General Information	Preliminary		
Name of Hospital: Louis Weiss Memorial Hos	spital	Medicare Provider Number:	14-0082
Street: 4646 North Marine Drive		Medicaid Provider Number:	3067
City:	State:	Zip:	3007
Chicago	Illinois	60640	
Period Covered by Statement:	From: 06/01/2022	To: 05/31/2023	
Type of Control		•	
Voluntary Nonprofit	Proprietary Gove	ernment (Non-Federal)	_
Church	Individual	State	Township
Corporation	Partnership	City	Hospital District
Other (Specify)	XXXX Corporation XXXXX	County	Other (Specify)
Type of Hospital			
XXXX General Short-Term	Psychiatric	Cancer	
General Long-Term	Rehabilitation	Other (S	pecify)
Health Care Program	(A Separate Report Must Be Fille	d Out For Each Distinct Part Unit)	
XXXX Medicaid Hospital	Medicaid Sub II Rehab	_ 🗆 🚞	<u> </u>
Medicaid Sub I Psych	Medicaid Sub III Other	_ 🗆 💳	
By Fine And / Or Imprison	ion Or Falsification Of Any Information In This ment Under Federal Law	s Cost Report May Be Punishable	
I HEREBY CERTIFY that I have rea Sheet and Statement of Revenue a for the cost report beginning 06	ad the above statement and that I have examined nd Expense prepared by (Provider name(s) and n //01/2022 and ending 05/31/2023 and that to the books and records of the provider in accordang	number(s)) Louis Weiss Memor to the best of my knowledge and belie	rial Hospita 3067 ef, it is a true, correct and
Prepared by (Signed):		Signed (Officer or Administrator of	Provider(s)):
Name (Typewritten)	Data	Name (Typewritten)	
Title Firm	Date	Title Date	
Telephone Number		Telephone Number	
Email Address		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.

Pro	1.	•	

1 Temmat y	
Medicare Provider Number:	Medicaid Provider Number:
14-0082	3067
Program:	Period Covered by Statement:
Medicaid Hospital	From: 06/01/2022 To: 05/31/2023

					Total	Percent		Number Of	Average
					Inpatient	Of	Number	Discharges	Length Of
			Total	Total	Days	Occupancy	Of	Including	Stay By
	Inpatient Statistics	Total	Bed	Private	Including	(Column 4	Admissions	Deaths	Program
Line		Beds	Days	Room	Private	Divided By	Excluding	Excluding	Excluding
No.		Available	Available	Days	Room Days	Column 2)	Newborn	Newborn	Newborn
	Part I-Hospital	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics	103	37,595	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14,443	38.42%	(-/	3,804	4.58
2.	Psych	11	4,015		2,378	59.23%		185	12.85
	Rehab	14	5,110		2,044	40.00%		165	12.39
	Other (Sub)		,		,				
5.	Intensive Care Unit	16	5,840		2,969	50.84%			
6.	Coronary Care Unit								
	Other								
8.	Other								
9.	Other								
	Other								
11.	Other								
12.	Other								
	Other								
14.	Other								
	Other								
17.	Other								
18.	Other								
	Other								
20.	Other								
21.	Newborn Nursery								
22.	Total	144	52,560		21,834	41.54%		4,154	5.26
23.	Observation Bed Days				976				
				-			-		
	Part II-Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics				1,202			301	4.80
	Psych								
	Rehab								
	Other (Sub)								
	Intensive Care Unit				243				
	Coronary Care Unit								
	Other								
	Other								
	Other								
	Other								
11.	Other								
4.0									
	Other								
13.	Other Other								
13. 14.	Other Other Other								
13. 14. 16.	Other Other Other Other								
13. 14. 16. 17.	Other Other Other Other Other Other								
13. 14. 16. 17. 18.	Other Other Other Other Other Other Other Other								
13. 14. 16. 17. 18.	Other								
13. 14. 16. 17. 18. 19. 20.	Other								
13. 14. 16. 17. 18. 19. 20. 21.	Other				1,445	6.62%		301	4.80

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

Preliminar

1 i Cililliai y				
Medicare Provider Number:		Medicaid Provider Number:		
	14-0082	3067		
Program:		Period Covered by Statement:		
Medicald Hospital		From: 06/01/2022	To:	05/31/2023

