

# 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>SwedishAmerican Hospital |                     | Medicare Provider Number:<br>14-0228 |  |
| Street:<br>1401 E. State Street               |                     | Medicaid Provider Number:<br>18006   |  |
| City:<br>Rockford                             | State:<br>Illinois  | Zip:<br>18006                        |  |
| Period Covered by Statement:                  | From:<br>07/01/2020 | To:<br>06/30/2021                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

|                                                                       |                                                    |                          |
|-----------------------------------------------------------------------|----------------------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Medicaid Hospital<br>XXXX<br>XXXX | <input type="checkbox"/> Medicaid Sub II<br>Rehab  | <input type="checkbox"/> |
| <input 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)) SwedishAmerican Hospital 18006 for the cost report beginning 07/01/2020 and ending 06/30/2021 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

Name (Typewritten)

|                  |      |
|------------------|------|
| Title            | Date |
| Firm             |      |
| Telephone Number |      |
| Email Address    |      |

Name (Typewritten)

|                  |  |
|------------------|--|
| Title            |  |
| Date             |  |
| Telephone Number |  |
| Email Address    |  |

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

# Hospital Statement of Cost / Statistical Data

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0228           | Medicaid Provider Number:    | 18006                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

| 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  | 254                  | 92,710                   |                         | 53,903                                           | 58.14%                                              |                                        | 14,472                                                  | 4.31                                                |
| 2.       | Psych                  | 20                   | 7,300                    |                         | 5,313                                            | 72.78%                                              |                                        | 1,091                                                   | 4.87                                                |
| 3.       | Rehab                  | 3                    | 1,095                    |                         | 360                                              | 32.88%                                              |                                        | 25                                                      | 14.40                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 30                   | 10,950                   |                         | 8,543                                            | 78.02%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        |                      |                          |                         | 9,948                                            |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>307</b>           | <b>112,055</b>           |                         | <b>78,067</b>                                    | <b>69.67%</b>                                       |                                        | <b>15,588</b>                                           | <b>4.37</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 8,485                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |              |              |     |            |             |
|-----|------------------------|-----|-----|-----|--------------|--------------|-----|------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)        | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 1,549        |              |     | 528        | 3.28        |
| 2.  | Psych                  |     |     |     |              |              |     |            |             |
| 3.  | Rehab                  |     |     |     |              |              |     |            |             |
| 4.  | Other (Sub)            |     |     |     |              |              |     |            |             |
| 5.  | Intensive Care Unit    |     |     |     | 183          |              |     |            |             |
| 6.  | Coronary Care Unit     |     |     |     |              |              |     |            |             |
| 7.  | Other                  |     |     |     |              |              |     |            |             |
| 8.  | Other                  |     |     |     |              |              |     |            |             |
| 9.  | Other                  |     |     |     |              |              |     |            |             |
| 10. | Other                  |     |     |     |              |              |     |            |             |
| 11. | Other                  |     |     |     |              |              |     |            |             |
| 12. | Other                  |     |     |     |              |              |     |            |             |
| 13. | Other                  |     |     |     |              |              |     |            |             |
| 14. | Other                  |     |     |     |              |              |     |            |             |
| 16. | Other                  |     |     |     |              |              |     |            |             |
| 17. | Other                  |     |     |     |              |              |     |            |             |
| 18. | Other                  |     |     |     |              |              |     |            |             |
| 19. | Other                  |     |     |     |              |              |     |            |             |
| 20. | Other                  |     |     |     |              |              |     |            |             |
| 21. | Newborn Nursery        |     |     |     | 984          |              |     |            |             |
| 22. | <b>Total</b>           |     |     |     | <b>2,716</b> | <b>3.48%</b> |     | <b>528</b> | <b>3.28</b> |

