

# 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>Elmhurst Memorial Hospital | Medicare Provider Number:<br>14-0200 |                   |
| Street:<br>155 E. Brush Hill Road               | Medicaid Provider Number:<br>5008    |                   |
| City:<br>Elmhurst                               | State:<br>IL                         | Zip:<br>60126     |
| 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 type="checkbox"/> XXXX Corporation<br>XXXX | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   | <input type="checkbox"/> Hospital District |
| <input type="checkbox"/> Other (Specify)          | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other (Specify)   |

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Elmhurst Memorial Hospital 5008 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  
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: | 14-0200           | Medicaid Provider Number:    | 5008                            |
| 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  | 219                  | 79,935                   |                         | 56,895                                           | 71.18%                                              |                                        | 17,048                                                  | 3.98                                                |
| 2.       | Psych                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 39                   | 14,235                   |                         | 10,910                                           | 76.64%                                              |                                        |                                                         |                                                     |
| 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        | 26                   | 9,490                    |                         | 6,966                                            | 73.40%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>284</b>           | <b>103,660</b>           |                         | <b>74,771</b>                                    | <b>72.13%</b>                                       |                                        | <b>17,048</b>                                           | <b>3.98</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 5,894                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |              |              |     |            |             |
|-----|------------------------|-----|-----|-----|--------------|--------------|-----|------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)        | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 1,498        |              |     | 489        | 3.87        |
| 2.  | Psych                  |     |     |     |              |              |     |            |             |
| 3.  | Rehab                  |     |     |     |              |              |     |            |             |
| 4.  | Other (Sub)            |     |     |     |              |              |     |            |             |
| 5.  | Intensive Care Unit    |     |     |     | 392          |              |     |            |             |
| 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        |     |     |     | 92           |              |     |            |             |
| 22. | <b>Total</b>           |     |     |     | <b>1,982</b> | <b>2.65%</b> |     | <b>489</b> | <b>3.87</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:    |                |
| 14-0200                   |  | 5008                         |                |
| 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, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|---------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                 |                                | (1)                                                      | (2)                                                         | (3)                                      | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                              | Operating Room                 | 37,890,601                                               | 283,354,026                                                 | 0.133722                                 | 995,058                                                              |                                                                      | 133,061                                                        |                                                                |
| 2.                              | Recovery Room                  |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 3.                              | Delivery and Labor Room        | 8,033,199                                                | 39,042,217                                                  | 0.205757                                 | 381,498                                                              |                                                                      | 78,496                                                         |                                                                |
| 4.                              | Anesthesiology                 | 1,080,293                                                | 116,765,890                                                 | 0.009252                                 | 468,463                                                              |                                                                      | 4,334                                                          |                                                                |
| 5.                              | Radiology - Diagnostic         | 10,212,155                                               | 110,786,925                                                 | 0.092178                                 | 498,681                                                              |                                                                      | 45,967                                                         |                                                                |
| 6.                              | Radiology - Therapeutic        | 7,174,737                                                | 67,344,988                                                  | 0.106537                                 |                                                                      |                                                                      |                                                                |                                                                |
| 7.                              | Nuclear Medicine               | 5,312,127                                                | 35,809,668                                                  | 0.148343                                 | 73,041                                                               |                                                                      | 10,835                                                         |                                                                |
| 8.                              | Laboratory                     | 15,544,648                                               | 344,418,043                                                 | 0.045133                                 | 2,246,883                                                            |                                                                      | 101,409                                                        |                                                                |
| 9.                              | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                             | Blood - Administration         |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 11.                             | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 12.                             | Respiratory Therapy            | 4,396,666                                                | 31,383,973                                                  | 0.140093                                 | 894,067                                                              |                                                                      | 125,253                                                        |                                                                |
| 13.                             | Physical Therapy               | 6,371,514                                                | 35,599,826                                                  | 0.178976                                 | 203,517                                                              |                                                                      | 36,425                                                         |                                                                |
| 14.                             | Occupational Therapy           | 2,260,765                                                | 10,730,736                                                  | 0.210681                                 | 133,897                                                              |                                                                      | 28,210                                                         |                                                                |
| 15.                             | Speech Pathology               | 636,603                                                  | 4,280,010                                                   | 0.148739                                 | 93,521                                                               |                                                                      | 13,910                                                         |                                                                |
| 16.                             | EKG                            | 3,665,881                                                | 27,610,558                                                  | 0.132771                                 | 216,195                                                              |                                                                      | 28,704                                                         |                                                                |
| 17.                             | EEG                            | 605,267                                                  | 7,023,812                                                   | 0.086174                                 | 166,979                                                              |                                                                      | 14,389                                                         |                                                                |
| 18.                             | Med. / Surg. Supplies          | 58,732,557                                               | 124,322,420                                                 | 0.472421                                 | 816,412                                                              |                                                                      | 385,690                                                        |                                                                |
| 19.                             | Drugs Charged to Patients      | 69,977,512                                               | 414,704,504                                                 | 0.168741                                 | 3,534,022                                                            |                                                                      | 596,334                                                        |                                                                |
| 20.                             | Renal Dialysis                 | 1,459,949                                                | 6,438,607                                                   | 0.226749                                 | 255,356                                                              |                                                                      | 57,902                                                         |                                                                |
| 21.                             | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                             | Ultrasound                     | 3,291,654                                                | 48,726,537                                                  | 0.067554                                 | 209,485                                                              |                                                                      | 14,152                                                         |                                                                |
| 23.                             | Cyberknife                     | 2,520,028                                                | 8,699,000                                                   | 0.289692                                 |                                                                      |                                                                      |                                                                |                                                                |
| 24.                             | CT Scan                        | 3,678,571                                                | 206,627,122                                                 | 0.017803                                 | 868,355                                                              |                                                                      | 15,459                                                         |                                                                |
| 25.                             | MRI                            | 2,749,879                                                | 55,844,107                                                  | 0.049242                                 | 201,340                                                              |                                                                      | 9,914                                                          |                                                                |
| 26.                             | Card. Catheterization          | 7,314,965                                                | 82,813,879                                                  | 0.088330                                 | 597,467                                                              |                                                                      | 52,774                                                         |                                                                |
| 27.                             | Sleep Lab                      | 949,591                                                  | 9,773,474                                                   | 0.097160                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                             | Impl. Device                   | 56,267,061                                               | 218,575,101                                                 | 0.257427                                 | 287,704                                                              |                                                                      | 74,063                                                         |                                                                |
| 29.                             | Cardiac Rehab                  | 940,425                                                  | 7,716,059                                                   | 0.121879                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                             | Outpatient Clinics             | 4,556,111                                                | 17,902,516                                                  | 0.254496                                 | 21,624                                                               |                                                                      | 5,503                                                          |                                                                |
| 31.                             | Outpatient Services            | 2,098,700                                                | 7,915,380                                                   | 0.265142                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 33.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 34.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 35.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 36.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 37.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 38.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 39.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 40.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 41.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| Outpatient Service Cost Centers |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                             | Clinic                         | 30,531,482                                               | 83,836,488                                                  | 0.364179                                 | 5,908                                                                |                                                                      | 2,152                                                          |                                                                |
| 44.                             | Emergency                      | 18,288,139                                               | 242,195,676                                                 | 0.075510                                 | 1,447,980                                                            |                                                                      | 109,337                                                        |                                                                |
| 45.                             | Observation                    | 6,504,501                                                | 18,252,580                                                  | 0.356361                                 | 1,997                                                                |                                                                      | 712                                                            |                                                                |
| 46.                             | Total                          |                                                          |                                                             |                                          | 14,619,450                                                           |                                                                      | 1,944,985                                                      |                                                                |

\* 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

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0200</b> | Medicaid Provider Number:<br><b>5008</b>                                      |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>07/01/2020</b> To: <b>06/30/2021</b> |

**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) | 69,292,489            |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 62,789                |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,103.58              |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 1,498                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 1,653,163             |             |              |                     |
| 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)                                                           | 1,653,163             |             |              |                     |

| 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                                                         | 17,923,490                                            | 10,910                                            | 1,642.85                           | 392                                        | 643,997                        |
| 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                                                                     | 5,321,730                                             | 6,966                                             | 763.96                             | 92                                         | 70,284                         |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 1,944,985                      |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>4,312,429</b>               |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0200           | Medicaid Provider Number:    | 5008                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

| 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                                            | Outpatient | Inpatient                              | Outpatient |
|          |                                                      | (1)                                                       | (2)                                               | (3)                                                          | (4)                                        | (5A)                                                 | (5B)       | (6A)                                   | (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: |  | Medicaid Provider Number:    |                |
| 14-0200                   |  | 5008                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 07/01/2020             | To: 06/30/2021 |

| Line No. | Cost Centers                             | Professional Component<br>(CMS 2552-10,<br>W/S A-8-2,<br>Col. 4) | Total Dept. Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of Professional Component<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient Program Charges<br>(BHF Page 3,<br>Col. 4) | Outpatient Program Charges<br>(BHF Page 3,<br>Col. 5) | Inpatient Program Expenses<br>for H B P<br>(Col. 3 X<br>Col. 4) | Outpatient Program Expenses<br>for H B P<br>(Col. 3 X<br>Col. 5) |
|----------|------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost Centers</b>  | (1)                                                              | (2)                                                                  | (3)                                                                   | (4)                                                  | (5)                                                   | (6)                                                             | (7)                                                              |
| 1.       | Operating Room                           |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 2.       | Recovery Room                            |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 3.       | Delivery and Labor Room                  |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 4.       | Anesthesiology                           |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 5.       | Radiology - Diagnostic                   |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 6.       | Radiology - Therapeutic                  |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 7.       | Nuclear Medicine                         |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 8.       | Laboratory                               |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 9.       | Blood                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 10.      | Blood - Administration                   |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 11.      | Intravenous Therapy                      |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 12.      | Respiratory Therapy                      |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 13.      | Physical Therapy                         |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 14.      | Occupational Therapy                     |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 15.      | Speech Pathology                         |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 16.      | EKG                                      |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 17.      | EEG                                      |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 18.      | Med. / Surg. Supplies                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 19.      | Drugs Charged to Patients                |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 20.      | Renal Dialysis                           |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 21.      | Ambulance                                |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 22.      | Ultrasound                               |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 23.      | Cyberknife                               |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 24.      | CT Scan                                  |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 25.      | MRI                                      |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 26.      | Card. Catheterization                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 27.      | Sleep Lab                                |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 28.      | Impl. Device                             |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 29.      | Cardiac Rehab                            |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 30.      | Outpatient Clinics                       |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 31.      | Outpatient Services                      |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 32.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 33.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 34.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 35.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 36.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 37.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 38.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 39.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 40.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 41.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 42.      | Other                                    |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 43.      | Clinic                                   |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 44.      | Emergency                                |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 45.      | Observation                              |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |
| 46.      | <b>Ancillary Total</b>                   |                                                                  |                                                                      |                                                                       |                                                      |                                                       |                                                                 |                                                                  |

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

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

BHF Page 6(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0200           | Medicaid Provider Number:    | 5008                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2020 To: 06/30/2021 |

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

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

BHF Page 7

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0200 | Medicaid Provider Number:<br>5008                               |
| 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)                                                    |                 | 4,312,429                |                           |
| 3. Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                 |                          |                           |
| 4. Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                 |                          |                           |
| 5. Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                 |                          |                           |
| 6. Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             |                 |                          |                           |
| 7. <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | 4,312,429                |                           |
| 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)                                                               |                   | 14,619,450               |                           |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                          |                           |
| A. Adults and Pediatrics                                                                                  |                   | 4,744,292                |                           |
| B. Psych                                                                                                  |                   |                          |                           |
| C. Rehab                                                                                                  |                   |                          |                           |
| D. Other (Sub)                                                                                            |                   |                          |                           |
| E. Intensive Care Unit                                                                                    |                   | 1,884,722                |                           |
| 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                                                                                                |                   | 440,783                  |                           |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                          |                           |
| 12. <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | 21,689,247               |                           |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                          | 17,376,818                |
| 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

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0200 | Medicaid Provider Number:<br>5008                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<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)                                        | 4,312,429         |                    |
| 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)                                                     | 4,312,429         |                    |
| 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)                                           | 4,312,429         |                    |

| 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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0200           | Medicaid Provider Number:    | 5008                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | 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)                                                                               | 17,376,818 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |            |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |            |

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

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

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

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

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

BHF Supplement No. 1

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0200 | Medicaid Provider Number:<br>5008                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<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: | 14-0200           | Medicaid Provider Number:    | 5008                            |
| 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                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 2.       | Recovery Room                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 3.       | Delivery and Labor Room             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 4.       | Anesthesiology                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 5.       | Radiology - Diagnostic              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 6.       | Radiology - Therapeutic             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 7.       | Nuclear Medicine                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 8.       | Laboratory                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 9.       | Blood                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 10.      | Blood - Administration              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 11.      | Intravenous Therapy                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 12.      | Respiratory Therapy                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 13.      | Physical Therapy                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 14.      | Occupational Therapy                |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 15.      | Speech Pathology                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 16.      | EKG                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 17.      | EEG                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 20.      | Renal Dialysis                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 21.      | Ambulance                           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 22.      | Ultrasound                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 23.      | Cyberknife                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 24.      | CT Scan                             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 25.      | MRI                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 26.      | Card. Catheterization               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 27.      | Sleep Lab                           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 28.      | Impl. Device                        |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 29.      | Cardiac Rehab                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 30.      | Outpatient Clinics                  |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 31.      | Outpatient Services                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 32.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 33.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 34.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 35.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 36.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 37.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 38.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 39.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 40.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 41.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 42.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 45.      | Observation                         |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the 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: | 14-0200           | Medicaid Provider Number:    | 5008                            |
| 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, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                         | <b>(2)</b>                                                            | <b>(3)</b>                             | <b>(4)</b>                                                   | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 47.      | Adults and Pediatrics                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0200 | Medicaid Provider Number:<br>5008                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2020 To: 06/30/2021 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 1,953                 | (63)        | 1,890                  |
| Newborn Days                       | 92                    |             | 92                     |
| Total Inpatient Revenue            | 21,694,923            | (5,676)     | 21,689,247             |
| Ancillary Revenue                  | 14,625,126            | (5,676)     | 14,619,450             |
| Routine Revenue                    | 7,069,797             |             | 7,069,797              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]