2. Recovery Room	Line No.	Ancillary Service Cost Centers	Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1)	Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)*	Ratio of Cost to Charges (Col. 1 / 2)	Total Billed I/P Charges (Gross) for Health Care Program Patients (4)	Total Billed O/P Charges (Gross) for Health Care Program Patients (5)	I/P Expenses Applicable to Health Care Program (Col. 3 X 4)	O/P Expenses Applicable to Health Care Program (Col. 3 X 5)
3. Delivery and Labor Room		Operating Room	9,308,717	60,613,992	0.153574	1,472,857		226,193	
4. Anesthesiology       160,611       8,729,892       0.018398       212,346       3,907         5. Radiology - Therapeutic       1,025,422       4,255,804       0.266174       250,641       66,463         6. Radiology - Therapeutic       1,025,422       4,255,804       0.240947       13,675       3,295         7. Nuclear Medicine       566,917       2,211,385       0.2563633       37,069       9,503         8. Blood Logonia State	2.	Recovery Room	853,547	8,012,598	0.106526	167,484		17,841	
5. Radiology - Diagnostic         3.445,451         12,993,139         0.265174         250,641         66,463           6. Radiology - Therapeutic         1,025,422         4.255,804         0.240947         13,675         3,295           7. Nuclear Medicine         566,917         2,211,385         0.256383         37,069         9,503           8. Laboratory         3,294,631         67,508,335         0.048587         2,974,645         144,529           9. Blood         10. Blood - Administration         568,042         4,344,495         0.130750         226,942         29,673           11. Intravenous Therapy         1,678,082         6,918,164         0.242552         369,878         89,718           12. Respiratory Therapy         1,678,082         6,918,164         0.242552         369,878         89,718           13. Physical Therapy         1,679,082         6,918,164         0.242552         369,878         89,718           14. Occupational Therapy         1,726,375         0.155051         498,015         77,218           15. Speech Pathology         1         1,726,375         0.155051         498,015         77,218           16. EKG         1,819,583         9,726,887         0.187067         373,460         69,862	3.	Delivery and Labor Room							
6. Radiology - Therapeutic 1,025,422 4,255,804 0,240947 13,675 3,295 7. Nuclear Medicine 566,917 2,211,385 0,256833 37,069 9,503 8. Laboratory 3,294,631 67,808,335 0,048587 2,974,645 144,529 9. Blood			160,611		0.018398	212,346		3,907	
T. Nuclear Medicine         566,917         2.211,385         0.256363         37,069         9,503           8. Laboratory         3.294,631         67,808,335         0.048587         2.974,645         144,529           9. Blood         568,042         4,344,495         0.130750         226,942         29,673           11. Intravenous Therapy         1,678,082         6,918,164         0.242562         369,878         89,718           13. Physical Therapy         2,748,496         17,726,375         0.155051         496,015         77,218           14. Occupational Therapy         1         Compational Therapy         1         77,218         77,218           15. Speech Pathology         6         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         3         3         3         3         1         1         1         4         98,015         1         77,218         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 <td>5.</td> <td>Radiology - Diagnostic</td> <td>3,445,451</td> <td>12,993,189</td> <td>0.265174</td> <td>250,641</td> <td></td> <td>66,463</td> <td></td>	5.	Radiology - Diagnostic	3,445,451	12,993,189	0.265174	250,641		66,463	
T. Nuclear Medicine         566,917         2.211,385         0.256363         37,069         9,503           8. Laboratory         3.294,631         67,808,335         0.048587         2.974,645         144,529           9. Blood         568,042         4,344,495         0.130750         226,942         29,673           11. Intravenous Therapy         1,678,082         6,918,164         0.242562         369,878         89,718           13. Physical Therapy         2,748,496         17,726,375         0.155051         496,015         77,218           14. Occupational Therapy         1         Compational Therapy         1         77,218         77,218           15. Speech Pathology         6         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         3         3         3         3         1         1         1         4         98,015         1         77,218         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 <td>6.</td> <td>Radiology - Therapeutic</td> <td>1,025,422</td> <td></td> <td>0.240947</td> <td>13,675</td> <td></td> <td>3,295</td> <td></td>	6.	Radiology - Therapeutic	1,025,422		0.240947	13,675		3,295	
9   Blood   10   Blood - Administration   568,042   4,344,495   0.130750   226,942   29,673   11   Intravenous Therapy   1,678,082   6,918,164   0.242562   369,878   89,718   13. Physical Therapy   2,748,496   17,726,375   0.155051   498,015   77,218   14. Occupational Therapy   1,678,082   7,48,496   17,726,375   0.155051   498,015   77,218   14. Occupational Therapy   1,6   EKG   1,819,583   9,726,887   0.187067   373,460   69,862   17. EEG   48,441   149,863   0.323235   10,540   3,407   18. Med. / Surg. Supplies   8,262,012   27,359,038   0.301986   1,083,273   327,132   19. Drugs Charged to Patients   10,459,662   60,924,442   0.171683   1,074,777   184,521   20. Renal Dialysis   825,378   1,098,333   0.751482   205,191   154,197   21. Ambulance   22. Vascular Lab   298,888   2,660,296   0.112351   114   13   22. Impliant Supplies   6,094,402   19,895,088   0.306327   1,152,318   352,986   24. Wound Care   616,698   1,509,992   0.408414   25. Gl Lab   778,810   6,116,956   0.127320   337,336   42,950   26. CT Scan   1,250,133   40,396,707   0.030946   1,078,559   33,371   27. MRI   430,366   5,872,332   0.073287   94,320   6,912   28. Strauss Oncology   734,692   2,719,463   0.270161   425   115   29. Ultrasound   267,589   2,934,799   0.091178   50,337   4,590   30. Psych Clinic   1,622,077   1,441,368   1,125373   30. Other   33. Other   34. Other   35. Other   37. Other   37. Other   37. Other   38. Other   39. O			566,917	2,211,385	0.256363	37,069		9,503	
