

# Hospital Statement of Cost

BHF Page 1

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

## General Information PRELIMINARY

|                                         |                     |                                      |  |
|-----------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>Deaconess Hospital |                     | Medicare Provider Number:<br>15-0082 |  |
| Street:<br>600 Mary Street              |                     | Medicaid Provider Number:<br>5035    |  |
| City:<br>Evansville                     | State:<br>IN        | Zip:<br>47747                        |  |
| Period Covered by Statement:            | From:<br>10/01/2019 | To:<br>09/30/2020                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Deaconess Hospital 5035 for the cost report beginning 10/01/2019 and ending 09/30/2020 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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2019 To: 09/30/2020 |

| 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  | 461                  | 165,744                  |                         | 111,144                                          | 67.06%                                              |                                        | 29,656                                                  | 4.48                                                |
| 2.       | Psych                  | 9                    | 3,044                    |                         | 1,635                                            | 53.71%                                              |                                        | 185                                                     | 8.84                                                |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 72                   | 26,352                   |                         | 17,364                                           | 65.89%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     | 16                   | 5,856                    |                         | 4,351                                            | 74.30%                                              |                                        |                                                         |                                                     |
| 7.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>558</b>           | <b>200,996</b>           |                         | <b>134,494</b>                                   | <b>66.91%</b>                                       |                                        | <b>29,841</b>                                           | <b>4.51</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 9,516                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |            |              |     |            |             |
|-----|------------------------|-----|-----|-----|------------|--------------|-----|------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)        | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 573        |              |     | 102        | 6.21        |
| 2.  | Psych                  |     |     |     |            |              |     |            |             |
| 3.  | Rehab                  |     |     |     |            |              |     |            |             |
| 4.  | Other (Sub)            |     |     |     |            |              |     |            |             |
| 5.  | Intensive Care Unit    |     |     |     | 57         |              |     |            |             |
| 6.  | Coronary Care Unit     |     |     |     | 3          |              |     |            |             |
| 7.  | Other                  |     |     |     |            |              |     |            |             |
| 8.  | Other                  |     |     |     |            |              |     |            |             |
| 9.  | Other                  |     |     |     |            |              |     |            |             |
| 10. | Other                  |     |     |     |            |              |     |            |             |
| 11. | Other                  |     |     |     |            |              |     |            |             |
| 12. | Other                  |     |     |     |            |              |     |            |             |
| 13. | Other                  |     |     |     |            |              |     |            |             |
| 14. | Other                  |     |     |     |            |              |     |            |             |
| 16. | Other                  |     |     |     |            |              |     |            |             |
| 17. | Other                  |     |     |     |            |              |     |            |             |
| 18. | Other                  |     |     |     |            |              |     |            |             |
| 19. | Other                  |     |     |     |            |              |     |            |             |
| 20. | Other                  |     |     |     |            |              |     |            |             |
| 21. | Newborn Nursery        |     |     |     |            |              |     |            |             |
| 22. | <b>Total</b>           |     |     |     | <b>633</b> | <b>0.47%</b> |     | <b>102</b> | <b>6.21</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>    |                |
| 15-0082                          |  | 5035                                |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid-Hospital                |  | From: 10/01/2019                    | To: 09/30/2020 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10 W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10 W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | 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                 | 104,914,536                                             | 467,325,013                                                | 0.224500                                 | 1,127,015                                                            |                                                                      | 253,015                                                        |                                                                |
| 2.                                     | Recovery Room                  |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 3.                                     | Delivery and Labor Room        |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 4.                                     | Anesthesiology                 |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 5.                                     | Radiology - Diagnostic         | 15,567,950                                              | 105,455,886                                                | 0.147625                                 | 145,739                                                              |                                                                      | 21,515                                                         |                                                                |
| 6.                                     | Radiology - Therapeutic        | 15,462,090                                              | 93,489,761                                                 | 0.165388                                 | 4,773                                                                |                                                                      | 789                                                            |                                                                |
| 7.                                     | Nuclear Medicine               | 2,850,188                                               | 33,032,960                                                 | 0.086283                                 | 9,019                                                                |                                                                      | 778                                                            |                                                                |
| 8.                                     | Laboratory                     | 47,735,115                                              | 243,047,618                                                | 0.196402                                 | 325,438                                                              |                                                                      | 63,917                                                         |                                                                |
| 9.                                     | Blood                          |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 5,020,864                                               | 21,617,714                                                 | 0.232257                                 | 69,857                                                               |                                                                      | 16,225                                                         |                                                                |
| 11.                                    | Intravenous Therapy            | 3,150,083                                               | 8,153,358                                                  | 0.386354                                 | 47,373                                                               |                                                                      | 18,303                                                         |                                                                |
| 12.                                    | Respiratory Therapy            | 8,166,343                                               | 81,289,580                                                 | 0.100460                                 | 423,217                                                              |                                                                      | 42,516                                                         |                                                                |
| 13.                                    | Physical Therapy               | 12,137,982                                              | 80,690,485                                                 | 0.150426                                 | 251,059                                                              |                                                                      | 37,766                                                         |                                                                |
| 14.                                    | Occupational Therapy           |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 15.                                    | Speech Pathology               |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 16.                                    | EKG                            | 6,537,386                                               | 69,905,177                                                 | 0.093518                                 | 88,045                                                               |                                                                      | 8,234                                                          |                                                                |
