

# 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>Deaconess Hospital |                     | Medicare Provider Number:<br>15-0082 |  |
| Street:<br>600 Mary Street              |                     | Medicaid Provider Number:<br>5035    |  |
| City:<br>Evansville                     | State:<br>IN        | Zip:<br>47747                        |  |
| Period Covered by Statement:            | From:<br>10/01/2018 | To:<br>09/30/2019                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Deaconess Hospital 5035 for the cost report beginning 10/01/2018 and ending 09/30/2019 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

\_\_\_\_\_  
Name (Typewritten)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name (Typewritten)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>15-0082</b>           | <b>Medicaid Provider Number:</b>    | <b>5035</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 10/01/2018 To: 09/30/2019</b> |

| 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 | 456                  | 168,904                  |                         | 121,164                                          | 71.74%                                              |                                        | 32,144                                                  | 4.46                                                |
| 2.                     | Psych                 | 16                   | 5,840                    |                         | 3,518                                            | 60.24%                                              |                                        | 405                                                     | 8.69                                                |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 67                   | 24,455                   |                         | 17,918                                           | 73.27%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 16                   | 5,840                    |                         | 4,418                                            | 75.65%                                              |                                        |                                                         |                                                     |
| 7.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>555</b>           | <b>205,039</b>           |                         | <b>147,018</b>                                   | <b>71.70%</b>                                       |                                        | <b>32,549</b>                                           | <b>4.52</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 9,822                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |            |              |     |          |              |
|------------------------|-----------------------|-----|-----|-----|------------|--------------|-----|----------|--------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)      | (8)          |
| 1.                     | Adults and Pediatrics |     |     |     |            |              |     |          |              |
| 2.                     | Psych                 |     |     |     | 123        |              |     | 7        | 17.57        |
| 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                 |     |     |     |            |              |     |          |              |
| 16.                    | Other                 |     |     |     |            |              |     |          |              |
| 17.                    | Other                 |     |     |     |            |              |     |          |              |
| 18.                    | Other                 |     |     |     |            |              |     |          |              |
| 19.                    | Other                 |     |     |     |            |              |     |          |              |
| 20.                    | Other                 |     |     |     |            |              |     |          |              |
| 21.                    | Newborn Nursery       |     |     |     |            |              |     |          |              |
| 22.                    | <b>Total</b>          |     |     |     | <b>123</b> | <b>0.08%</b> |     | <b>7</b> | <b>17.57</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: |  | Medicaid Provider Number:    |                |
| 15-0082                   |  | 5035                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid-Hospital         |  | From: 10/01/2018             | To: 09/30/2019 |

| Line No.                        | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | 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                 | 102,450,181                                                     | 468,339,955                                                        | 0.218752                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 2.                              | Recovery Room                  |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 3.                              | Delivery and Labor Room        |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                              | Anesthesiology                 |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 5.                              | Radiology - Diagnostic         | 17,488,446                                                      | 143,119,766                                                        | 0.122194                                        | 275                                                                         |                                                                             | 34                                                                    |                                                                       |
| 6.                              | Radiology - Therapeutic        | 10,587,942                                                      | 65,602,811                                                         | 0.161395                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                              | Nuclear Medicine               | 3,136,705                                                       | 28,460,894                                                         | 0.110211                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                              | Laboratory                     | 48,476,639                                                      | 233,064,665                                                        | 0.207997                                        | 8,283                                                                       |                                                                             | 1,723                                                                 |                                                                       |
| 9.                              | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 11.                             | Intravenous Therapy            | 2,819,076                                                       | 7,696,236                                                          | 0.366293                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            | 7,922,891                                                       | 91,439,236                                                         | 0.086647                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 13.                             | Physical Therapy               | 12,028,269                                                      | 80,221,615                                                         | 0.149938                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 14.                             | Occupational Therapy           |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 15.                             | Speech Pathology               |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 16.                             | EKG                            | 5,706,124                                                       | 67,740,971                                                         | 0.084234                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 17.                             | EEG                            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 18.                             | Med. / Surg. Supplies          | 10,030,596                                                      | 39,680,538                                                         | 0.252784                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 19.                             | Drugs Charged to Patients      | 92,017,377                                                      | 376,337,819                                                        | 0.244507                                        | 5,025                                                                       |                                                                             | 1,229                                                                 |                                                                       |
| 20.                             | Renal Dialysis                 | 1,876,587                                                       | 10,782,765                                                         | 0.174036                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                             | Ambulance                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                             | Wound Care Center              | 2,106,908                                                       | 10,581,025                                                         | 0.199121                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 23.                             | Family Practice Clinic         | 1,924,277                                                       | 4,507,595                                                          | 0.426897                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 24.                             | Chemo                          | 2,777,119                                                       | 26,340,525                                                         | 0.105431                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                             | Primary Care Seniors           | 1,745,731                                                       | 2,276,142                                                          | 0.766969                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                             | Behavioral Health              |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                             | OP Psychiatric                 | 1,210,897                                                       | 4,939,070                                                          | 0.245167                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                             | Cath Lab                       | 17,029,786                                                      | 113,053,352                                                        | 0.150635                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                             | Implant Devices                | 31,372,748                                                      | 91,059,721                                                         | 0.344529                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                             | Pain Management                | 4,575,382                                                       | 38,643,255                                                         | 0.118401                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                             | Sleep Center                   | 3,354,782                                                       | 9,860,355                                                          | 0.340229                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                             | Hematology                     | 1,010,372                                                       | 4,018,588                                                          | 0.251425                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                             | Durable Med Equip              | 11,739,721                                                      | 33,506,008                                                         | 0.350377                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                             | CT Scan                        | 7,520,977                                                       | 163,828,483                                                        | 0.045908                                        | 4,467                                                                       |                                                                             | 205                                                                   |                                                                       |
| 36.                             | MRI                            | 5,293,176                                                       | 50,173,494                                                         | 0.105497                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                             | Multi Specialty Clinic         | 828,153                                                         | 1,280,241                                                          | 0.646873                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                             | Other                          | 1,053,964                                                       | 3,897,511                                                          | 0.270420                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                             | Other                          | 44,747                                                          | 1,310                                                              | 34.158015                                       |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| Outpatient Service Cost Centers |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                             | Clinic                         | 3,455,440                                                       | 4,985,038                                                          | 0.693162                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                             | Emergency                      | 31,539,044                                                      | 261,509,858                                                        | 0.120604                                        | 20,971                                                                      |                                                                             | 2,529                                                                 |                                                                       |
| 45.                             | Observation                    | 16,332,192                                                      | 32,781,871                                                         | 0.498208                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                             | Total                          |                                                                 |                                                                    |                                                 | 39,021                                                                      |                                                                             | 5,720                                                                 |                                                                       |

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

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

BHF Page 4

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2018 To: 09/30/2019 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 110,548,085           | 1,921,567   |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 130,986               | 3,518       |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 843.97                | 546.21      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 123         |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 67,184      |              |                     |
| 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)                                                           |                       | 67,184      |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8) | Average<br>Per Diem<br>(Col. A / Col. B) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4) | Program Cost<br>(Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------|
|          |                                                                             | (A)                                                         | (B)                                                        | (C)                                      | (D)                                              | (E)                               |
| 8.       | Intensive Care Unit                                                         | 23,323,828                                                  | 17,918                                                     | 1,301.70                                 |                                                  |                                   |
| 9.       | Coronary Care Unit                                                          | 5,681,781                                                   | 4,418                                                      | 1,286.05                                 |                                                  |                                   |
| 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) |                                                             |                                                            |                                          |                                                  | 5,720                             |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>72,904</b>                     |

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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2018 To: 09/30/2019 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)<br>(3) | Average Cost Per Day (Col. 2 / Col. 3)<br>(4) | Program Inpatient Days (BHF Page 2, Part II, Column 4)<br>(5) | Program Inpatient Expenses (Col. 4 X Col. 5)<br>(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)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Lines 88-93)<br>(3) | Ratio of Cost to Charges (Col. 2 / Col. 3)<br>(4) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45) |                    | Program Expenses (Col. 4 X Cols. 5A-B) |                    |
|----------|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------|----------------------------------------|--------------------|
|          |                                                      |                                                                  |                                                          |                                                                     |                                                   | Inpatient<br>(5A)                                    | Outpatient<br>(5B) | Inpatient<br>(6A)                      | Outpatient<br>(6B) |
| 23.      | Clinic                                               |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 24.      | Emergency                                            |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 25.      | Observation                                          |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                                  |                                                          |                                                                     |                                                   |                                                      |                    |                                        |                    |

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

BHF Page 6(a)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2018 To: 09/30/2019 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost 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                           | 13,960,170                                              | 468,339,955                                              | 0.029808                                                     |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 142,592                                                 | 233,064,665                                              | 0.000612                                                     | 8,283                                          |                                                 | 5                                                      |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      | 35,096                                                  | 91,439,236                                               | 0.000384                                                     |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 597,483                                                 | 67,740,971                                               | 0.008820                                                     |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Wound Care Center                        | 214,735                                                 | 10,581,025                                               | 0.020294                                                     |                                                |                                                 |                                                        |                                                         |
| 23.      | Family Practice Clinic                   | 172,832                                                 | 4,507,595                                                | 0.038342                                                     |                                                |                                                 |                                                        |                                                         |
| 24.      | Chemo                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Primary Care Seniors                     | 1,205,118                                               | 2,276,142                                                | 0.529456                                                     |                                                |                                                 |                                                        |                                                         |
| 26.      | Behavioral Health                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | OP Psychiatric                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Cath Lab                                 |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Implant Devices                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Pain Management                          | 627,622                                                 | 38,643,255                                               | 0.016241                                                     |                                                |                                                 |                                                        |                                                         |
| 32.      | Sleep Center                             | 1,252,514                                               | 9,860,355                                                | 0.127025                                                     |                                                |                                                 |                                                        |                                                         |
| 33.      | Hematology                               | 9,636                                                   | 4,018,588                                                | 0.002398                                                     |                                                |                                                 |                                                        |                                                         |
| 34.      | Durable Med Equip                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Multi Specialty Clinic                   | 228,384                                                 | 1,280,241                                                | 0.178391                                                     |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 152,954                                                 | 4,985,038                                                | 0.030683                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 12,189,837                                              | 261,509,858                                              | 0.046613                                                     | 20,971                                         |                                                 | 978                                                    |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>983</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 professional component to total charge ratio.

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

BHF Page 6(b)

**PRELIMINARY**

|                                  |  |                                     |                |
|----------------------------------|--|-------------------------------------|----------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                |
| 15-0082                          |  | 5035                                |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid-Hospital                |  | From: 10/01/2018                    | To: 09/30/2019 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, 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) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                              | <b>(2)</b>                                                        | <b>(3)</b>                                             | <b>(4)</b>                                                | <b>(5)</b>                                      | <b>(6)</b>                                             | <b>(7)</b>                                              |
| 47.      | Adults and Pediatrics                 | 24,616,649                                              | 130,986                                                           | 187.93                                                 |                                                           |                                                 |                                                        |                                                         |
| 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.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | 983                                                    |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | 983                                                    |                                                         |

**Hospital Statement of Cost  
Computation of Lesser of Reasonable Cost or Customary Charges**

BHF Page 7

**PRELIMINARY**

| <b>Medicare Provider Number:</b><br>15-0082 |                                                                                                          | <b>Medicaid Provider Number:</b><br>5035                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid-Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 10/01/2018 To: 09/30/2019 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        |                           |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 72,904                                                                 |                           |
| 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)                                  | 983                                                                    |                           |
| 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)                             | 23                                                                     |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>73,910</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)                                                              | 39,021                   |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              | 295,031                  |                           |
|          | 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>334,052</b>           |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 260,142                   |
| 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**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2018 To: 09/30/2019 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 73,910            |                    |
| 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)                                                     | 73,910            |                    |
| 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><b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>                                    | <b>73,910</b>     |                    |

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

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

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

BHF Page 9

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>15-0082</b>           | <b>Medicaid Provider Number:</b>    | <b>5035</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 10/01/2018 To: 09/30/2019</b> |

**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)                                                                               | 260,142 |
| 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 | Sum of Columns 1 - 4 |
|----------|----------------------------------------------------------------------------|-----------------------------------|-----|-----|-------------------------------|----------------------|
|          |                                                                            | to                                | to  | to  |                               |                      |
|          |                                                                            | (1)                               | (2) | (3) | (4)                           | (5)                  |
| 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) | Inpatient |                       | Outpatient |                       |
|----------|-------------------------------|---------------------------------------------|-----------|-----------------------|------------|-----------------------|
|          |                               |                                             | Ratio     | Amount<br>(Col. 1x2A) | Ratio      | Amount<br>(Col. 1x3A) |
|          |                               |                                             | (1)       | (2A)                  | (3A)       | (3B)                  |
| 1.       | Cost Report Period ended      |                                             |           |                       |            |                       |
| 2.       | Cost Report Period ended      |                                             |           |                       |            |                       |
| 3.       | Cost Report Period ended      |                                             |           |                       |            |                       |
| 4.       | Total<br>(Sum of Lines 1 - 3) |                                             |           |                       |            |                       |

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2018 To: 09/30/2019 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

|                                                                                                                                                | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. Gross Routine Revenues                                                                                                                      |                       |             |              |                     |
| (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**

|                                  |  |                                     |                |
|----------------------------------|--|-------------------------------------|----------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                |
| 15-0082                          |  | 5035                                |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid-Hospital                |  | From: 10/01/2018                    | To: 09/30/2019 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <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                      | 392,498                                            | 468,339,955                                                 | 0.000838                                            |                                                   |                                                    |                                                           |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 5.       | Radiology - Diagnostic              | 33,125                                             | 143,119,766                                                 | 0.000231                                            | 275                                               |                                                    |                                                           |                                                            |
| 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.      | Wound Care Center                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | Family Practice Clinic              | 1,563,238                                          | 4,507,595                                                   | 0.346801                                            |                                                   |                                                    |                                                           |                                                            |
| 24.      | Chemo                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Primary Care Seniors                | 74,391                                             | 2,276,142                                                   | 0.032683                                            |                                                   |                                                    |                                                           |                                                            |
| 26.      | Behavioral Health                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | OP Psychiatric                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Cath Lab                            | 66,527                                             | 113,053,352                                                 | 0.000588                                            |                                                   |                                                    |                                                           |                                                            |
| 29.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | Implant Devices                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Pain Management                     | 24,427                                             | 38,643,255                                                  | 0.000632                                            |                                                   |                                                    |                                                           |                                                            |
| 32.      | Sleep Center                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Hematology                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Durable Med Equip                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Multi Specialty Clinic              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 288,868                                            | 261,509,858                                                 | 0.001105                                            | 20,971                                            |                                                    | 23                                                        |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>23</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**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>15-0082</b>           | <b>Medicaid Provider Number:</b>    | <b>5035</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 10/01/2018 To: 09/30/2019</b> |

| 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) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                         | <b>(2)</b>                                                            | <b>(3)</b>                             | <b>(4)</b>                                                   | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 47.      | Adults and Pediatrics                 | 2,261,075                                          | 130,986                                                               | 17.26                                  |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 73,836                                             | 17,918                                                                | 4.12                                   |                                                              |                                                    |                                                           |                                                            |
| 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.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | 23                                                        |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | 23                                                        |                                                            |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0082 | Medicaid Provider Number:<br>5035                               |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 10/01/2018 To: 09/30/2019 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 123                   |             | 123                    |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 334,352               | (300)       | 334,052                |
| Ancillary Revenue                  | 39,321                | (300)       | 39,021                 |
| Routine Revenue                    | 295,031               |             | 295,031                |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

BHF Page 4 - Adults & Peds and Psych Days/Costs do not need allocation based upon Worksheet S-3.

BHF Page 2 -Removed the 123 Medicaid Psych days from the Hospital Acute Medicaid cost report.

BHF Page 3, Cols. 1 and 2-Adjusted cost and charge data to W/S C.

BHF Page 3 - Removed \$300 in cardiac rehab charges as these are not covered by IL Medicaid

GME Costs were adjusted to filed W/S B, Pt 1, Col 25.

BHF Page 2 - Adjusted Discharges to agree with Worksheet S-3 as was done in prior year