General Information	Preliminary		
Name of Hospital:		Medicare Provide	r Number:
Swedish Covenant Hospita	al		14-0114
Street: 5145 North California Aver	nue	Medicaid Provide	r Number: 3056
City:	State:	Zip:	
Chicago	Illinois	T=.	60625
Period Covered by Statement:	From: 01/01/2023	То:	12/31/2023
Type of Control		'	
Voluntary Nonprofit	Proprietary	Government (Non-Federal)	
Church	Individual	State	Township
XXXX Corporation	Partnership	City	Hospital District
Other (Specify)	Corporation	County	Other (Specify)
Type of Hospital			
XXXX General Short-Term	Psychiatric		Cancer
General Long-Term	Rehabilitation		Other (Specify)
Health Care Program	(A Separate Report Must Be	e Filled Out For Each Distinc	t Part Unit)
XXXX Medicaid Hospital	Medicaid Sub II Rehab		<u> </u>
Medicaid Sub I Psych	Medicaid Sub III Other		
NOTE: Intentional Misrepresentati By Fine And / Or Imprison	ion Or Falsification Of Any Information In ment Under Federal Law	This Cost Report May Be Pu	ınishable
CERTIFICATION BY OFFICER OR	ADMINISTRATOR OF PROVIDER(S):		
Sheet and Statement of Revenue ar for the cost report beginning 01	d the above statement and that I have examined Expense prepared by (Provider name(s) a //01/2023 and ending 12/31/2023 and he books and records of the provider in accordance.	and number(s)) Swedis that to the best of my knowled	de and belief, it is a true, correct and
Prepared by (Signed):		Signed (Officer or Adr	ninistrator of Provider(s)):
Name (Typewritten)	_	Name (Typewritten)	
Title	Date	Title	
Firm		Date	_
Telephone Number		Telephone Number	
Empil Adduses		Empil 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.

Tremmary	
Medicare Provider Number:	Medicaid Provider Number:
14-0114	3056
Program:	Period Covered by Statement:
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023

		I			Total	Percent	I	Number Of	Average
					Inpatient	Of	Number	Discharges	Length Of
			Total	Total	Days	Occupancy		Including	Stay By
	Inpatient Statistics	Total	Bed	Private	Including		Admissions	_	Program
Line	inpatient statistics	Beds	Days	Room	Private	Divided By	Excluding	Excluding	Excluding
No.		Available	Available	Days	Room Days	_	Newborn	Newborn	Newborn
	Part I-Hospital	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Adults and Pediatrics	146	53,290	(-)	35,071	65.81%	(-)	8,450	4.53
	Psych	31	11,315		5,738	50.71%		787	7.29
3.	Rehab	30	10,950		6,927	63.26%		505	13.72
	Other (Sub)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,-				_
	Intensive Care Unit	14	5,110		2,412	47.20%	**********	**********	
	Coronary Care Unit				,	-			
	Special Care Nursery	12	4,380		789	18.01%			
	Other		,						
	Other								
10.	Other								
11.	Other								
	Other								
13.	Other								
14.	Other								
	Other								
	Other								
	Other								
	Other							80000000	
20.	Other								
21.	Newborn Nursery				3,820				
	Total	233	85,045		54,757	64.39%		9,742	5.23
23.	Observation Bed Days	*********			9,650				
-									
	Part II-Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics				1,937			661	3.21
2.	Psych								
3.	Rehab								
4.	Other (Sub)								
5.	Intensive Care Unit				182				
6.	Coronary Care Unit								
7.	Special Care Nursery								
	Other								
	Other	**********					**********		
	Other								
	Other								
12.	Other								
13.	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
	Newborn Nursery				477				
22.	Total				2,596	4.74%		661	3.21

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

1 i ciiiiiiiai j								
Medicare Provider Number:		Medicaid Provider Number:						
	14-0114	3056						
Program:		Period Covered by Statement:						
Medicaid Hospital		From: 01/01/2023	To:	12/31/2023				