| 17.                                    | EEG                            |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 10,003,719                                              | 33,838,723                                                 | 0.295629                                 | 16,906                                                               |                                                                      | 4,998                                                          |                                                                |
| 19.                                    | Drugs Charged to Patients      | 105,170,734                                             | 407,193,196                                                | 0.258282                                 | 772,279                                                              |                                                                      | 199,466                                                        |                                                                |
| 20.                                    | Renal Dialysis                 | 2,202,758                                               | 11,696,904                                                 | 0.188320                                 | 2,587                                                                |                                                                      | 487                                                            |                                                                |
| 21.                                    | Ambulance                      |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Wound Care Center              | 2,795,758                                               | 15,773,059                                                 | 0.177249                                 |                                                                      |                                                                      |                                                                |                                                                |
| 23.                                    | Family Practice Clinic         | 1,840,944                                               | 2,839,237                                                  | 0.648394                                 |                                                                      |                                                                      |                                                                |                                                                |
| 24.                                    | Chemo                          | 3,117,215                                               | 27,953,228                                                 | 0.111515                                 |                                                                      |                                                                      |                                                                |                                                                |
| 25.                                    | Primary Care Seniors           | 1,454,914                                               | 941,467                                                    | 1.545369                                 |                                                                      |                                                                      |                                                                |                                                                |
| 26.                                    | Behavioral Health              |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 27.                                    | OP Psychiatric                 | 1,440,806                                               | 6,121,938                                                  | 0.235351                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                                    | Cath Lab                       | 19,342,512                                              | 137,562,163                                                | 0.140609                                 | 227,667                                                              |                                                                      | 32,012                                                         |                                                                |
| 29.                                    | Other                          |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Implant Devices                | 35,218,237                                              | 102,757,866                                                | 0.342730                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | Pain Management                | 4,680,126                                               | 29,302,552                                                 | 0.159717                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | Sleep Center                   | 3,433,068                                               | 8,303,983                                                  | 0.413424                                 |                                                                      |                                                                      |                                                                |                                                                |
| 33.                                    | Hematology                     | 1,107,510                                               | 1,972,207                                                  | 0.561559                                 |                                                                      |                                                                      |                                                                |                                                                |
| 34.                                    | Durable Med Equip              | 12,181,676                                              | 35,363,773                                                 | 0.344468                                 |                                                                      |                                                                      |                                                                |                                                                |
| 35.                                    | CT Scan                        | 7,842,796                                               | 171,271,310                                                | 0.045792                                 | 285,118                                                              |                                                                      | 13,056                                                         |                                                                |
| 36.                                    | MRI                            | 5,915,562                                               | 53,065,538                                                 | 0.111477                                 | 63,006                                                               |                                                                      | 7,024                                                          |                                                                |
| 37.                                    | Multi Specialty Clinic         | 919,286                                                 | 1,253,786                                                  | 0.733208                                 |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Cardiac Rehab                  | 1,049,872                                               | 3,717,823                                                  | 0.282389                                 |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Pulmonary Rehab                | 346,436                                                 | 422,230                                                    | 0.820491                                 |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Diabetes Center                | 382,510                                                 | 608,816                                                    | 0.628285                                 |                                                                      |                                                                      |                                                                |                                                                |
| 41.                                    | Other                          |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                         |                                                            |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 3,804,085                                               | 4,280,598                                                  | 0.888681                                 |                                                                      |                                                                      |                                                                |                                                                |
| 44.                                    | Emergency                      | 31,681,521                                              | 249,256,691                                                | 0.127104                                 | 426,646                                                              |                                                                      | 54,228                                                         |                                                                |
| 45.                                    | Observation                    | 17,781,711                                              | 34,355,321                                                 | 0.517582                                 | 13,072                                                               |                                                                      | 6,766                                                          |                                                                |
| 46.                                    | <b>Total</b>                   |                                                         |                                                            |                                          | <b>4,298,816</b>                                                     |                                                                      | <b>781,095</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>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2019 To: 09/30/2020 |

