

# 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>Rush University Medical Center |                     | Medicare Provider Number:<br>14-0119 |  |
| Street:<br>1753 West Congress Parkway               |                     | Medicaid Provider Number:<br>3048    |  |
| City:<br>Chicago                                    | State:<br>Illinois  | Zip:<br>60612                        |  |
| Period Covered by Statement:                        | From:<br>07/01/2019 | To:<br>06/30/2020                    |  |

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Rush University Medical Center 3048 for the cost report beginning 07/01/2019 and ending 06/30/2020 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**

|                                  |                       |                                     |                                        |
|----------------------------------|-----------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0119</b>        | <b>Medicaid Provider Number:</b>    | <b>3048</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Psych</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2019 To: 06/30/2020</b> |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 377                  | 132,424                  |                         | 99,418                                           | 75.08%                                              |                                        | 20,566                                                  | 6.53                                                |
| 2.                     | Psych                 | 24                   | 7,699                    |                         | 4,551                                            | 59.11%                                              |                                        | 697                                                     | 6.53                                                |
| 3.                     | Rehab                 | 42                   | 11,088                   |                         | 8,608                                            | 77.63%                                              |                                        | 669                                                     | 12.87                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | Medical ICU           | 55                   | 20,121                   |                         | 18,469                                           | 91.79%                                              |                                        |                                                         |                                                     |
| 8.                     | Surgical ICU          | 56                   | 20,490                   |                         | 16,432                                           | 80.20%                                              |                                        |                                                         |                                                     |
| 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       |                      |                          |                         | 555                                              |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>554</b>           | <b>191,822</b>           |                         | <b>148,033</b>                                   | <b>77.17%</b>                                       |                                        | <b>21,932</b>                                           | <b>6.72</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 7,237                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |            |              |     |           |             |
|------------------------|-----------------------|-----|-----|-----|------------|--------------|-----|-----------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)       | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     |            |              |     |           |             |
| 2.                     | Psych                 |     |     |     | 368        |              |     | 75        | 4.91        |
| 3.                     | Rehab                 |     |     |     |            |              |     |           |             |
| 4.                     | Other (Sub)           |     |     |     |            |              |     |           |             |
| 5.                     | Intensive Care Unit   |     |     |     |            |              |     |           |             |
| 6.                     | Coronary Care Unit    |     |     |     |            |              |     |           |             |
| 7.                     | Medical ICU           |     |     |     |            |              |     |           |             |
| 8.                     | Surgical ICU          |     |     |     |            |              |     |           |             |
| 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>368</b> | <b>0.25%</b> |     | <b>75</b> | <b>4.91</b> |