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

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

BHF Page 3

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 14-0228                   |  | 18006                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 07/01/2020             | To: 06/30/2021 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10<br>W/S C,<br>Pt. 1,<br>Col. 1) | Total Dept. Charges<br>(CMS 2552-10<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>Cost to<br>Charges<br>(Col. 1 / 2) | Total<br>Billed I/P<br>Charges<br>(Gross) for<br>Health Care<br>Program<br>Patients | Total<br>Billed O/P<br>Charges<br>(Gross) for<br>Health Care<br>Program<br>Patients | I/P<br>Expenses<br>Applicable<br>to Health<br>Care<br>Program<br>(Col. 3 X 4) | O/P<br>Expenses<br>Applicable<br>to Health<br>Care<br>Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                        |                                | (1)                                                              | (2)                                                                 |                                                | (4)                                                                                 | (5)                                                                                 | (6)                                                                           | (7)                                                                           |
|                                        |                                |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 1.                                     | Operating Room                 | 28,733,259                                                       | 268,591,833                                                         | 0.106977                                       | 1,410,769                                                                           |                                                                                     | 150,920                                                                       |                                                                               |
| 2.                                     | Recovery Room                  |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 3.                                     | Delivery and Labor Room        | 10,549,280                                                       | 52,899,679                                                          | 0.199420                                       | 1,302,218                                                                           |                                                                                     | 259,688                                                                       |                                                                               |
| 4.                                     | Anesthesiology                 | 4,727,513                                                        | 39,387,897                                                          | 0.120025                                       | 376,362                                                                             |                                                                                     | 45,173                                                                        |                                                                               |
| 5.                                     | Radiology - Diagnostic         | 24,451,284                                                       | 224,126,359                                                         | 0.109096                                       | 1,316,694                                                                           |                                                                                     | 143,646                                                                       |                                                                               |
| 6.                                     | Radiology - Therapeutic        |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 7.                                     | Nuclear Medicine               |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 8.                                     | Laboratory                     | 27,284,132                                                       | 344,541,007                                                         | 0.079190                                       | 3,481,881                                                                           |                                                                                     | 275,730                                                                       |                                                                               |
| 9.                                     | Blood                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 10.                                    | Blood - Administration         | 2,235,182                                                        | 15,960,133                                                          | 0.140048                                       | 311,146                                                                             |                                                                                     | 43,575                                                                        |                                                                               |
| 11.                                    | Intravenous Therapy            |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 12.                                    | Respiratory Therapy            | 7,571,709                                                        | 43,554,538                                                          | 0.173844                                       | 1,653,707                                                                           |                                                                                     | 287,487                                                                       |                                                                               |
| 13.                                    | Physical Therapy               | 10,573,165                                                       | 59,064,186                                                          | 0.179011                                       | 663,028                                                                             |                                                                                     | 118,689                                                                       |                                                                               |
| 14.                                    | Occupational Therapy           |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 15.                                    | Speech Pathology               |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 16.                                    | EKG                            | 3,239,563                                                        | 57,187,345                                                          | 0.056648                                       | 590,650                                                                             |                                                                                     | 33,459                                                                        |                                                                               |
| 17.                                    | EEG                            | 357,396                                                          | 5,278,051                                                           | 0.067714                                       | 46,661                                                                              |                                                                                     | 3,160                                                                         |                                                                               |
| 18.                                    | Med. / Surg. Supplies          | 37,588,781                                                       | 234,771,661                                                         | 0.160108                                       | 1,870,724                                                                           |                                                                                     | 299,518                                                                       |                                                                               |
| 19.                                    | Drugs Charged to Patients      | 44,155,453                                                       | 593,372,428                                                         | 0.074414                                       | 8,039,140                                                                           |                                                                                     | 598,225                                                                       |                                                                               |
| 20.                                    | Renal Dialysis                 |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 21.                                    | Ambulance                      |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 22.                                    | Gastroenterology               | 2,393,222                                                        | 18,977,122                                                          | 0.126111                                       | 87,985                                                                              |                                                                                     | 11,096                                                                        |                                                                               |
| 23.                                    | Oncology                       | 22,133,653                                                       | 109,857,080                                                         | 0.201477                                       | 842                                                                                 |                                                                                     | 170                                                                           |                                                                               |
| 24.                                    | CT                             | 3,128,659                                                        | 145,174,210                                                         | 0.021551                                       | 1,201,911                                                                           |                                                                                     | 25,902                                                                        |                                                                               |
| 25.                                    | MRI                            | 2,398,775                                                        | 44,523,394                                                          | 0.053877                                       | 265,656                                                                             |                                                                                     | 14,313                                                                        |                                                                               |
| 26.                                    | Implantables                   | 2,887,680                                                        | 269,975,959                                                         | 0.010696                                       | 1,193,560                                                                           |                                                                                     | 12,766                                                                        |                                                                               |
| 27.                                    | Nutritional Support            | 66,216                                                           | 257,450                                                             | 0.257199                                       |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 28.                                    | Psych Partial                  |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 29.                                    | Ambulatory Care                |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 30.                                    | Hemodialysis                   | 1,421,836                                                        | 6,450,668                                                           | 0.220417                                       | 78,575                                                                              |                                                                                     | 17,319                                                                        |                                                                               |
| 31.                                    | Cardiac Rehab                  | 1,686,997                                                        | 2,813,341                                                           | 0.599642                                       |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 32.                                    | Chemo/IV Therapy               |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 33.                                    | Sleep Lab                      | 1,474,607                                                        | 10,033,722                                                          | 0.146965                                       |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 34.                                    | Hyperbaric Ox. Therapy         | 2,434,481                                                        | 13,845,628                                                          | 0.175830                                       | 1,566                                                                               |                                                                                     | 275                                                                           |                                                                               |
| 35.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 36.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 37.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 38.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 39.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 40.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 41.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 42.                                    | Other                          |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                  |                                                                     |                                                |                                                                                     |                                                                                     |                                                                               |                                                                               |
| 43.                                    | Clinic                         | 24,817,345                                                       | 71,966,863                                                          | 0.344844                                       | 3,922                                                                               |                                                                                     | 1,352                                                                         |                                                                               |
| 44.                                    | Emergency                      | 24,496,875                                                       | 179,411,756                                                         | 0.136540                                       | 1,252,371                                                                           |                                                                                     | 170,999                                                                       |                                                                               |
| 45.                                    | Observation                    | 9,824,527                                                        | 25,053,277                                                          | 0.392145                                       | 120,068                                                                             |                                                                                     | 47,084                                                                        |                                                                               |
| 46.                                    | <b>Total</b>                   |                                                                  |                                                                     |                                                | <b>25,269,436</b>                                                                   |                                                                                     | <b>2,560,546</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>14-0228 | <b>Medicaid Provider Number:</b><br>18006                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2020 To: 06/30/2021 |

**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) | 72,231,800            | 3,681,381   | 690,228      |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 62,388                | 5,313       | 360          |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,157.78              | 692.90      | 1,917.30     |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 1,549                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 1,793,401             |             |              |                     |
| 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)                                                           | 1,793,401             |             |              |                     |

| 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                                                         | 15,394,027                                            | 8,543                                             | 1,801.95                           | 183                                        | 329,757                        |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 11.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 13,342,429                                            | 9,948                                             | 1,341.22                           | 984                                        | 1,319,760                      |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 2,560,546                      |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>6,003,464</b>               |

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

Preliminary

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0228</b>           | <b>Medicaid Provider Number:</b>    | <b>18006</b>                           |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2020 To: 06/30/2021</b> |

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

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

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0228           | Medicaid Provider Number:    | 18006                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10 W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10 W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                    | (2)                                                     | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           | 5,019,888                                              | 268,591,833                                             | 0.018690                                                     | 1,410,769                                      |                                                 | 26,367                                                 |                                                         |
| 2.       | Recovery Room                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           | 3,536,802                                              | 39,387,897                                              | 0.089794                                                     | 376,362                                        |                                                 | 33,795                                                 |                                                         |
| 5.       | Radiology - Diagnostic                   | 200,000                                                | 224,126,359                                             | 0.000892                                                     | 1,316,694                                      |                                                 | 1,174                                                  |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 45,150                                                 | 344,541,007                                             | 0.000131                                                     | 3,481,881                                      |                                                 | 456                                                    |                                                         |
| 9.       | Blood                                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 381,397                                                | 57,187,345                                              | 0.006669                                                     | 590,650                                        |                                                 | 3,939                                                  |                                                         |
| 17.      | EEG                                      | 75,345                                                 | 5,278,051                                               | 0.014275                                                     | 46,661                                         |                                                 | 666                                                    |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Gastroenterology                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Oncology                                 | 438,182                                                | 109,857,080                                             | 0.003989                                                     | 842                                            |                                                 | 3                                                      |                                                         |
| 24.      | CT                                       | 9,100                                                  | 145,174,210                                             | 0.000063                                                     | 1,201,911                                      |                                                 | 76                                                     |                                                         |
| 25.      | MRI                                      | 5,300                                                  | 44,523,394                                              | 0.000119                                                     | 265,656                                        |                                                 | 32                                                     |                                                         |
| 26.      | Implantables                             |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Nutritional Support                      |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Psych Partial                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Ambulatory Care                          |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Hemodialysis                             |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Cardiac Rehab                            |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Chemo/IV Therapy                         |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Sleep Lab                                |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Hyperbaric Ox. Therapy                   | 356,657                                                | 13,845,628                                              | 0.025760                                                     | 1,566                                          |                                                 | 40                                                     |                                                         |
| 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                                | 3,475,988                                              | 179,411,756                                             | 0.019374                                                     | 1,252,371                                      |                                                 | 24,263                                                 |                                                         |
| 45.      | Observation                              |                                                        |                                                         |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                        |                                                         |                                                              |                                                |                                                 | <b>90,811</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: | 14-0228           | Medicaid Provider Number:    | 18006                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10 W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10 W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                    | (2)                                                              | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 | 5,198,110                                              | 62,388                                                           | 83.32                                                  | 1,549                                                     |                                                 | 129,063                                                |                                                         |
| 48.      | Psych                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   | 547,818                                                | 8,543                                                            | 64.12                                                  | 183                                                       |                                                 | 11,734                                                 |                                                         |
| 52.      | Coronary Care Unit                    |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                        |                                                                  |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               | 3,291                                                  | 9,948                                                            | 0.33                                                   | 984                                                       |                                                 | 325                                                    |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                        |                                                                  |                                                        |                                                           |                                                 | <b>141,122</b>                                         |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                        |                                                                  |                                                        |                                                           |                                                 | <b>90,811</b>                                          |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                        |                                                                  |                                                        |                                                           |                                                 | <b>231,933</b>                                         |                                                         |

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

BHF Page 7

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0228 | Medicaid Provider Number:<br>18006                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2020 To: 06/30/2021 |

| Line No.                                                                                                    | Reasonable Cost | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|-------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|---------------------------|
| 1. Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                 |                          |                           |
| 2. Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    |                 | 6,003,464                |                           |
| 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)                                  |                 | 231,933                  |                           |
| 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)                             |                 | 123,672                  |                           |
| 7. <b>Total Reasonable Cost of Covered Services</b><br><b>(Sum of Lines 1 through 6)</b>                    |                 | <b>6,359,069</b>         |                           |
| 8. Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) |                 | 100.00%                  |                           |

| Line No.                                                                                                  | Customary Charges | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|-----------------------------------------------------------------------------------------------------------|-------------------|--------------------------|---------------------------|
| 9. Ancillary Services<br>(See Instructions)                                                               |                   | 25,269,436               |                           |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                          |                           |
| A. Adults and Pediatrics                                                                                  |                   | 3,632,674                |                           |
| B. Psych                                                                                                  |                   |                          |                           |
| C. Rehab                                                                                                  |                   |                          |                           |
| D. Other (Sub)                                                                                            |                   |                          |                           |
| E. Intensive Care Unit                                                                                    |                   | 3,076,428                |                           |
| F. Coronary Care Unit                                                                                     |                   |                          |                           |
| G. Other                                                                                                  |                   |                          |                           |
| H. Other                                                                                                  |                   |                          |                           |
| I. Other                                                                                                  |                   |                          |                           |
| J. Other                                                                                                  |                   |                          |                           |
| K. Other                                                                                                  |                   |                          |                           |
| L. Other                                                                                                  |                   |                          |                           |
| M. Other                                                                                                  |                   |                          |                           |
| N. Other                                                                                                  |                   |                          |                           |
| O. Other                                                                                                  |                   |                          |                           |
| P. Other                                                                                                  |                   |                          |                           |
| Q. Other                                                                                                  |                   |                          |                           |
| R. Other                                                                                                  |                   |                          |                           |
| S. Other                                                                                                  |                   |                          |                           |
| T. Nursery                                                                                                |                   | 3,563,384                |                           |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                          |                           |
| 12. <b>Total Charges for Patient Services</b><br><b>(Sum of Lines 9 through 11)</b>                       |                   | <b>35,541,922</b>        |                           |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                          | 29,182,853                |
| 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>14-0228 | <b>Medicaid Provider Number:</b><br>18006                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2020 To: 06/30/2021 |

| 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)                                        | 6,359,069         |                    |
| 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)                                                     | 6,359,069         |                    |
| 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)                                           | 6,359,069         |                    |

| 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>    |
| 14-0228                          | 18006                               |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid Hospital                | From: 07/01/2020 To: 06/30/2021     |

**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)                                                                               | 29,182,853 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |            |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |            |

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

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

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

| Line No. | Description                   | Total<br>(Part II,<br>Cols. 1-3,<br>Line 2)<br>(1) | Inpatient |                               | Outpatient |                               |
|----------|-------------------------------|----------------------------------------------------|-----------|-------------------------------|------------|-------------------------------|
|          |                               |                                                    | Ratio     | Amount<br>(Col. 1x2A)<br>(2B) | Ratio      | Amount<br>(Col. 1x3A)<br>(3B) |
|          |                               |                                                    | (2A)      | (2B)                          | (3A)       | (3B)                          |
| 1.       | Cost Report Period ended      |                                                    |           |                               |            |                               |
| 2.       | Cost Report Period ended      |                                                    |           |                               |            |                               |
| 3.       | Cost Report Period ended      |                                                    |           |                               |            |                               |
| 4.       | Total<br>(Sum of Lines 1 - 3) |                                                    |           |                               |            |                               |

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

BHF Supplement No. 1

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0228 | <b>Medicaid Provider Number:</b><br>18006                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2020 To: 06/30/2021 |

**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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0228           | Medicaid Provider Number:    | 18006                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept. Charges<br>(CMS 2552-10<br>W/S C, Pt. 1,<br>Col. 8)* | Ratio of G M E Cost<br>to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|---------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | (1)                                                     | (2)                                                              | (3)                                                    | (4)                                               | (5)                                                | (6)                                                          | (7)                                                           |
| 1.       | Operating Room                      | 133,302                                                 | 268,591,833                                                      | 0.000496                                               | 1,410,769                                         |                                                    | 700                                                          |                                                               |
| 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                                 | 114,259                                                 | 57,187,345                                                       | 0.001998                                               | 590,650                                           |                                                    | 1,180                                                        |                                                               |
| 17.      | EEG                                 |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 18.      | Med. / Surg. Supplies               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 19.      | Drugs Charged to Patients           |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 20.      | Renal Dialysis                      |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 21.      | Ambulance                           |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 22.      | Gastroenterology                    | 95,216                                                  | 18,977,122                                                       | 0.005017                                               | 87,985                                            |                                                    | 441                                                          |                                                               |
| 23.      | Oncology                            |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 24.      | CT                                  |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 25.      | MRI                                 |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 26.      | Implantables                        |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 27.      | Nutritional Support                 |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 28.      | Psych Partial                       |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 29.      | Ambulatory Care                     |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 30.      | Hemodialysis                        |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 31.      | Cardiac Rehab                       |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 32.      | Chemo/IV Therapy                    |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 33.      | Sleep Lab                           |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 34.      | Hyperbaric Ox. Therapy              |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 35.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 36.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 37.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 38.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 39.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 40.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 41.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 42.      | Other                               |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
|          | <b>Outpatient Ancillary Centers</b> |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                              |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                           | 247,561                                                 | 179,411,756                                                      | 0.001380                                               | 1,252,371                                         |                                                    | 1,728                                                        |                                                               |
| 45.      | Observation                         |                                                         |                                                                  |                                                        |                                                   |                                                    |                                                              |                                                               |
| 46.      | <b>Ancillary Total</b>              |                                                         |                                                                  |                                                        |                                                   |                                                    | <b>4,049</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: | 14-0228           | Medicaid Provider Number:    | 18006                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

| 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                 | 4,589,394                                               | 62,388                                                                           | 73.56                                           | 1,549                                                                    |                                                                | 113,944                                                               |                                                                        |
| 48.      | Psych                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 133,302                                                 | 8,543                                                                            | 15.60                                           | 183                                                                      |                                                                | 2,855                                                                 |                                                                        |
| 52.      | Coronary Care Unit                    |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                         |                                                                                  |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               | 28,565                                                  | 9,948                                                                            | 2.87                                            | 984                                                                      |                                                                | 2,824                                                                 |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                                  |                                                 |                                                                          |                                                                | <b>119,623</b>                                                        |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                                  |                                                 |                                                                          |                                                                | <b>4,049</b>                                                          |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                                  |                                                 |                                                                          |                                                                | <b>123,672</b>                                                        |                                                                        |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0228 | Medicaid Provider Number:<br>18006                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2020 To: 06/30/2021 |

|                                    | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| <b>Inpatient Reconciliation</b>    |                       |             |                        |
| Adult Days                         | 1,732                 |             | 1,732                  |
| Newborn Days                       | 984                   |             | 984                    |
| Total Inpatient Revenue            | 35,541,921            | 1           | 35,541,922             |
| Ancillary Revenue                  | 25,269,435            | 1           | 25,269,436             |
| Routine Revenue                    | 10,272,486            |             | 10,272,486             |
| Inpatient Received and Receivable  |                       |             |                        |
| <b>Outpatient Reconciliation</b>   |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

BHF Page 1 - According to the Medicare report, this is a voluntary non profit corp so ensured it's reported as such on cost report

BHF Page 2 - The filed program days are comparable to the IPCR and the spread is comparable to the prior year's report also; left as reported.

BHF Page 3 - Reclassified Blood to Blood Admin

BHF Page 3 - Clinic Costs/Charges: lines 90.00-90.14 of the Medicare report W/S C, Part I.

BHF Page 4 - Used the lessor of W/S C, Part I for A&P, Line 1a.

\$1 minor adjustment due to rounding