**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) | 113,783,618           | 1,057,859   |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 120,660               | 1,635       |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 943.01                | 647.01      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 573                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 540,345               |             |              |                     |
| 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)                                                           | 540,345               |             |              |                     |

| 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                                                         | 24,717,699                                            | 17,364                                            | 1,423.50                           | 57                                         | 81,140                         |
| 9.       | Coronary Care Unit                                                          | 5,881,227                                             | 4,351                                             | 1,351.70                           | 3                                          | 4,055                          |
| 10.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 11.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     |                                                       |                                                   |                                    |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 781,095                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>1,406,635</b>               |

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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2019 To: 09/30/2020 |

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

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

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

BHF Page 6(a)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2019 To: 09/30/2020 |

| 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) |
|----------|------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                    | (2)                                                     | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           | 15,174,179                                             | 467,325,013                                             | 0.032470                                                     | 1,127,015                                      |                                                 | 36,594                                                 |                                                         |
| 2.       | Recovery Room                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   | 56,954                                                 | 105,455,886                                             | 0.000540                                                     | 145,739                                        |                                                 | 79                                                     |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 78,246                                                 | 243,047,618                                             | 0.000322                                                     | 325,438                                        |                                                 | 105                                                    |                                                         |
| 9.       | Blood                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      | 35,192                                                 | 81,289,580                                              | 0.000433                                                     | 423,217                                        |                                                 | 183                                                    |                                                         |
| 13.      | Physical Therapy                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 625,696                                                | 69,905,177                                              | 0.008951                                                     | 88,045                                         |                                                 | 788                                                    |                                                         |
| 17.      | EEG                                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Wound Care Center                        | 197,795                                                | 15,773,059                                              | 0.012540                                                     |                                                |                                                 |                                                        |                                                         |
| 23.      | Family Practice Clinic                   | 168,778                                                | 2,839,237                                               | 0.059445                                                     |                                                |                                                 |                                                        |                                                         |
| 24.      | Chemo                                    | 26,017                                                 | 27,953,228                                              | 0.000931                                                     |                                                |                                                 |                                                        |                                                         |
| 25.      | Primary Care Seniors                     | 1,164,004                                              | 941,467                                                 | 1.236373                                                     |                                                |                                                 |                                                        |                                                         |
| 26.      | Behavioral Health                        |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | OP Psychiatric                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Cath Lab                                 |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Implant Devices                          |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Pain Management                          | 462,984                                                | 29,302,552                                              | 0.015800                                                     |                                                |                                                 |                                                        |                                                         |
| 32.      | Sleep Center                             | 1,315,518                                              | 8,303,983                                               | 0.158420                                                     |                                                |                                                 |                                                        |                                                         |
| 33.      | Hematology                               | 8,577                                                  | 1,972,207                                               | 0.004349                                                     |                                                |                                                 |                                                        |                                                         |
| 34.      | Durable Med Equip                        |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | CT Scan                                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | MRI                                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Multi Specialty Clinic                   | 348,437                                                | 1,253,786                                               | 0.277908                                                     |                                                |                                                 |                                                        |                                                         |
| 38.      | Cardiac Rehab                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Pulmonary Rehab                          |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Diabetes Center                          |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 129,003                                                | 4,280,598                                               | 0.030137                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 13,839,275                                             | 249,256,691                                             | 0.055522                                                     | 426,646                                        |                                                 | 23,688                                                 |                                                         |
| 45.      | Observation                              |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                        |                                                         |                                                              |                                                |                                                 | <b>61,437</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: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2019 To: 09/30/2020 |