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

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

BHF Page 3

PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0119        | Medicaid Provider Number:    | 3048                            |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 07/01/2019 To: 06/30/2020 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10 W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10 W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|----------------------------------------|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                                     | Operating Room                 | 70,100,209                                                     | 348,542,869                                                       | 0.201124                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 2.                                     | Recovery Room                  | 12,373,428                                                     | 35,184,113                                                        | 0.351677                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 3.                                     | Delivery and Labor Room        | 13,048,763                                                     | 24,479,271                                                        | 0.533054                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                                     | Anesthesiology                 | 14,501,192                                                     | 114,359,431                                                       | 0.126804                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 5.                                     | Radiology - Diagnostic         | 52,603,531                                                     | 350,760,083                                                       | 0.149970                                        | 15,064                                                                      |                                                                             | 2,259                                                                 |                                                                       |
| 6.                                     | Radiology - Therapeutic        | 16,847,591                                                     | 79,088,466                                                        | 0.213022                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                                     | Nuclear Medicine               | 3,825,773                                                      | 16,348,393                                                        | 0.234015                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                                     | Laboratory                     | 104,750,328                                                    | 483,445,405                                                       | 0.216675                                        | 86,409                                                                      |                                                                             | 18,723                                                                |                                                                       |
| 9.                                     | Blood                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration         | 15,092,149                                                     | 52,510,714                                                        | 0.287411                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 11.                                    | Intravenous Therapy            | 2,697,944                                                      | 47,806,026                                                        | 0.056435                                        | 2,744                                                                       |                                                                             | 155                                                                   |                                                                       |
| 12.                                    | Respiratory Therapy            | 17,465,723                                                     | 53,924,657                                                        | 0.323891                                        | 1,091                                                                       |                                                                             | 353                                                                   |                                                                       |
| 13.                                    | Physical Therapy               | 8,986,940                                                      | 25,101,052                                                        | 0.358030                                        | 1,555                                                                       |                                                                             | 557                                                                   |                                                                       |
| 14.                                    | Occupational Therapy           | 6,814,345                                                      | 16,450,150                                                        | 0.414242                                        | 49,346                                                                      |                                                                             | 20,441                                                                |                                                                       |
| 15.                                    | Speech Pathology               | 4,404,717                                                      | 10,628,660                                                        | 0.414419                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 16.                                    | EKG                            | 19,648,105                                                     | 94,436,876                                                        | 0.208055                                        | 11,720                                                                      |                                                                             | 2,438                                                                 |                                                                       |
| 17.                                    | EEG                            | 3,734,351                                                      | 21,407,259                                                        | 0.174443                                        | 1,215                                                                       |                                                                             | 212                                                                   |                                                                       |
| 18.                                    | Med. / Surg. Supplies          | 41,419,293                                                     | 116,168,647                                                       | 0.356545                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 19.                                    | Drugs Charged to Patients      | 220,745,593                                                    | 758,937,094                                                       | 0.290862                                        | 51,548                                                                      |                                                                             | 14,993                                                                |                                                                       |
| 20.                                    | Renal Dialysis                 |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                                    | Ambulance                      |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | Implant Devices                | 84,994,312                                                     | 236,694,187                                                       | 0.359089                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 23.                                    | Renal Dialysis Adult           | 6,366,761                                                      | 16,145,410                                                        | 0.394339                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 24.                                    | Day Hospital                   | 5,095,870                                                      | 749,803                                                           | 6.796278                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                                    | Heart Acquisitions             |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                                    | Kidney Acquisitions            | 6,446,937                                                      | 10,825,000                                                        | 0.595560                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                                    | Liver Acquisitions             | 3,424,170                                                      | 4,326,000                                                         | 0.791533                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                                    | Pancreas Acquisitions          | 477,586                                                        | 603,000                                                           | 0.792017                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                                    | Lab HLA                        | 2,352,522                                                      | 5,196,664                                                         | 0.452699                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    | Other                          |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                |                                                                   |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                         | 111,161,684                                                    | 263,776,786                                                       | 0.421423                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                                    | Emergency                      | 39,381,604                                                     | 192,037,223                                                       | 0.205073                                        | 21,000                                                                      |                                                                             | 4,307                                                                 |                                                                       |
| 45.                                    | Observation                    | 10,342,892                                                     | 45,612,746                                                        | 0.226754                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                                    | <b>Total</b>                   |                                                                |                                                                   |                                                 | <b>241,692</b>                                                              |                                                                             | <b>64,438</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>14-0119 | <b>Medicaid Provider Number:</b><br>3048                               |
| <b>Program:</b><br>Medicaid-Psych           | <b>Period Covered by Statement:</b><br>From: 07/01/2019 To: 06/30/2020 |

**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) | 147,436,595           | 8,542,503   | 10,222,103   |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 106,655               | 4,551       | 8,608        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,382.37              | 1,877.06    | 1,187.51     |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 368         |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 690,758     |              |                     |
| 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)                                                           |                       | 690,758     |              |                     |

| 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                                                         |                                                       |                                                   |                                    |                                            |                                |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | Medical ICU                                                                 | 39,018,267                                            | 18,469                                            | 2,112.64                           |                                            |                                |
| 11.      | Surgical ICU                                                                | 37,941,950                                            | 16,432                                            | 2,309.03                           |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 546,399                                               | 555                                               | 984.50                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 64,438                         |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>755,196</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: | 14-0119        | Medicaid Provider Number:    | 3048                            |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 07/01/2019 To: 06/30/2020 |

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

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

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

BHF Page 6(a)

## PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0119        | Medicaid Provider Number:    | 3048                            |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 07/01/2019 To: 06/30/2020 |

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

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

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

BHF Page 6(b)

## PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0119        | Medicaid Provider Number:    | 3048                            |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 07/01/2019 To: 06/30/2020 |

| Line No. | Cost Centers                          | Professional Component<br>(CMS 2552-10<br>W/S A-8-2,<br>Col. 4) | Total Days<br>Including<br>Private<br>(CMS 2552-10<br>W/S S-3<br>Pt. 1, Col. 8) | Professional<br>Component<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 H B P<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                             | (2)                                                                             | (3)                                                                   | (4)                                                                      | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 48.      | Psych                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Medical ICU                           |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Surgical ICU                          |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                                 |                                                                                 |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0119 | <b>Medicaid Provider Number:</b><br>3048                               |
| <b>Program:</b><br>Medicaid-Psych           | <b>Period Covered by Statement:</b><br>From: 07/01/2019 To: 06/30/2020 |

| 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)                                                    |                 | 755,196           |                    |
| 3. Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                 |                   |                    |
| 4. Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                 |                   |                    |
| 5. Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                 |                   |                    |
| 6. Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             |                 | 80,831            |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>836,027</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)                                                               |                   | 241,692           |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   |                   |                    |
| B. Psych                                                                                                  |                   | 809,232           |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   |                   |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. Medical ICU                                                                                            |                   |                   |                    |
| H. Surgical ICU                                                                                           |                   |                   |                    |
| 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>1,050,924</b>  |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 214,897            |
| 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>14-0119 | <b>Medicaid Provider Number:</b><br>3048                               |
| <b>Program:</b><br>Medicaid-Psych           | <b>Period Covered by Statement:</b><br>From: 07/01/2019 To: 06/30/2020 |

| 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)                                        | 836,027           |                    |
| 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)                                                     | 836,027           |                    |
| 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)                                           | 836,027           |                    |

| 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>    |
| 14-0119                          | 3048                                |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid-Psych                   | From: 07/01/2019 To: 06/30/2020     |

**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)                                                                               | 214,897 |
| 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) | Inpatient |                       | Outpatient |                       |
|----------|-------------------------------|---------------------------------------------|-----------|-----------------------|------------|-----------------------|
|          |                               |                                             | Ratio     | Amount<br>(Col. 1x2A) | Ratio      | Amount<br>(Col. 1x3A) |
|          |                               | (1)                                         | (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**

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0119 | Medicaid Provider Number:<br>3048                               |
| Program:<br>Medicaid-Psych           | Period Covered by Statement:<br>From: 07/01/2019 To: 06/30/2020 |

**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>Medicaid Provider Number:</b>    |
| 14-0119                          | 3048                                |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid-Psych                   | From: 07/01/2019 To: 06/30/2020     |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|-------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | (1)                                                     | (2)                                                                    | (3)                                                             | (4)                                                           | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 1.       | Operating Room                      | 5,828,763                                               | 348,542,869                                                            | 0.016723                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 2.       | Recovery Room                       |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             | 754,250                                                 | 24,479,271                                                             | 0.030812                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      | 5,346,453                                               | 114,359,431                                                            | 0.046751                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 5.       | Radiology - Diagnostic              | 6,966,124                                               | 350,760,083                                                            | 0.019860                                                        | 15,064                                                        |                                                                | 299                                                                   |                                                                        |
| 6.       | Radiology - Therapeutic             | 742,278                                                 | 79,088,466                                                             | 0.009385                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                    | 873,972                                                 | 16,348,393                                                             | 0.053459                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 8.       | Laboratory                          | 2,261,040                                               | 483,445,405                                                            | 0.004677                                                        | 86,409                                                        |                                                                | 404                                                                   |                                                                        |
| 9.       | Blood                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration              | 220,631                                                 | 52,510,714                                                             | 0.004202                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 11.      | Intravenous Therapy                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                 | 485,730                                                 | 53,924,657                                                             | 0.009008                                                        | 1,091                                                         |                                                                | 10                                                                    |                                                                        |
| 13.      | Physical Therapy                    |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 14.      | Occupational Therapy                |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                    |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 16.      | EKG                                 | 916,730                                                 | 94,436,876                                                             | 0.009707                                                        | 11,720                                                        |                                                                | 114                                                                   |                                                                        |
| 17.      | EEG                                 |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 21.      | Ambulance                           |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | Implant Devices                     |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | Renal Dialysis Adult                | 1,077,501                                               | 16,145,410                                                             | 0.066737                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Day Hospital                        | 2,336,294                                               | 749,803                                                                | 3.115877                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Heart Acquisitions                  |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Kidney Acquisitions                 | 171,032                                                 | 10,825,000                                                             | 0.015800                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Liver Acquisitions                  |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Pancreas Acquisitions               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Lab HLA                             |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              | 8,809,846                                               | 263,776,786                                                            | 0.033399                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 5,664,572                                               | 192,037,223                                                            | 0.029497                                                        | 21,000                                                        |                                                                | 619                                                                   |                                                                        |
| 45.      | Observation                         |                                                         |                                                                        |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                         |                                                                        |                                                                 |                                                               |                                                                | <b>1,446</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: | 14-0119        | Medicaid Provider Number:    | 3048                            |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 07/01/2019 To: 06/30/2020 |

| 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                 | 21,885,436                                              | 106,655                                                                          | 205.20                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 48.      | Psych                                 | 981,722                                                 | 4,551                                                                            | 215.72                                          | 368                                                                      |                                                                | 79,385                                                                |                                                                        |
| 49.      | Rehab                                 | 417,318                                                 | 8,608                                                                            | 48.48                                           |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Medical ICU                           | 5,132,664                                               | 18,469                                                                           | 277.91                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Surgical ICU                          | 2,214,861                                               | 16,432                                                                           | 134.79                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               | 25,722                                                  | 555                                                                              | 46.35                                           |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 79,385                                                                |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 1,446                                                                 |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                                  |                                                 |                                                                          |                                                                | 80,831                                                                |                                                                        |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0119 | Medicaid Provider Number:<br>3048                               |
| Program:<br>Medicaid-Psych           | Period Covered by Statement:<br>From: 07/01/2019 To: 06/30/2020 |

|                                    | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| <b>Inpatient Reconciliation</b>    |                       |             |                        |
| Adult Days                         | 368                   |             | 368                    |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 1,050,924             |             | 1,050,924              |
| Ancillary Revenue                  | 241,692               |             | 241,692                |
| Routine Revenue                    | 809,232               |             | 809,232                |
| Inpatient Received and Receivable  |                       |             |                        |
| <b>Outpatient Reconciliation</b>   |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

Grouped Ped ICU, Prem ICU, SICU, and MICU accordingly based on adult / children's report per provider's records

Spread costs from W/S C, Col. 1 between Acute & Children's Hospital for Adults & Peds and Nursery. See worksheet.

Observation Days were taken from filed S-3 & spread by same percentage as the split of A&P days between filed Acute & Children's Hospital reports.

Total Hospital Discharges for Rehab & Psych were taken from filed Medicaid reports.

Reclassified Blood as Blood-Admin.

BHF Page 4 - Adults &amp; Peds costs adjusted to worksheet and W/S C, Col 1 costs.

Spread GME costs from W/S B, Column 25 between Acute & Children's Hospital for Adults & Peds and Nursery.