9   Blood   10   Blood - Administration   568,042   4,344,495   0.130750   226,942   29,673   11   Intravenous Therapy   1,678,082   6,918,164   0.242562   369,878   89,718   13. Physical Therapy   2,748,496   17,726,375   0.155051   498,015   77,218   14. Occupational Therapy   1,678,082   7,48,496   17,726,375   0.155051   498,015   77,218   14. Occupational Therapy   1,6   EKG   1,819,583   9,726,887   0.187067   373,460   69,862   17. EEG   48,441   149,863   0.323235   10,540   3,407   18. Med. / Surg. Supplies   8,262,012   27,359,038   0.301986   1,083,273   327,132   19. Drugs Charged to Patients   10,459,662   60,924,442   0.171683   1,074,777   184,521   20. Renal Dialysis   825,378   1,098,333   0.751482   205,191   154,197   21. Ambulance   22. Vascular Lab   298,888   2,660,296   0.112351   114   13   22. Impliant Supplies   6,094,402   19,895,088   0.306327   1,152,318   352,986   24. Wound Care   616,698   1,509,992   0.408414   25. Gl Lab   778,810   6,116,956   0.127320   337,336   42,950   26. CT Scan   1,250,133   40,396,707   0.030946   1,078,559   33,371   27. MRI   430,366   5,872,332   0.073287   94,320   6,912   28. Strauss Oncology   734,692   2,719,463   0.270161   425   115   29. Ultrasound   267,589   2,934,799   0.091178   50,337   4,590   30. Psych Clinic   1,622,077   1,441,368   1,125373   30. Other   33. Other   34. Other   35. Other   37. Other   37. Other   37. Other   38. Other   39. O	8.	Laboratory				2,974,645		144,529	
10   Blood - Administration   568,042   4,344,495   0.130750   226,942   29,673   11   Intravenous Therapy   1,678,082   6,918,164   0.242562   369,878   89,718   13. Physical Therapy   2,748,496   17,726,375   0.155051   498,015   777,218   14. Occupational Therapy   1,678,082   6,918,164   0.242562   369,878   89,718   13. Physical Therapy   2,748,496   17,726,375   0.155051   498,015   777,218   14. Occupational Therapy   15. Speech Pathology   15. Speech Pathology   16. EKG   1,819,583   9,726,887   0.187067   373,460   69,862   17. EEG   48,441   149,863   0.323235   10,540   3,407   18. Med. / Surg. Supplies   8,262,012   27,359,038   0.301985   1,083,273   327,132   19. Drugs Charged to Patients   10,459,662   60,924,42   0.171683   1,074,777   184,521   20. Renal Dialysis   825,378   1,098,333   0.751482   205,191   154,197   21. Ambulance   22. Vascular Lab   298,888   2,660,296   0.112351   114   13   13   23. Implant Supplies   6,094,402   19,895,068   0.306327   1,152,318   352,966   24. Wound Care   616,698   1,509,92   0.408414   25. Gl Lab   778,810   6,116,956   0.127320   337,336   42,950   25. Gl Lab   778,810   6,116,956   0.127320   337,336   42,950   26. CT Scan   1,250,133   40,3967   0.030946   1,078,359   33,371   27. MRI   430,366   5,872,332   0.073287   94,320   6,912   28. Strauso Oncology   734,692   2,719,463   0.270161   425   115   29. Ultrasound   267,559   2,934,799   0.091178   50,337   4,590   30. Psych Clinic   1,622,077   1,441,368   1,125373   3. Other   3. Other   3. Other   4. Other						, ,			
11.   Intravenous Therapy	10.	Blood - Administration	568,042	4,344,495	0.130750	226,942		29,673	
12, Respiratory Therapy	11.	Intravenous Therapy							
13.   Physical Therapy			1,678,082	6,918,164	0.242562	369,878		89,718	
14.   Occupational Therapy	13.	Physical Therapy							
15.   Speech Pathology			, , , , , , , , , , , , , , , , , , ,	, ,		,		ŕ	
16, EKG									
17, IEEG         48,441         149,863         0.323235         10,540         3,407           18. Med. / Surg. Supplies         8,262,012         27,359,038         0.301985         1,083,273         327,132           19. Drugs Charged to Patients         10,459,662         60,924,442         0.171683         1,074,777         184,521           20. Renal Dialysis         825,378         1,098,333         0.751482         205,191         154,197           21. Ambulance         22. Vascular Lab         298,888         2,660,296         0.112351         114         13           23. Implant Supplies         6,094,402         19,895,088         0.306327         1,152,318         352,986           24. Wound Care         616,698         1,509,982         0.408414         40,2950           25. GI Lab         778,810         6,116,996         0.127320         337,336         42,950           26. CT Scan         1,250,133         40,396,707         0.030946         1,078,359         33,371           27. MRI         430,366         5,872,332         0.073287         94,320         6,912           28. Strauss Oncology         734,692         2,719,463         0.270161         425         115           29. Ultrasound <td< td=""><td></td><td></td><td>1.819.583</td><td>9.726.887</td><td>0.187067</td><td>373.460</td><td></td><td>69.862</td><td></td></td<>			1.819.583	9.726.887	0.187067	373.460		69.862	
18.   Med. / Surg. Supplies   8,262,012   27,359,038   0.301985   1,083,273   327,132   19.   Drugs Charged to Patients   10,459,662   60,924,442   0.171683   1,074,777   184,521   20.   Rena Dialysis   825,378   1,098,333   0.751482   205,191   154,197   21.   Ambulance   22.   Vascular Lab   298,888   2,660,296   0.112351   114   13   23.   Implant Supplies   6,094,402   19,895,088   0.369327   1,152,318   352,986   24.   Wound Care   616,698   1,509,982   0.408414   25.   Gl Lab   778,810   6,116,956   0.127320   337,336   42,950   26.   CT Scan   1,250,133   40,396,707   0.030946   1,078,359   33,371   27.   MRI   430,366   5,872,332   0.073287   94,320   6,912   28.   Strauss Oncology   734,692   2,719,463   0.270161   425   115   29.   Ultrasound   267,589   2,934,799   0.091178   50,337   4,590   30.   Psych Clinic   1,622,077   1,441,368   1.125373   31.   Cath Lab   1,189,894   10,979,527   0.108374   532,002   57,655   32.   Other   34.   Other   35.   Other   36.   Other   37.   Other   38.   Other   39.   Oth									
19. Drugs Charged to Patients				27.359.038	0.301985				
20.   Renal Dialysis   825,378   1,098,333   0.751482   205,191   154,197   21.   Ambulance   22.   Vascular Lab   298,888   2,660,296   0.112351   114   13   13   23.   Implant Supplies   6,094,402   19,895,068   0.306327   1,152,318   352,986   24.   Wound Care   616,698   1,509,982   0.408414   25.   GI Lab   778,810   6,116,956   0.127320   337,336   42,950   26.   CT Scan   1,250,133   40,396,707   0.030946   1,078,359   33,371   27.   MRI   430,366   5,872,332   0.073287   94,320   6,912   28.   Straus Oncology   734,692   2,719,463   0.270161   425   115   29.   Ultrasound   267,589   2,934,799   0.091178   50,337   4,590   30.   Psych Clinic   1,622,077   1,441,368   1.125373   31.   Cath Lab   1,189,894   10,979,527   0.108374   532,002   57,655   32.   Other   33.   Other   34.   Other   35.   Other   36.   Other   37.   Other   38.   Other   39.   Other   39.	19.	Drugs Charged to Patients				, ,			
21. Ambulance   22. Vascular Lab   298,888   2,660,296   0.112351   114   13   13   23. Implant Supplies   6,094,402   19,895,068   0.306327   1,152,318   352,986   24. Wound Care   616,698   1,509,982   0.408414									
22. Vascular Lab         298,888         2,660,296         0.112351         114         13           23. Implant Supplies         6,094,402         19,895,088         0.306327         1,152,318         352,986           24. Wound Care         616,698         1,509,982         0.408414         40.408414         40.408414           25. Gl Lab         778,810         6,116,956         0.127320         337,336         42,950           26. CT Scan         1,250,133         40,396,707         0.030946         1,078,359         33,371           27. MRI         430,366         5,872,332         0.073287         94,320         6,912           28. Strauss Oncology         734,692         2,719,463         0.270161         425         115           29. Ultrasound         267,589         2,934,799         0.091178         50,337         4,590           30. Psych Clinic         1,622,077         1,441,368         1,125373         31         Cath Lab         1,189,894         10,979,527         0.108374         532,002         57,655           32. Other         33. Other         34. Other         35. Other         36. Other         37. Other         37. Other         37. Other         38. Other         39. Other         40. Other			,	1,000,000				,	
23. Implant Supplies			298.888	2.660.296	0.112351	114		13	
24. Wound Care         616,698         1,509,982         0.408414         42,950           25. GI Lab         778,810         6,116,956         0.127320         337,336         42,950           26. CT Scan         1,250,133         40,396,707         0.030946         1,078,359         33,371           27. MRI         430,366         5,872,332         0.073287         94,320         6,912           28. Strauss Oncology         734,692         2,719,463         0.270161         425         115           29. Ultrasound         267,589         2,934,799         0.091178         50,337         4,590           30. Psych Clinic         1,622,077         1,441,368         1.125373         31         31. Cath Lab         1,189,894         10,979,527         0.108374         532,002         57,655           32. Other         33. Other         34. Other         35. Other         36. Other         37. Other         38. Other         38. Other         39. Other         39. Other         39. Other         40. Other         40. Other         41. Other         42. Other         42. Other         42. Other         43. Clinic         2,138,431         2,497,811         0.856122         44. Emergency         7,344,086         46,598,592         0.157603         79									
25. Gl Lab						1,10=,010			
26. CT Scan         1,250,133         40,396,707         0.030946         1,078,359         33,371           27. MRI         430,366         5,872,332         0.073287         94,320         6,912           28. Strauss Oncology         734,692         2,719,463         0.270161         425         115           29. Ultrasound         267,589         2,934,799         0.091178         50,337         4,590           30. Psych Clinic         1,622,077         1,441,368         1.125373						337.336		42.950	
27. MRI     430,366     5,872,332     0.073287     94,320     6,912       28. Strauss Oncology     734,692     2,719,463     0.270161     425     115       29. Ultrasound     267,589     2,934,799     0.091178     50,337     4,590       30. Psych Clinic     1,622,077     1,441,368     1.125373     31.       31. Cath Lab     1,189,894     10,979,527     0.108374     532,002     57,655       32. Other     33. Other     34. Other     35. Other     35. Other       35. Other     36. Other     37. Other     38. Other       39. Other     40. Other     40. Other       40. Other     41. Other       42. Other     42. Other       43. Clinic     2,138,431     2,497,811     0.856122       44. Emergency     7,344,086     46,598,592     0.157603     790,202     124,538       45. Observation     1,147,678     1,952,290     0.587862     49,338     29,004									
28. Strauss Oncology         734,692         2,719,463         0.270161         425         115           29. Ultrasound         267,589         2,934,799         0.091178         50,337         4,590           30. Psych Clinic         1,622,077         1,441,368         1.125373         31         31. Cath Lab         1,189,894         10,979,527         0.108374         532,002         57,655           32. Other         33. Other         34. Other         35. Other         35. Other         36. Other         37. Other         37. Other         38. Other         39. Oth									
29. Ultrasound         267,589         2,934,799         0.091178         50,337         4,590           30. Psych Clinic         1,622,077         1,441,368         1.125373         50,337         4,590           31. Cath Lab         1,189,894         10,979,527         0.108374         532,002         57,655           32. Other         33. Other         33. Other         33. Other         34. Other         35. Other         35. Other         36. Other         37. Other         37. Other         38. Other         39. Other         39. Other         39. Other         39. Other         40. Other         41. Other         42. Other         42. Other         43. Clinic         2,138,431         2,497,811         0.856122         44. Emergency         7,344,086         46,598,592         0.157603         790,202         124,538         45. Observation         1,147,678         1,952,290         0.587862         49,338         29,004									
30. Psych Clinic									
31. Cath Lab				, ,		00,001		1,000	
32. Other   33. Other   34. Other   35. Other   36. Other   37. Other   38. Other   39. Other   39. Other   39. Other   39. Other   39. Other   39. Other   40. Other   41. Other   42. Other   42. Other   43. Clinic   2,138,431   2,497,811   0.856122   44. Emergency   7,344,086   46,598,592   0.157603   790,202   124,538   45. Observation   1,147,678   1,952,290   0.587862   49,338   29,004						532 002		57 655	
33. Other			.,.50,001	, ,	2000. 1	- 32,002		3.,000	
34. Other			<del> </del>						
35. Other   36. Other   37. Other   38. Other   39.			<del> </del>						
36. Other   37. Other   38. Other   39. Other   39. Other   40. Other   41. Other   42. Other   42. Other   43. Clinic   44. Emergency   45. Observation   47. Observation   47. Observation   47. Observation   48. Observation   48. Observation   49. Observation			<del> </del>						
37. Other   38. Other   39. Other   39. Other   39. Other   40. Other   41. Other   42. Other   42. Other   43. Clinic   44. Emergency   7,344,086   46,598,592   0.157603   790,202   124,538   45. Observation   1,147,678   1,952,290   0.587862   49,338   29,004			i						
38. Other       39. Other         40. Other       40. Other         41. Other       41. Other         42. Other       42. Other         Outpatient Service Cost Centers         43. Clinic       2,138,431       2,497,811       0.856122         44. Emergency       7,344,086       46,598,592       0.157603       790,202       124,538         45. Observation       1,147,678       1,952,290       0.587862       49,338       29,004									
39. Other 40. Other 41. Other 42. Other  Outpatient Service Cost Centers  43. Clinic 2,138,431 2,497,811 0.856122 44. Emergency 7,344,086 46,598,592 0.157603 790,202 124,538 45. Observation 1,147,678 1,952,290 0.587862 49,338 29,004			i						
40. Other       41. Other         41. Other       42. Other         Outpatient Service Cost Centers         43. Clinic       2,138,431       2,497,811       0.856122         44. Emergency       7,344,086       46,598,592       0.157603       790,202       124,538         45. Observation       1,147,678       1,952,290       0.587862       49,338       29,004			i						
41. Other       42. Other         Outpatient Service Cost Centers         43. Clinic       2,138,431       2,497,811       0.856122         44. Emergency       7,344,086       46,598,592       0.157603       790,202       124,538         45. Observation       1,147,678       1,952,290       0.587862       49,338       29,004									
42. Other         Outpatient Service Cost Centers           43. Clinic         2,138,431         2,497,811         0.856122           44. Emergency         7,344,086         46,598,592         0.157603         790,202         124,538           45. Observation         1,147,678         1,952,290         0.587862         49,338         29,004			<del> </del>						
Outpatient Service Cost Centers           43. Clinic         2,138,431         2,497,811         0.856122         124,538           44. Emergency         7,344,086         46,598,592         0.157603         790,202         124,538           45. Observation         1,147,678         1,952,290         0.587862         49,338         29,004			<del> </del>						
43. Clinic     2,138,431     2,497,811     0.856122       44. Emergency     7,344,086     46,598,592     0.157603     790,202     124,538       45. Observation     1,147,678     1,952,290     0.587862     49,338     29,004	<u> </u>						L		
44. Emergency     7,344,086     46,598,592     0.157603     790,202     124,538       45. Observation     1,147,678     1,952,290     0.587862     49,338     29,004	43		2.138 431	2.497 811	0.856122				
45. Observation 1,147,678 1,952,290 0.587862 49,338 29,004						790 202		124 538	
46. Total 13,055,544 2,059,593			1,171,010	1,002,200	0.007002	13,055,544		2,059,593	

<sup>\*</sup> 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 Preliminary

BHF Page 4

Medicare Provider Number:	Medicaid Provider Number:				
14-0082	3067				
Program:	Period Covered by Statement:				
Medicaid Hospital	From: 06/01/2022 To: 05/31/2023				

#### **Program Inpatient Operating Cost**

Line		Adults and	Sub I	Sub II	Sub III
No.	Description	Pediatrics	Psych	Rehab	Other (Sub)
1. a)	Adjusted general inpatient routine service cost (net of				
	swing bed and private room cost differential) (see instructions)	18,131,168	3,412,647	2,885,284	
b)	Total inpatient days including private room days				
	(CMS 2552-10, W/S S-3, Part 1, Col. 8)	15,419	2,378	2,044	
c)	Adjusted general inpatient routine service				
	cost per diem (Line 1a / 1b)	1,175.90	1,435.09	1,411.59	
2.	Program general inpatient routine days				
	(BHF Page 2, Part II, Col. 4)	1,202			
3.	Program general inpatient routine cost				
	(Line 1c X Line 2)	1,413,432			
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)	1,413,432			

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)
	Intensive Care Unit	5,860,982	2,969	1,974.06	243	479,697
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					
	Nursery					
24.	Program inpatient ancillary care service cost					0.050.500
	(BHF Page 3, Col. 6, Line 46)					2,059,593
25.	Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)					3,952,722

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

Preliminary	
Medicare Provider Number:	Medicaid Provider Number:
14-0082	3067
Program:	Period Covered by Statement:
Medicaid Hospital	From: 06/01/2022 To: 05/31/2023

Line No.	Hospital Inpatient Services	Percent of Assign- able Time (CMS 2552-10, W/S D-2, Col. 1)	Expense Alloca- tion (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) (5)	Program Inpatient Expenses (Col. 4 X Col. 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						
	Other						
13.	Other						
	Other						
	Other						
	Other						
	Other						
	Other						
	Other						
	Other						
	Nursery						
22.	Subtotal Inpatient Care Svcs. (Lines 2 through 21)						

Line No.	Hospital Outpatient Services	Percent of Assign- able Time (CMS 2552-10, W/S D-2, Col. 1) (1)	Expense Alloca- tion (CMS 2552-10, W/S D-2, Col. 2)	Total Dept. Charges (CMS 2552-10, W/S C, Pt.1, Lines 88-93) (3)	Ratio of Cost to Charges (Col. 2 / Col. 3)	(BHF I	Charges Page 3, ines 43-45) Outpatient (5B)	•	Expenses Cols. 5A-B) Outpatient (6B)
	OI: :	(1)	(2)	(3)	(+)	(3A)	(36)	(UA)	(00)
	Clinic								
24.	Emergency								
25.	Observation							•	
	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 Pro	vider Number:		
	14-0082			3067	
Program:		Period Cove	red by Statement:		
Medicaid Hospital		From:	06/01/2022	To:	05/31/2023

		T	Total Dept.	Ratio of	Inpatient	Outpatient	Inpatient	Outpatient
		Professional						•
			Charges	Professional	Program	Program	Program	Program
		Component	(CMS 2552-10,	-	Charges	Charges	Expenses	Expenses
		(CMS 2552-10,	W/S C,	to Charges	(BHF	(BHF	for H B P	for H B P
Line	Cost Centers	W/S A-8-2,	Pt. 1,	(Col. 1 /	Page 3,	Page 3,	(Col. 3 X	(Col. 3 X
No.		Col. 4)	Col. 8)*	Col. 2)	Col. 4)	Col. 5)	Col. 4)	Col. 5)
	Inpatient Ancillary Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Operating Room							
	Recovery Room							
	Delivery and Labor Room							
4.	Anesthesiology							
5.	Radiology - Diagnostic							
6.	Radiology - Therapeutic							
7.	Nuclear Medicine							
8.	Laboratory							
9.	Blood							
10.	Blood - Administration							
	Intravenous Therapy	1						
	Respiratory Therapy							
13.	Physical Therapy							
14.	Occupational Therapy							
	Speech Pathology							
	EKG							
	EEG							
	Med. / Surg. Supplies							
	Drugs Charged to Patients							
	Renal Dialysis							
	Ambulance							
	Vascular Lab							
	Implant Supplies							
	Wound Care							
	GI Lab							
	CT Scan							
	MRI							
	Strauss Oncology							
	Ultrasound							
	Psych Clinic							
	Cath Lab							
	Other	1		Ì	Ì			
	Other	1		Ì	Ì			
	Other	1		Ì	Ì			
	Other							
	Other							
	Other	1		1	1			
	Other	1		1	1			
	Other	1		Ì	İ			
	Other	1		Ì	İ			
	Other	1						
	Other	1						
	Outpatient Ancillary Cost Centers							
43	Clinic							
	Emergency	1						
	Observation	1		Ì	ì			
	Ancillary Total							
					1		1	

<sup>\*</sup> 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)

1 Chillian y					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0082			3067	
Program:		Period Co	vered by Statement:		
Medicaid Hospital		From:	06/01/2022	To:	05/31/2023

Line No.	Cost Centers	Professional Component (CMS 2552-10, W/S A-8-2, Col. 4)	Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)	Professional Component Cost Per Diem (Col. 1 / Col. 2)	Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4)	Outpatient Program Charges (BHF Page 3, Col. 5)	Inpatient Program Expenses for H B P (Col. 3 X Col. 4)	Outpatient Program Expenses for H B P (Col. 3 X Col. 5)
	Routine Service Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Adults and Pediatrics							
48.	Psych							
	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							
	Other							
65.	Other							
	Nursery							
	Routine Total (lines 47-66)							
68.	Ancillary Total (from line 46)							
69.	Total (Lines 67-68)							