| 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                 | 25,285,980                                             | 120,660                                                          | 209.56                                                 | 573                                                       |                                                 | 120,078                                                |                                                         |
| 48.      | Psych                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                        |                                                                  |                                                        |                                                           |                                                 | 120,078                                                |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                        |                                                                  |                                                        |                                                           |                                                 | 61,437                                                 |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                        |                                                                  |                                                        |                                                           |                                                 | 181,515                                                |                                                         |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2019 To: 09/30/2020 |

| 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)                                                    |                 | 1,406,635         |                    |
| 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)                                  |                 | 181,515           |                    |
| 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)                             |                 | 12,777            |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>1,600,927</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)                                                               |                   | 4,298,816         |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   | 651,209           |                    |
| B. Psych                                                                                                  |                   |                   |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   | 571,678           |                    |
| F. Coronary Care Unit                                                                                     |                   | 176,524           |                    |
| G. Other                                                                                                  |                   |                   |                    |
| H. Other                                                                                                  |                   |                   |                    |
| I. Other                                                                                                  |                   |                   |                    |
| J. Other                                                                                                  |                   |                   |                    |
| K. Other                                                                                                  |                   |                   |                    |
| L. Other                                                                                                  |                   |                   |                    |
| M. Other                                                                                                  |                   |                   |                    |
| N. Other                                                                                                  |                   |                   |                    |
| O. Other                                                                                                  |                   |                   |                    |
| P. Other                                                                                                  |                   |                   |                    |
| Q. Other                                                                                                  |                   |                   |                    |
| R. Other                                                                                                  |                   |                   |                    |
| S. Other                                                                                                  |                   |                   |                    |
| T. Nursery                                                                                                |                   |                   |                    |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                   |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>5,698,227</b>  |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 4,097,300          |
| 14. Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                   |                   |                    |
| 15. Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                   |                   |                    |

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

BHF Page 8

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2019 To: 09/30/2020 |

| 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)                                        | 1,600,927         |                    |
| 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)                                                     | 1,600,927         |                    |
| 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>1,600,927</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>    |
| 15-0082                          | 5035                                |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid-Hospital                | From: 10/01/2019 To: 09/30/2020     |

**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)                                                                               | 4,097,300 |
| 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>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2019 To: 09/30/2020 |

**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**

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

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

BHF Supplement No. 2(a)

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>15-0082</b>           | <b>Medicaid Provider Number:</b>    | <b>5035</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 10/01/2019 To: 09/30/2020</b> |

