Provider Number:    | 23002                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 03/01/2018 To: 03/31/2019 |

| 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.       | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |

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

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0033           | Medicaid Provider Number:    | 23002                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 03/01/2018 To: 03/31/2019 |

| 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                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | 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                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | Ancillary Total                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

\* 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: | 14-0033           | Medicaid Provider Number:    | 23002                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 03/01/2018 To: 03/31/2019 |

| 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          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                          | 629,093                                                    | 11,493                                                               | 54.74                                                     | 429                                                          |                                                    | 23,483                                                    |                                                            |
| 49.      | Rehab                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 53.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                            |                                                                      |                                                           |                                                              |                                                    | 23,483                                                    |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                            |                                                                      |                                                           |                                                              |                                                    |                                                           |                                                            |
| 69.      | Total (Lines 67-68)            |                                                            |                                                                      |                                                           |                                                              |                                                    | 23,483                                                    |                                                            |

## Hospital Statement of Cost

BHF Page 7

## Computation of Lesser of Reasonable Cost or Customary Charges

Preliminary

| Medicare Provider Number:<br>14-0033 |                                                                                                          | Medicaid Provider Number:<br>23002                              |                           |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| Program:<br>Medicaid Hospital        |                                                                                                          | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |                           |
| Line No.                             | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                        | Program Outpatient<br>(2) |
| 1.                                   | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                 |                           |
| 2.                                   | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 375,928                                                         |                           |
| 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)                                  | 23,483                                                          |                           |
| 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)                             |                                                                 |                           |
| 7.                                   | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>399,411</b>                                                  |                           |
| 8.                                   | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 100.00%                                                         |                           |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              |                          |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              | 509,740                  |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Other                                                                                              |                          |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 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>509,740</b>           |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 110,329                   |
| 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>14-0033 | Medicaid Provider Number:<br>23002                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |

| 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)                                        | 399,411           |                    |
| 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)                                                     | 399,411           |                    |
| 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)                                           | 399,411           |                    |

| 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>14-0033 | Medicaid Provider Number:<br>23002                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |

**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)                                                                               | 110,329 |
| 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,<br>Cols. 1-3,<br>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>14-0033 | Medicaid Provider Number:<br>23002                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |

**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: | 14-0033           | Medicaid Provider Number:    | 23002                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 03/01/2018 To: 03/31/2019 |

| 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<br>for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                   | <b>(7)</b>                                                    |
| 1.       | Operating Room                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 5.       | Radiology - Diagnostic              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 12.      | Respiratory Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 16.      | EKG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 17.      | EEG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 20.      | Renal Dialysis                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 22.      | 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                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |

\* 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:<br>14-0033 |  | Medicaid Provider Number:<br>23002                              |  |
| Program:<br>Medicaid Hospital        |  | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |  |

| 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          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 69.      | Total (Lines 67-68)            |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |

Hospital Statement of Cost  
Reconciliation of Patient Days and Revenue

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0033 | Medicaid Provider Number:<br>23002                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 03/01/2018 To: 03/31/2019 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 429                   |             | 429                    |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 509,740               |             | 509,740                |
| Ancillary Revenue                  |                       |             |                        |
| Routine Revenue                    | 509,740               |             | 509,740                |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

Notes:

BHF Page 3 - Adjusted Clinic costs to W/S C

BHF Page 4 - Adjusted Line 1a amount to W/S C and W/S D-1