					Total	Total	I/P	O/P
		Total Dept.	Total Dept.		Billed I/P	Billed O/P	Expenses	Expenses
		Costs	Charges		Charges	Charges	Applicable	Applicable
		(CMS 2552-10	(CMS 2552-10	Ratio of	(Gross) for	(Gross) for	to Health	to Health
		w/s c,	W/S C,	Cost to	Health Care	Health Care	Care	Care
Line		Pt. 1,	Pt. 1,	Charges	Program	Program	Program	Program
No.	Ancillary Service Cost Centers	Col. 1)	Col. 8)*	(Col. 1 / 2)	Patients	Patients	(Col. 3 X 4)	(Col. 3 X 5)
NO.	Anchiary Service Cost Centers			` ,			, ,	,
4	O " D	(1)	(2)	(3)	(4)	(5)	(6)	(7)
-	Operating Room	18,301,386	181,175,742	0.101015	2,841,757		287,060	
	Recovery Room							
-	Delivery and Labor Room	8,710,760	24,644,051	0.353463	111,672		39,472	
	Anesthesiology	602,497	14,809,273	0.040684	305,350		12,423	
	Radiology - Diagnostic	10,499,624	60,093,840	0.174720	333,273		58,229	
6. F	Radiology - Therapeutic							
7.	Nuclear Medicine							
8. l	Laboratory	13,863,217	155,210,911	0.089319	3,493,298		312,018	
9. E	Blood							
10. E	Blood - Administration	1,713,359	2,353,493	0.728007	208,762		151,980	
-	Intravenous Therapy				·			
	Respiratory Therapy	4,557,677	14,896,773	0.305951	740,867		226,669	
	Physical Therapy	1,001,011	,,.	0.00000	,			
	Occupational Therapy							
-	Speech Pathology							
16. E		6 562 621	55 116 700	0.119086	953,931		113,600	
		6,563,631	55,116,780	0.119066	953,931		113,600	
17. E		00.040.400	74 000 004	0.547400	4 000 000		710.001	
	Med. / Surg. Supplies	39,012,136	71,298,284	0.547168	1,299,060		710,804	
-	Drugs Charged to Patients	23,534,927	142,055,065	0.165675	2,140,159		354,571	
-	Renal Dialysis	784,480	2,612,289	0.300304	97,262		29,208	
	Ambulance							
-	Cancer Treatment Ctr.	2,064,183	13,089,033	0.157703				
23. l	Ultrasound	3,253,790	26,742,060	0.121673	72,590		8,832	
24. 8	Special Procedures	1,597,517	9,683,078	0.164980	53,701		8,860	
25. 0	CT Scan/MRI	3,746,541	118,438,229	0.031633	1,785,605		56,484	
26. F	Pathology	1,834,084	94,686	19.370171	2,131		41,278	
27. F	Rehab Medicine	9,657,370	28,254,665	0.341797	326,874		111,725	
28. (Cath Lab	3,840,871	70,644,559	0.054369	1,522,314		82,767	
29.	ASC	1,432,464	16,035,495	0.089331	57,614		5,147	
30. \	Wound Care	2,370,697	8,637,627	0.274462	737		202	
	Pain Management	1,304,441	2,464,458	0.529301				
	Diabetes Center	319,158	199,890	1.596668				
-	Family Practice Clinic	2.0,.00	. 30,000					
	Implant Devices							
	Niles Infusion Center	27 560 432	120,313,065	0.229147				
-	340B Pharmacy	27,569,432 10,293,051	48,051,262	0.214210				
	Other	10,283,001	70,001,202	U.Z 14Z IU				
-	Other	1						
-		1						
	Other	1						
	Other							
	Other	ļ						
	Other						~~~	
	Outpatient Service Cost Centers	<u>psscassassass</u>	200000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000	000000000000000000000000000000000000000	
	Clinic	270,158		#######################################				
-	Emergency	13,542,377	149,721,674	0.090450	701,584		63,458	
	Observation	9,746,114	22,583,343	0.431562				
46.	Total				17,048,541		2,674,787	

^{*} 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

Preliminar

Medicare Provider Number:	Medicaid Provider Number:
14-0114	3056
Program:	Period Covered by Statement:
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023

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)	45,166,595	4,810,229	4,683,115	
b)	Total inpatient days including private room days				
	(CMS 2552-10, W/S S-3, Part 1, Col. 8)	44,721	5,738	6,927	
c)	Adjusted general inpatient routine service				
	cost per diem (Line 1a / 1b)	1,009.96	838.31	676.07	
2.	Program general inpatient routine days				
	(BHF Page 2, Part II, Col. 4)	1,937			
3.	Program general inpatient routine cost				
	(Line 1c X Line 2)	1,956,293			
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)	1,956,293			

		Total Dept. Costs	Total Days (CMS 2552-10,	Average	Program Days	
Line		(CMS 2552-10,	W/S S-3,	Average Per Diem	(BHF Page 2,	Program Cost
No.	Description	W/S C, Pt. 1, Col. 1)	Part 1, Col. 8)	(Col. A / Col. B)	Part II, Col. 4)	(Col. C x Col. D)
140.	Безеприон	(A)	(B)	(C)	(D)	(E)
8.	Intensive Care Unit	7,016,945	2,412	2,909.18	182	529,471
9.	Coronary Care Unit		,	,		,
10.	Special Care Nursery	813,254	789	1,030.74		
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	3,252,665	3,820	851.48	477	406,156
24.	Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46)					2,674,787
25.	Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)					5,566,707

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

Freiminary	
Medicare Provider Number:	Medicaid Provider Number:
14-0114	3056
Program:	Period Covered by Statement:
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023

Line No.	Hospital Inpatient Services	Percent of Assign- able Time (CMS 2552-10, W/S D-2, Col. 1)	Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) (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) (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						
	Coronary Care Unit						
8.	Special Care Nursery						
	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)						

				Total					
				Dept.					
		Percent	Expense	Charges					
	Hospital	of Assign-	Alloca-	(CMS					
	Outpatient	able Time	tion	2552-10,	Ratio of	Program	Charges		
	Services	(CMS	(CMS	W/S C,	Cost to	(BHF F	Page 3,	Program	Expenses
		2552-10,	2552-10,	Pt.1,	Charges	Cols. 4-5, L	ines 43-45)	(Col. 4 X C	Cols. 5A-B)
Line		W/S D-2,	W/S D-2,	Lines	(Col. 2 /				
No.		Col. 1)	Col. 2)	88-93)	Col. 3)	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)							_	

1 Telliminat j					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0114			3056	
Program:		Period Co	vered by Statement:		
Medicaid Hospital		From:	01/01/2023	To:	12/31/2023

Professional Charges Professional Charges Professional Charges Program Progr			1	T. (.) D (D. (1) . (1	0.1	1	
Component Component Charges Expenses Expenses Expenses Charges Charges Charges Charges Charges For H BP for HBP for HBP			L	Total Dept.	Ratio of	Inpatient	Outpatient	Inpatient	Outpatient
CMS 2552-10 WIS C, Co Carpers Page 3, Co Carpers Page 3, Co Carpers Co C						_		_	_
Line Cost Centers Col. 4) Col. 1/ Page 3, Page 3, Col. 3, (Col. 3 Col. 5 Col. 4 Col. 5					-	_			-
No.					_	•	•		
Impatient Ancillary Cost Centers		Cost Centers	1		•			•	•
1 Operating Room	No.		•	,				· · · · · · · · · · · · · · · · · · ·	Col. 5)
Recovery Room			(1)	(2)	(3)	(4)	(5)	(6)	(7)
3 Delivery and Labor Room 4 Anesthesiology 5 Radiology - Diagnostic 6 Radiology - Therapeutic 7 Nuclear Medicine 8 Laboratory 9 Blood 10 Blood - Administration 11 Infravenous 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 19 Drugs Charged to Patients 20 Renat Dialysis 21 AntoLaines 22 Cancer Treatment Ctr. 23 Ultrasound 24 Special Procedures 25 CT ScanMRI 26 Pathology 27 Rehab Medicine 28 Cath Lab 29 ASC 30 Wound Care 31 Pain Management 31 Pain Management 32 Diabetes Center 33 Remail Practice Clinic 34 Employees 35 Niles Infusion Center 36 Mode Parmacy 37 Other 40 Other 41 Other 42 Other 42 Other 43 Cites 44 Emergency 45 Other 46 Other 47 Other 48 Other 49 Other 49 Other 40 Other 41 Other 44 Other 45 Other									
4. Anesthesiology - Diagnostic 6. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 19. Drugs Charged to Patients 19. Broug Charged to Patients 19. Trugs Charged to Patients 10. Renal Dialysis 11. Ambulance 12. Cancer Treatment Ctr. 13. Ultrasound 14. Special Procedures 15. OT Scan/MRI 16. Pathology 17. Rehab Medicine 18. An August Charged to Patients 19. Drugs Charged to Patients 19. Drugs Charged to Patients 10. Renal Dialysis 10. Renal Dialysis 11. Ambulance 12. Cancer Treatment Ctr. 13. Ultrasound 14. Special Procedures 15. The August Charged to Patients 16. Pathology 17. Rehab Medicine 18. August Charged to Patients 19. ASC 10. Special Procedures		· · · · · · · · · · · · · · · · · · ·							
S. Radiology - Therapeutic		·							
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 19. Drugs Charged to Patients 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Gaft Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Oliver 36. John Scan Scan Scan Scan Scan Scan Scan Sca	6.								
9 Blood - Administration 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. Cancer Treatment Ctr. 23. Ultrasound 24. Speeial Procedures 25. CT Scan/MRI 26. ET Scan/MRI 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. JOther 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 41. Other 41. Other 42. Other Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation	7.	Nuclear Medicine							
10 Blood - Administration	8.	Laboratory							
11. Intravenous Therapy	9.	Blood							
12 Respiratory Therapy									
13 Physical Therapy	11.	Intravenous 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. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scar/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. JASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other 44. Emergency 44. Emergency 45. Observation									
15. Speech Pathology 16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 40. Other 41. Other 41. Other 42. Unter 43. Clinic 44. Emergency 44. Emergency 44. Emergency 44. Clinic 44. Emergency 45. Observation		, , ,							
16. EKG	14.	Occupational Therapy							
17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 40. Other 41. Other 42. Other Outpatient Ancillary Cost Centers 43. Clinic Outpatient Ancillary Cost Centers 44. Emergency 45. Observation	15.	Speech Pathology							
18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis	16.	EKG							
19. Drugs Charged to Patients									
20. Renal Dialysis									
21. Ambulance	19.	Drugs Charged to Patients							
22. Cancer Treatment Ctr. 23. Ultrasound	20.	Renal Dialysis							
23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Cost Centers 43. CIinic 44. Emergency 45. Observation	21.	Ambulance							
24. Special Procedures	22.	Cancer Treatment Ctr.							
25. CT Scan/MRI	23.	Ultrasound							
26. Pathology	24.	Special Procedures							
27. Rehab Medicine	25.	CT Scan/MRI							
28. Cath Lab 9. ASC 30. Wound Care 9. Search State Stat	26.	Pathology							
29. ASC Wound Care 30. Wound Care Section 1 31. Pain Management Section 2 32. Diabetes Center Section 3 33. Family Practice Clinic Section 3 34. Implant Devices Section 3 35. Niles Infusion Center Section 3 36. 340B Pharmacy Section 3 37. Other Section 3 38. Other Section 3 40. Other Section 3 41. Other Section 4 42. Other Section 4 43. Clinic Section 4 44. Emergency Section 4 45. Observation Section 5	27.	Rehab Medicine							
30. Wound Care	28.	Cath Lab							
31. Pain Management	29.	ASC							
32. Diabetes Center	30.	Wound Care							
33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation	31.	Pain Management							
34. Implant Devices	32.	Diabetes Center							
35. Niles Infusion Center 9<	33.	Family Practice Clinic							
36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation	34.	Implant Devices							
37. Other	35.	Niles Infusion Center							
38. Other	36.	340B Pharmacy							
39. Other									
39. Other	38.	Other							
41. Other									
42. Other Outpatient Ancillary Cost Centers 43. Clinic Semergency 44. Emergency Separation	40.	Other							
Outpatient Ancillary Cost Centers 43. Clinic ————————————————————————————————————	41.	Other							
43. Clinic									
44. Emergency		Outpatient Ancillary Cost Centers							
45. Observation	43.		1						
	44.	Emergency							
46. Ancillary Total	45.	Observation							
	46.	Ancillary Total							

^{*} 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

110111111111					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0114			3056	
Program:		Period Co	vered by Statement:		
Medicaid Hospital		From:	01/01/2023	To:	12/31/2023

			Total Days	Professional	Program	Outpatient	Inpatient	Outpatient
		Professional	Including	Component	Days	Program	Program	Program
		Component	Private	Cost	Including	Charges	Expenses	Expenses
		(CMS 2552-10	(CMS 2552-10	Per Diem	Private	(BHF	for H B P	for H B P
Line	Cost Centers	W/S A-8-2,	W/S S-3	(Col. 1 /	(BHF Pg. 2	Page 3,	(Col. 3 X	(Col. 3 X
No.		Col. 4)	Pt. 1, Col. 8)	Col. 2)	Pt. II, Col. 4)	Col. 5)	Col. 4)	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.	Special Care Nursery							
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)							

Rev. 10 / 11

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

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Pre	lin	nir	191	rv

Medic	are Provider Number:	Medicaid	Provider Number:		
	14-0114			3056	
Progr	am:	Period Co	overed by Statement:		
	Medicaid Hospital	From:	01/01/2023	To:	12/31/2023

Line No.	Reasonable Cost	Program Inpatient	Program Outpatient
		(1)	(2)
1.	Ancillary Services		
	(BHF Page 3, Line 46, Col. 7)		
2.	Inpatient Operating Services		
	(BHF Page 4, Line 25)	5,566,707	
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		
	(BHF Supplement No. 2, Cols. 6 and 7, Line 69)	330,635	
7.	Total Reasonable Cost of Covered Services		
	(Sum of Lines 1 through 6)	5,897,342	
8.	Ratio of Inpatient and Outpatient Cost to Total Cost		
	(Line 7 Divided by Sum of Line 7, Cols. 1 and 2)	100.00%	

		Program	Program
Line	Customary Charges	Inpatient	Outpatient
No.		(1)	(2)
9.	Ancillary Services		
	(See Instructions)	17,048,541	
10.	Inpatient Routine Services		
	(Provider's Records)		
	A. Adults and Pediatrics	7,080,625	
	B. Psych		
	C. Rehab		
	D. Other (Sub)		
	E. Intensive Care Unit	907,785	
	F. Coronary Care Unit		
	G. Special Care Nursery	58,432	
	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	318,298	
11.	Services of Teaching Physicians		
	(Provider's Records)		
12.	Total Charges for Patient Services		
	(Sum of Lines 9 through 11)	25,413,681	
13.	Excess of Customary Charges Over Reasonable Cost		
	(Line 12 Minus Line 7, Sum of Cols. 1 through 2)		19,516,339
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)		

Medicare Provider Number:	Medicaid Provider Number:	
14-0114	3056	
Program:	Period Covered by Statement:	,
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023	

Line No.	Allowable Cost	Program Inpatient (1)	Program Outpatient (2)
1.	Total Reasonable Cost of Covered Services	(1)	(2)
	(BHF Page 7, Line 7, Cols. 1 & 2)	5,897,342	
2.	Excess Reasonable Cost		
	(BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost		
	(Line 1 Minus Line 2)	5,897,342	
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)	5,897,342	

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)		
9.	Balance Due Provider / (State Agency) *		
	(Line 6 Minus Line 8)		

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

Rev. 10 / 11

Medicare Provider Number:	Medicaid Provider Number:	
14-0114	3056	
Program:	Period Covered by Statement:	
Medicaid Hospital	From: 01/01/2023 To:	12/31/2023

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) 19,516,339			
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 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 No.	Description	Cols. 1-3, Line 2)	Ratio	Amount (Col. 1x2A)	Ratio	Amount (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	l*************************************	1

Teaching Physicians / Routine Services Questionnaire

T 1				
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Medicare Provider Number:	Medicaid Provider Number:	
14-0114	3056	
Program:	Period Covered by Statement:	
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023	

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	
	(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)	1

Part B. Program Data	General Service	Sub I Psych	Sub II Rehab	Sub III 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)
Program inpatient cost (Line 4 X Line 3) (to BHF Page 7, Col. 1, Line 5)				
Program outpatient cost (Line 5 X Line 3) (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				l
	(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)				

1 Telliminar y	
Medicare Provider Number:	Medicaid Provider Number:
14-0114	3056
Program:	Period Covered by Statement:
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023