| 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>  | <b>(1)</b>                                              | <b>(2)</b>                                                             | <b>(3)</b>                                                      | <b>(4)</b>                                                    | <b>(5)</b>                                                     | <b>(6)</b>                                                            | <b>(7)</b>                                                             |
| 1.       | Operating Room                      | 337,206                                                 | 467,325,013                                                            | 0.000722                                                        | 1,127,015                                                     |                                                                | 814                                                                   |                                                                        |
| 2.       | Recovery Room                       |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 5.       | Radiology - Diagnostic              | 14,400                                                  | 105,455,886                                                            | 0.000137                                                        | 145,739                                                       |                                                                | 20                                                                    |                                                                        |
| 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                                 | 7,057                                                   | 69,905,177                                                             | 0.000101                                                        | 88,045                                                        |                                                                | 9                                                                     |                                                                        |
| 17.      | EEG                                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 21.      | Ambulance                           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | Wound Care Center                   |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | Family Practice Clinic              | 1,836,611                                               | 2,839,237                                                              | 0.646868                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Chemo                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Primary Care Seniors                | 95,555                                                  | 941,467                                                                | 0.101496                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Behavioral Health                   |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | OP Psychiatric                      |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Cath Lab                            | 107,761                                                 | 137,562,163                                                            | 0.000783                                                        | 227,667                                                       |                                                                | 178                                                                   |                                                                        |
| 29.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Implant Devices                     |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Pain Management                     | 10,394                                                  | 29,302,552                                                             | 0.000355                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Sleep Center                        |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Hematology                          |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Durable Med Equip                   |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | CT Scan                             |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | MRI                                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Multi Specialty Clinic              |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Cardiac Rehab                       |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Pulmonary Rehab                     |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Diabetes Center                     |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 368,485                                                 | 249,256,691                                                            | 0.001478                                                        | 426,646                                                       |                                                                | 631                                                                   |                                                                        |
| 45.      | Observation                         |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                         |                                                                        |                                                                 |                                                               |                                                                | <b>1,652</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: | 15-0082           | Medicaid Provider Number:    | 5035                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 10/01/2019 To: 09/30/2020 |

| 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                 | 2,288,732                                               | 120,660                                                                          | 18.97                                           | 573                                                                      |                                                                | 10,870                                                                |                                                                        |
| 48.      | Psych                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 77,627                                                  | 17,364                                                                           | 4.47                                            | 57                                                                       |                                                                | 255                                                                   |                                                                        |
| 52.      | Coronary Care Unit                    |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 11,125                                                                |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 1,652                                                                 |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 12,777                                                                |                                                                        |

**Hospital Statement of Cost  
Reconciliation of Patient Days and Revenue**

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0082 | <b>Medicaid Provider Number:</b><br>5035                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2019 To: 09/30/2020 |

| <b>Inpatient Reconciliation</b>    | <b>Provider's<br/>Records</b> | <b>Adjustments</b> | <b>Audited<br/>Cost Report</b> |
|------------------------------------|-------------------------------|--------------------|--------------------------------|
| Adult Days                         | 633                           |                    | 633                            |
| Newborn Days                       |                               |                    |                                |
| Total Inpatient Revenue            | 5,698,227                     |                    | 5,698,227                      |
| Ancillary Revenue                  | 4,298,816                     |                    | 4,298,816                      |
| Routine Revenue                    | 1,399,411                     |                    | 1,399,411                      |
| Inpatient Received and Receivable  |                               |                    |                                |
| <b>Outpatient Reconciliation</b>   |                               |                    |                                |
| Outpatient Occasions of Service    |                               |                    |                                |
| Total Outpatient Revenue           |                               |                    |                                |
| Outpatient Received and Receivable |                               |                    |                                |

**Notes:**

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                              |
|                                                                                                                              |
| BHF Page 4 - Agreed the I/P costs to W/S C, Part I of the Medicare report                                                    |
| BHF Page 2 -Removed the Medicaid Psych days from the Hospital Acute Medicaid cost report.                                    |
| BHF Page 3, Cols. 1 and 2-Adjusted cost and charge data to agree with W/S C.                                                 |
|                                                                                                                              |
| GME Costs were adjusted to filed W/S B, Pt 1, Col 25.                                                                        |
|                                                                                                                              |
| BHF Page 2 - Adjusted Discharges to agree with Worksheet S-3 as was done in prior year                                       |
|                                                                                                                              |
| BHF Page 2 - calculated the psych beds as follows: 3044 bed days / 366                                                       |
|                                                                                                                              |
| BHF Page 3 - reclassified blood to blood admin                                                                               |
|                                                                                                                              |
| BHF Page 6b - changed the psych prof fees to agree with W/S A-8-2; hospital picked up the wrong amount from medicare report. |
|                                                                                                                              |
| BHF Page 6a - reclassified the PT prof fees to RT per W/S A-8-2                                                              |
|                                                                                                                              |
| No prof fees on the IPCR; reported on 2019 so allowed for 2020                                                               |
|                                                                                                                              |
| BHF Supplemental 2a - reclassified the Primary care seniors and wound care as cost report reported on incorrect line         |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |