

# 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>St. Mary's Health Center |                     | Medicare Provider Number:<br>26-0091 |  |
| Street:<br>6420 Clayton Road                  |                     | Medicaid Provider Number:<br>19035   |  |
| City:<br>St. Louis                            | State:<br>MO        | Zip:<br>63117                        |  |
| Period Covered by Statement:                  | From:<br>01/01/2020 | To:<br>12/31/2020                    |  |

## Type of Control

| Voluntary Nonprofit                        | Proprietary                          | Government (Non-Federal)        |                                            |
|--------------------------------------------|--------------------------------------|---------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Church | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  | <input type="checkbox"/> Township          |
| <input type="checkbox"/> Corporation       | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   | <input type="checkbox"/> Hospital District |
| <input type="checkbox"/> Other (Specify)   | <input type="checkbox"/> Corporation | <input type="checkbox"/> 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 checked="" type="checkbox"/> Medicaid Hospital | <input type="checkbox"/> Medicaid Sub II Rehab  | <input type="checkbox"/> |
| <input 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)) St. Mary's Health Center 19035 for the cost report beginning 01/01/2020 and ending 12/31/2020 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>26-0091</b>           | <b>Medicaid Provider Number:</b>    | <b>19035</b>                     |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> |                                  |
|                                  |                          | <b>From:</b>                        | <b>01/01/2020 To: 12/31/2020</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  | 176                  | 64,416                   |                         | 23,911                                           | 37.12%                                              |                                        | 16,274                                                  | 4.03                                                |
| 2.       | Psych                  | 42                   | 15,372                   |                         | 12,611                                           | 82.04%                                              |                                        | 1,331                                                   | 9.47                                                |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 57                   | 20,862                   |                         | 11,632                                           | 55.76%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | PICU                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.       | NICU                   | 45                   | 16,470                   |                         | 7,823                                            | 47.50%                                              |                                        |                                                         |                                                     |
| 9.       | Intermediate Care Unit | 168                  | 61,488                   |                         | 22,137                                           | 36.00%                                              |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        |                      |                          |                         | 5,340                                            |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>488</b>           | <b>178,608</b>           |                         | <b>83,454</b>                                    | <b>46.72%</b>                                       |                                        | <b>17,605</b>                                           | <b>4.44</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 5,252                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |              |              |     |           |              |
|-----|------------------------|-----|-----|-----|--------------|--------------|-----|-----------|--------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)       | (8)          |
| 1.  | Adults and Pediatrics  |     |     |     | 131          |              |     | 82        | 11.18        |
| 2.  | Psych                  |     |     |     |              |              |     |           |              |
| 3.  | Rehab                  |     |     |     |              |              |     |           |              |
| 4.  | Other (Sub)            |     |     |     |              |              |     |           |              |
| 5.  | Intensive Care Unit    |     |     |     | 114          |              |     |           |              |
| 6.  | Coronary Care Unit     |     |     |     |              |              |     |           |              |
| 7.  | PICU                   |     |     |     |              |              |     |           |              |
| 8.  | NICU                   |     |     |     | 490          |              |     |           |              |
| 9.  | Intermediate Care Unit |     |     |     | 182          |              |     |           |              |
| 10. | Other                  |     |     |     |              |              |     |           |              |
| 11. | Other                  |     |     |     |              |              |     |           |              |
| 12. | Other                  |     |     |     |              |              |     |           |              |
| 13. | Other                  |     |     |     |              |              |     |           |              |
| 14. | Other                  |     |     |     |              |              |     |           |              |
| 16. | Other                  |     |     |     |              |              |     |           |              |
| 17. | Other                  |     |     |     |              |              |     |           |              |
| 18. | Other                  |     |     |     |              |              |     |           |              |
| 19. | Other                  |     |     |     |              |              |     |           |              |
| 20. | Other                  |     |     |     |              |              |     |           |              |
| 21. | Newborn Nursery        |     |     |     | 173          |              |     |           |              |
| 22. | <b>Total</b>           |     |     |     | <b>1,090</b> | <b>1.31%</b> |     | <b>82</b> | <b>11.18</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**

|                                  |  |                                     |                |
|----------------------------------|--|-------------------------------------|----------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                |
| 26-0091                          |  | 19035                               |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid-Hospital                |  | From: 01/01/2020                    | To: 12/31/2020 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10<br>W/S C, Pt. 1,<br>Col. 1) | Total Dept. Charges<br>(CMS 2552-10<br>W/S C, Pt. 1,<br>Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                           | (2)                                                              |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
|                                        |                                |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 1.                                     | Operating Room                 | 27,655,329                                                    | 144,635,594                                                      | 0.191207                                 | 359,787                                                              |                                                                      | 68,794                                                         |                                                                |
| 2.                                     | Recovery Room                  | 3,687,843                                                     | 19,549,025                                                       | 0.188646                                 | 8,943                                                                |                                                                      | 1,687                                                          |                                                                |
| 3.                                     | Delivery and Labor Room        | 15,700,678                                                    | 62,075,993                                                       | 0.252927                                 | 156,920                                                              |                                                                      | 39,689                                                         |                                                                |
| 4.                                     | Anesthesiology                 | 2,274,377                                                     | 50,897,607                                                       | 0.044685                                 | 86,206                                                               |                                                                      | 3,852                                                          |                                                                |
| 5.                                     | Radiology - Diagnostic         | 16,867,018                                                    | 82,804,832                                                       | 0.203696                                 | 182,138                                                              |                                                                      | 37,101                                                         |                                                                |
| 6.                                     | Radiology - Therapeutic        | 7,298,883                                                     | 44,613,765                                                       | 0.163602                                 |                                                                      |                                                                      |                                                                |                                                                |
| 7.                                     | Nuclear Medicine               | 1,354,056                                                     | 5,011,379                                                        | 0.270196                                 | 3,550                                                                |                                                                      | 959                                                            |                                                                |
| 8.                                     | Laboratory                     | 20,629,729                                                    | 181,862,087                                                      | 0.113436                                 | 615,636                                                              |                                                                      | 69,835                                                         |                                                                |
| 9.                                     | Blood                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 10,007,733                                                    | 22,061,914                                                       | 0.453620                                 | 28,135                                                               |                                                                      | 12,763                                                         |                                                                |
| 11.                                    | Intravenous Therapy            | 6,589,808                                                     | 18,761,097                                                       | 0.351249                                 | 562                                                                  |                                                                      | 197                                                            |                                                                |
| 12.                                    | Respiratory Therapy            | 13,072,196                                                    | 82,056,197                                                       | 0.159308                                 | 273,603                                                              |                                                                      | 43,587                                                         |                                                                |
| 13.                                    | Physical Therapy               | 3,299,635                                                     | 8,272,943                                                        | 0.398847                                 | 26,372                                                               |                                                                      | 10,518                                                         |                                                                |
| 14.                                    | Occupational Therapy           | 1,680,571                                                     | 5,970,911                                                        | 0.281460                                 | 47,311                                                               |                                                                      | 13,316                                                         |                                                                |
| 15.                                    | Speech Pathology               | 1,733,556                                                     | 6,448,841                                                        | 0.268817                                 | 18,737                                                               |                                                                      | 5,037                                                          |                                                                |
| 16.                                    | EKG                            | 5,306,980                                                     | 65,106,446                                                       | 0.081512                                 | 89,473                                                               |                                                                      | 7,293                                                          |                                                                |
| 17.                                    | EEG                            | 1,780,205                                                     | 6,760,038                                                        | 0.263342                                 | 10,503                                                               |                                                                      | 2,766                                                          |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 34,461,520                                                    | 21,879,343                                                       | 1.575071                                 | 32,601                                                               |                                                                      | 51,349                                                         |                                                                |
| 19.                                    | Drugs Charged to Patients      | 68,045,587                                                    | 289,047,514                                                      | 0.235413                                 | 424,483                                                              |                                                                      | 99,929                                                         |                                                                |
| 20.                                    | Renal Dialysis                 | 3,261,217                                                     | 9,751,994                                                        | 0.334415                                 | 31,852                                                               |                                                                      | 10,652                                                         |                                                                |
| 21.                                    | Ambulance                      |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | CT Scan                        | 2,780,980                                                     | 66,923,946                                                       | 0.041554                                 | 61,300                                                               |                                                                      | 2,547                                                          |                                                                |
| 23.                                    | MRI                            | 2,277,741                                                     | 32,873,790                                                       | 0.069287                                 | 31,950                                                               |                                                                      | 2,214                                                          |                                                                |
| 24.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 25.                                    | Cardiac Catheterizat.          | 5,827,520                                                     | 44,480,134                                                       | 0.131014                                 | 12,350                                                               |                                                                      | 1,618                                                          |                                                                |
| 26.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 27.                                    | Cardiac Rehab                  | 599,799                                                       | 748,095                                                          | 0.801768                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 29.                                    | Endoscopy                      | 5,149,885                                                     | 25,103,047                                                       | 0.205150                                 | 5,571                                                                |                                                                      | 1,143                                                          |                                                                |
| 30.                                    | Clinical Nutrition             | 1,677,602                                                     | 676,260                                                          | 2.480706                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | ECT                            | 166,147                                                       | 724,977                                                          | 0.229176                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 33.                                    | Impl Dev Chrgd to P.           | 16,412,251                                                    | 22,671,618                                                       | 0.723912                                 |                                                                      |                                                                      |                                                                |                                                                |
| 34.                                    | Kidney Acquisition             | 1,249,410                                                     | 145,530                                                          | 8.585240                                 |                                                                      |                                                                      |                                                                |                                                                |
| 35.                                    | Heart Acquisition              | 122,808                                                       | 37,485                                                           | 3.276190                                 |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Liver Acquisition              | 122,808                                                       | 37,485                                                           | 3.276190                                 |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 41.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                               |                                                                  |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 35,264,478                                                    | 49,883,013                                                       | 0.706944                                 | 7,302                                                                |                                                                      | 5,162                                                          |                                                                |
| 44.                                    | Emergency                      | 23,985,948                                                    | 143,629,334                                                      | 0.166999                                 | 24,537                                                               |                                                                      | 4,098                                                          |                                                                |
| 45.                                    | Observation                    | 8,208,399                                                     | 27,147,889                                                       | 0.302359                                 | 15,374                                                               |                                                                      | 4,648                                                          |                                                                |
| 46.                                    | <b>Total</b>                   |                                                               |                                                                  |                                          | <b>2,555,196</b>                                                     |                                                                      | <b>500,754</b>                                                 |                                                                |

\* 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>26-0091 | <b>Medicaid Provider Number:</b><br>19035                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2020 To: 12/31/2020 |

**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) | 27,767,259            | 11,331,908  |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 29,163                | 12,611      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 952.14                | 898.57      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 131                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 124,730               |             |              |                     |
| 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)                                                           | 124,730               |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 11,786,415                                            | 11,632                                            | 1,013.28                           | 114                                        | 115,514                        |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | PICU                                                                        |                                                       |                                                   |                                    |                                            |                                |
| 11.      | NICU                                                                        | 9,622,069                                             | 7,823                                             | 1,229.97                           | 490                                        | 602,685                        |
| 12.      | Intermediate Care Unit                                                      | 36,408,553                                            | 22,137                                            | 1,644.69                           | 182                                        | 299,334                        |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 5,709,048                                             | 5,340                                             | 1,069.11                           | 173                                        | 184,956                        |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 500,754                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>1,827,973</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: | 26-0091           | Medicaid Provider Number:    | 19035                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2020 To: 12/31/2020 |

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

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

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

BHF Page 6(a)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0091           | Medicaid Provider Number:    | 19035                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2020 To: 12/31/2020 |

| 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>  | (1)                                                    | (2)                                                     | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | CT Scan                                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | MRI                                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiac Catheterizat.                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Rehab                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Endoscopy                                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Clinical Nutrition                       |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | ECT                                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Impl Dev Chrgd to P.                     |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Kidney Acquisition                       |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Heart Acquisition                        |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Liver Acquisition                        |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0091           | Medicaid Provider Number:    | 19035                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2020 To: 12/31/2020 |

| 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) |
|----------|---------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                    | (2)                                                              | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 48.      | Psych                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | PICU                                  |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | NICU                                  |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Intermediate Care Unit                |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 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> |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>26-0091 | <b>Medicaid Provider Number:</b><br>19035                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2020 To: 12/31/2020 |

| Line No.                                                                                                    | Reasonable Cost | Program Inpatient | Program Outpatient |
|-------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------|
|                                                                                                             |                 | (1)               | (2)                |
| 1. Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                 |                   |                    |
| 2. Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    |                 | 1,827,973         |                    |
| 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)                                  |                 |                   |                    |
| 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)                             |                 | 92,551            |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>1,920,524</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 | Program Outpatient |
|-----------------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------------|
|                                                                                                           |                   | (1)               | (2)                |
| 9. Ancillary Services<br>(See Instructions)                                                               |                   | 2,555,196         |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   | 175,296           |                    |
| B. Psych                                                                                                  |                   |                   |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   | 331,256           |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. PICU                                                                                                   |                   |                   |                    |
| H. NICU                                                                                                   |                   | 1,450,165         |                    |
| I. Intermediate Care Unit                                                                                 |                   | 391,588           |                    |
| J. Other                                                                                                  |                   |                   |                    |
| K. Other                                                                                                  |                   |                   |                    |
| L. Other                                                                                                  |                   |                   |                    |
| M. Other                                                                                                  |                   |                   |                    |
| N. Other                                                                                                  |                   |                   |                    |
| O. Other                                                                                                  |                   |                   |                    |
| P. Other                                                                                                  |                   |                   |                    |
| Q. Other                                                                                                  |                   |                   |                    |
| R. Other                                                                                                  |                   |                   |                    |
| S. Other                                                                                                  |                   |                   |                    |
| T. Nursery                                                                                                |                   | 194,798           |                    |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                   |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>5,098,299</b>  |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 3,177,775          |
| 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>26-0091 | <b>Medicaid Provider Number:</b><br>19035                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2020 To: 12/31/2020 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 1,920,524         |                    |
| 2.       | Excess Reasonable Cost<br>(BHF Page 7, Line 15, Columns 1 & 2)                                                        |                   |                    |
| 3.       | Total Current Cost Reporting Period Cost<br>(Line 1 Minus Line 2)                                                     | 1,920,524         |                    |
| 4.       | Recovery of Excess Reasonable Cost Under<br>Lower of Cost or Charges<br>(BHF Page 9, Part III, Line 4, Cols. 2B & 3B) |                   |                    |
| 5.       | Protested Amounts (Nonallowable Cost Items)<br>In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2                   |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br>(Sum of Lines 3 and 4, Plus or Minus Line 5)                                           | <b>1,920,524</b>  |                    |

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

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

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

BHF Page 9

**PRELIMINARY**

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Medicare Provider Number:</b> | <b>Medicaid Provider Number:</b>    |
| 26-0091                          | 19035                               |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid-Hospital                | From: 01/01/2020 To: 12/31/2020     |

**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)                                                                               | 3,177,775 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |           |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |           |

**Part II - Computation of Carry Over of Excess Reasonable Cost Under Lower of Cost or Charges**

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

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

| Line No. | Description                   | Total<br>(Part II,<br>Cols. 1-3,<br>Line 2)<br>(1) | Inpatient |                               | Outpatient |                               |
|----------|-------------------------------|----------------------------------------------------|-----------|-------------------------------|------------|-------------------------------|
|          |                               |                                                    | Ratio     | Amount<br>(Col. 1x2A)<br>(2B) | Ratio      | Amount<br>(Col. 1x3A)<br>(3B) |
|          |                               |                                                    | (2A)      | (2B)                          | (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>26-0091 | <b>Medicaid Provider Number:</b><br>19035                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2020 To: 12/31/2020 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

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

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

BHF Supplement No. 2(a)

**PRELIMINARY**

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Medicare Provider Number:</b> | <b>Medicaid Provider Number:</b>    |
| 26-0091                          | 19035                               |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid-Hospital                | From: 01/01/2020 To: 12/31/2020     |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|-------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | (1)                                                     | (2)                                                                    | (3)                                                             | (4)                                                           | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 1.       | Operating Room                      | 3,385,565                                               | 144,635,594                                                            | 0.023408                                                        | 359,787                                                       |                                                                | 8,422                                                                 |                                                                        |
| 2.       | Recovery Room                       |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             | 4,890,261                                               | 62,075,993                                                             | 0.078779                                                        | 156,920                                                       |                                                                | 12,362                                                                |                                                                        |
| 4.       | Anesthesiology                      | 940,435                                                 | 50,897,607                                                             | 0.018477                                                        | 86,206                                                        |                                                                | 1,593                                                                 |                                                                        |
| 5.       | Radiology - Diagnostic              | 940,435                                                 | 82,804,832                                                             | 0.011357                                                        | 182,138                                                       |                                                                | 2,069                                                                 |                                                                        |
| 6.       | Radiology - Therapeutic             |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                    | 188,087                                                 | 5,011,379                                                              | 0.037532                                                        | 3,550                                                         |                                                                | 133                                                                   |                                                                        |
| 8.       | Laboratory                          | 376,173                                                 | 181,862,087                                                            | 0.002068                                                        | 615,636                                                       |                                                                | 1,273                                                                 |                                                                        |
| 9.       | Blood                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration              |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 11.      | Intravenous Therapy                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 13.      | Physical Therapy                    |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 14.      | Occupational Therapy                |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                    |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 16.      | EKG                                 | 376,173                                                 | 65,106,446                                                             | 0.005778                                                        | 89,473                                                        |                                                                | 517                                                                   |                                                                        |
| 17.      | EEG                                 | 1,692,783                                               | 6,760,038                                                              | 0.250410                                                        | 10,503                                                        |                                                                | 2,630                                                                 |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      | 33,812                                                  | 9,751,994                                                              | 0.003467                                                        | 31,852                                                        |                                                                | 110                                                                   |                                                                        |
| 21.      | Ambulance                           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | CT Scan                             |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | MRI                                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Cardiac Catheterizat.               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Cardiac Rehab                       |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Endoscopy                           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Clinical Nutrition                  |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | ECT                                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Impl Dev Chrgd to P.                |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Kidney Acquisition                  |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Heart Acquisition                   |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Liver Acquisition                   |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 752,348                                                 | 143,629,334                                                            | 0.005238                                                        | 24,537                                                        |                                                                | 129                                                                   |                                                                        |
| 45.      | Observation                         |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                         |                                                                        |                                                                 |                                                               |                                                                | <b>29,238</b>                                                         |                                                                        |

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

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(b)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0091           | Medicaid Provider Number:    | 19035                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2020 To: 12/31/2020 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10<br>W/S B, Pt. 1,<br>Col. 25) | Total Days<br>Including<br>Private<br>(CMS 2552-10<br>W/S S-3, Pt. 1,<br>Col. 8) | GME<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                                              | (3)                                             | (4)                                                                      | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 | 13,406,107                                              | 29,163                                                                           | 459.70                                          | 131                                                                      |                                                                | 60,221                                                                |                                                                        |
| 48.      | Psych                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | PICU                                  |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | NICU                                  |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Intermediate Care Unit                | 376,173                                                 | 22,137                                                                           | 16.99                                           | 182                                                                      |                                                                | 3,092                                                                 |                                                                        |
| 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>    |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 63,313                                                                |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 29,238                                                                |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 92,551                                                                |                                                                        |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0091 | Medicaid Provider Number:<br>19035                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 01/01/2020 To: 12/31/2020 |

|                                    | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| <b>Inpatient Reconciliation</b>    |                       |             |                        |
| Adult Days                         | 917                   |             | 917                    |
| Newborn Days                       | 173                   |             | 173                    |
| Total Inpatient Revenue            | 5,098,299             |             | 5,098,299              |
| Ancillary Revenue                  | 2,555,196             |             | 2,555,196              |
| Routine Revenue                    | 2,543,103             |             | 2,543,103              |
| Inpatient Received and Receivable  |                       |             |                        |
| <b>Outpatient Reconciliation</b>   |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]