Rev. 10 / 11

(BHF Supplement No. 2, Cols. 6 and 7, Line 69)

7. Total Reasonable Cost of Covered Services

8. Ratio of Inpatient and Outpatient Cost to Total Cost (Line 7 Divided by Sum of Line 7, Cols. 1 and 2)

(Sum of Lines 1 through 6)

Meai	care Provider Number:	Medicaid Provider Number:	
	14-0082		3067
Prog	ram:	Period Covered by Statement:	
	Medicaid Hospital	From: 06/01/2022	To: 05/31/2023
Line		Program	Program
No.	Reasonable Cost	Inpatient	Outpatient
		(1)	(2)
1.	Ancillary Services		
	(BHF Page 3, Line 46, Col. 7)		
2.	Inpatient Operating Services		
	(BHF Page 4, Line 25)	3,952,722	
3.	Interns and Residents Not in an Approved Teaching		
	Program (BHF Page 5, Line 27, Cols. 6a and 6b)		
4.	Hospital Based Physician Services		
	(BHF Page 6, Line 69, Cols. 6 & 7)		
5.	Services of Teaching Physicians		
	(BHF Supplement No. 1, Part 1C, Lines 7 and 8)		
6.	Graduate Medical Education		

667,450

4,620,172

100.00%

Line No.	Customary Charges	Program Inpatient (1)	Program Outpatient (2)
	Ancillary Services	(1)	(2)
9.	(See Instructions)	13,055,544	
10	Inpatient Routine Services	10,000,044	
10.	(Provider's Records)		
	A. Adults and Pediatrics	2,704,832	
	B. Psych	2,701,002	
	C. Rehab		
	D. Other (Sub)		
	E. Intensive Care Unit	923,400	
	F. Coronary Care Unit	3=2,132	
	G. Other		
	H. Other		
	I. Other		
	J. Other		
	K. Other		
	L. Other		
	M. Other		
	N. Other		
	O. Other		
	P. Other		
	Q. Other		
	R. Other		
	S. Other		
	T. Nursery		
11.	Services of Teaching Physicians		
	(Provider's Records)		
12.	Total Charges for Patient Services		
	(Sum of Lines 9 through 11)	16,683,776	
13.	Excess of Customary Charges Over Reasonable Cost		
	(Line 12 Minus Line 7, Sum of Cols. 1 through 2)		12,063,604
14.	Excess of Reasonable Cost Over Customary Charges		
	(Line 7, Sum of Cols. 1 through 2, Minus Line 12)		
15.	Excess Reasonable Cost Applicable to Inpatient and Outpatient		
	(Line 8, Each Column X Line 14)		

1 Chiminal J				
Medicare Provider Number:	Medicaid Provider Number:			
14-0082	3067			
Program:	Period Covered by Statement:			
Medicaid Hospital	From: 06/01/2022	To:	05/31/2023	

Line No.	Allowable Cost	Program Inpatient (1)	Program Outpatient (2)
1.	Total Reasonable Cost of Covered Services		
	(BHF Page 7, Line 7, Cols. 1 & 2)	4,620,172	
2.	Excess Reasonable Cost		
	(BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost		
	(Line 1 Minus Line 2)	4,620,172	
4.	Recovery of Excess Reasonable Cost Under		
	Lower of Cost or Charges		
	(BHF Page 9, Part III, Line 4, Cols. 2B & 3B)		
5.	Protested Amounts (Nonallowable Cost Items)		
	In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2		
6.	Total Allowable Cost		
	(Sum of Lines 3 and 4, Plus or Minus Line 5)	4,620,172	

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

 $<sup>^{\</sup>star}$  Line 9 DOES NOT APPLY to the Medicaid program.

Rev. 10 / 11

Preliminary

Medicare Provider Number:	Medicaid Provider Number:
14-0082	3067
Program:	Period Covered by Statement:
Medicaid Hospital	From: 06/01/2022 To: 05/31/2023

#### Part I - Computation of Recovery of Excess Reasonable Cost Under Lower of Cost or Charges

Line	(Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed			
No.	Under 42 CFR Section 405.460) (Limitation on Coverage of Costs)			
1.	Excess of Customary Charges Over Reasonable Cost			
	(BHF Page 7, Line 13)	12,063,604		
2.	Carry Over of Excess Reasonable Cost			
	(Must Equal Part II, Line 1, Col. 5)			
3.	Recovery of Excess Reasonable Cost			
	(Lesser of Line 1 or 2)			

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

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

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

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

1 Tellilliai y				
Medicare Provider Number:	Medicaid Provide	er Number:		
14-0082		3	067	
Program:	Period Covered	by Statement:		
Medicaid Hospital	From:	06/01/2022	To:	05/31/2023

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

Part A. Cost of Physicians Direct Medical and Surgical Services

	Tartia Goot of Frigorolano Britost modical and Gargiotal Gorvicos	
1	Physicians on hospital staff average per diem	
	(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 1, Line 3)	
2	Physicians on medical school faculty average per diem	
	(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 2, Line 3)	
3	Total Per Diem	
	(Line 1 Plus Line 2)	

	General	Sub I	Sub II	Sub III
Part B. Program Data	Service	Psych	Rehab	Other (Sub)
Program inpatient days				
(BHF Page 2, Part II, Column 4)				
Program outpatient occasions of service				
(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)				
	(to BHF Page 7, Col. 1, Line 5)				
7.	Program outpatient cost (Line 5 X Line 3)				
ı	(to BHF Page 7, Col. 2, Line 5)				

#### Part II - Routine Services Questionnaire

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

Preliminary

1 Telinimai y					
Medicare Provider Number:		Medicaid F	Provider Number:		
	14-0082			3067	
Program:		Period Cov	vered by Statement:		
Medicaid Hospital		From:	06/01/2022	To:	05/31/2023

			Total Dept.	Ratio of	Inpatient	Outpatient	Inpatient	Outpatient
		GME	Charges	GME	Program	Program	Program	Program
		Cost	(CMS 2552-10,	Cost	Charges	Charges	Expenses	Expenses
		(CMS 2552-10,	W/S C,	to Charges	_	(BHF	for G M E	for G M E
Line	Cost Centers	W/S B, Pt. 1,	vv/3 C, Pt. 1,	(Col. 1 /	(BHF Page 3,	Page 3,	(Col. 3 X	(Col. 3 X
	Cost Centers	Col. 25)	Col. 8)*	,			•	•
No.	Innations Anaillant Contara		,	Col. 2) (3)	Col. 4)	Col. 5)	Col. 4)	Col. 5)
	Inpatient Ancillary Centers	(1)	(2)		(4)	(5)	(6)	(7)
	Operating Room	2,806,427	60,613,992	0.046300	1,472,857		68,193	
	Recovery Room							
	Delivery and Labor Room							
	Anesthesiology							
5.	Radiology - Diagnostic							
	Radiology - Therapeutic							
	Nuclear Medicine							
	Laboratory							
	Blood							
	Blood - Administration	1						
	Intravenous Therapy							
	Respiratory Therapy							
	Physical Therapy							
14.	Occupational Therapy							
15.	Speech Pathology							
16.	EKG							
17.	EEG							
18.	Med. / Surg. Supplies							
	Drugs Charged to Patients							
	Renal Dialysis							
21.	Ambulance							
22.	Vascular Lab							
	Implant Supplies							
	Wound Care							
	GI Lab							
	CT Scan							
	MRI							
	Strauss Oncology							
	Ultrasound							
	Psych Clinic							
	Cath Lab							
	Other	<del> </del>						
	Other	<del> </del>						
	Other	<del> </del>						
	Other							
	Other	+						
	Other							
	Other							
	Other	1						
	Other	<del> </del>						
	Other							
	Other	1						
42.								
40	Outpatient Ancillary Centers							
	Clinic							
	Emergency	1						
	Observation						60.400	
46.	Ancillary Total						68,193	

<sup>\*</sup> 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)

Pre		

1 i Chiminai y					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0082			3067	
Program:		Period Co	overed by Statement:		
Medicaid Hospital		From:	06/01/2022	To:	05/31/2023

Line No.	Cost Centers	G M E Cost (CMS 2552-10, W/S B, Pt. 1, Col. 25)	Total Days Including Private (CMS 2552-10, W/S S-3, Pt. 1, Col. 8)	GME Cost Per Diem (Col. 1 / Col. 2)	Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4)	Outpatient Program Charges (BHF Page 3, Col. 5)	Inpatient Program Expenses for G M E (Col. 3 X Col. 4)	Outpatient Program Expenses for G M E (Col. 3 X Col. 5)
	Routine Service Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Adults and Pediatrics	7,687,076	15,419	498.55	1,202		599,257	
	Psych							
	Rehab							
	Other (Sub)							
	Intensive Care Unit							
	Coronary Care Unit							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
64.	Other							
	Other							
	Nursery							
	Routine Total (lines 47-66)						599,257	
	Ancillary Total (from line 46)						68,193	
69.	Total (Lines 67-68)						667,450	

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

Preliminary				
Medicare Provider Number:	Medicaid Provider Number:			
14-0082	3067			
Program:	Period Covered by Statement:			
Medicaid Hospital	From: 06/01/2022 To: 05/31/2023			

Inpatient Reconciliation	Provider's Records	Adjustments	Audited Cost Report		
Adult Days	1,445		1,445		
Newborn Days					
Total Inpatient Revenue	16,683,776		16,683,776		
Ancillary Revenue	13,055,544		13,055,544		
Routine Revenue	3,628,232		3,628,232		
Inpatient Received and Receivable					
Outpatient Reconciliation					
Outpatient Occasions of Service					
Total Outpatient Revenue					
Outpatient Received and Receivable					
Preliminary Audit Adjustments:  BHF Page 1 - Changed the Type of Control to Proprietary Corporation which agrees with the Medicare report BHF Page 2 - Added the Observation days in Part I-Hospital to agree with W/S S-3 of the Medicare report BHF Page 2 - Part II-Program days and discharges agree with W/S S-3 of the Medicare report BHF Page 3 - Adjusted the Total Costs/Charges to agree with W/S C, Part I, Col 1 & 8 of the Medicare report BHF Page 3 - Reclassified Blood Costs/Charges to Blood Admin Costs/Charges to be covered by IL Medicaid BHF Page 4 - Adjusted the Routine Costs to agree with W/S C, Part I, Col 1 of the Medicare report BHF Page 6a & 6b - Adjusted out the Professional fees as none on the IPCR BHF Supplemental 2a & 2b - GME costs agreed to W/S B Part 1, column 25.					
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