Cost Centers	
Cost CMS 2582-10 Cost Charges Expenses Expe	Outpatient
CMS 2552-10 W/S C, Pt. 1, CO-larges (BHF For G M E f	Program
Line	Expenses
No. Inpatient Ancillary Centers	for G M E
Inpatient Ancillary Centers	(Col. 3 X
1. Operating Room	Col. 5)
1. Operating Room	(7)
2. Recovery Room 137,055 24,644,051 0.005561 111,672 621	. ,
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 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Speecial Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 3408 Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 41. 149,721,674 40. 0.011427 701,584 8,017	
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. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
9. Blood - Administration	
10. Blood - Administration 11. Intravenous Therapy	
11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy	
12. Respiratory Therapy 1.3. Physical Therapy 1.4. Occupational Therapy 1.5. Speech Pathology 1.6. EKG 1.7. EEG 1.8. Med. / Surg. Supplies 1.9. Drugs Charged to Patients 1.9. Drugs	
13. Physical Therapy	
14. Occupational Therapy 15. Speech Pathology 16. EKG	
15 Speech Pathology	
16. EKG	
17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 36. 340B Pharmacy 37. Other 38. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
20. Renal Dialysis 21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MR 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 39. Other 39. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
21. Ambulance 22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other	
22. Cancer Treatment Ctr. 23. Ultrasound 24. Special Procedures 25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
23. Ultrasound 24. Special Procedures 25. CT Scan/MR 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other	
23. Ultrasound 24. Special Procedures 25. CT Scan/MR 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other	
25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
25. CT Scan/MRI 26. Pathology 27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
26. Pathology 27. Rehab Medicine 28. Cath Lab 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other 42. Other Outpatient Ancillary Centers 43. Clinic 1,710,881 149,721,674 0.011427 701,584 8,017	
27. Rehab Medicine 28. Cath Lab 29. ASC 30. Wound Care 31. Pain Management 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 38. Other 39. Other 40. Other 40. Other 41. Other 41. Other 42. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
28. Cath Lab 9. ASC 30. Wound Care 9. ASC 31. Pain Management 9. ASC 32. Diabetes Center 9. ASC 33. Family Practice Clinic 9. ASC 34. Implant Devices 9. ASC 35. Niles Infusion Center 9. ASC 36. 340B Pharmacy 9. ASC 37. Other 9. ASC 38. Other 9. ASC 40. Other 9. ASC 41. Other 9. ASC 42. Other 9. ASC 43. Clinic 9. ASC 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
29. ASC 30. Wound Care 31. Pain Management 9 32. Diabetes Center 9 33. Family Practice Clinic 9 34. Implant Devices 9 35. Niles Infusion Center 9 36. 340B Pharmacy 9 37. Other 9 38. Other 9 40. Other 9 41. Other 9 42. Other 9 Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
30. Wound Care 31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
31. Pain Management 32. Diabetes Center 33. Family Practice Clinic 33. Implant Devices 34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
32. Diabetes Center 33. Family Practice Clinic 34. Implant Devices 5. Niles Infusion Center 35. Niles Infusion Center 5. Niles Infusion Center 36. 340B Pharmacy 5. Other 37. Other 5. Other 38. Other 6. Other 40. Other 7. Other 41. Other 7. Other 42. Other 7. Other 43. Clinic 7. Other 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
33. Family Practice Clinic	
34. Implant Devices 35. Niles Infusion Center 36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
35. Niles Infusion Center	
36. 340B Pharmacy 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
40. Other 41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
Outpatient Ancillary Centers A3. Clinic Clinic A3. Clinic A3. Clinic A4. Emergency A4. Final Properties A4. Final Prop	
43. Clinic 1,710,881 149,721,674 0.011427 701,584 8,017	
44. Emergency 1,710,881 149,721,674 0.011427 701,584 8,017	
45. Observation	
46. Ancillary Total 10,786	

^{*} 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)

1 Telliminar y	
Medicare Provider Number:	Medicaid Provider Number:
14-0114	3056
Program:	Period Covered by Statement:
Medicaid Hospital	From: 01/01/2023 To: 12/31/2023

Line	Cost Centers		Total Days Including Private (CMS 2552-10 W/S S-3, Pt. 1,	GME Cost Per Diem (Col. 1 /	Program Days Including Private (BHF Pg. 2	Outpatient Program Charges (BHF Page 3,	Inpatient Program Expenses for G M E (Col. 3 X	Outpatient Program Expenses for G M E (Col. 3 X
No.		Col. 25)	Col. 8)	Col. 2)	Pt. II, Col. 4)	Col. 5)	Col. 4)	Col. 5)
	Routine Service Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
47.	Adults and Pediatrics	6,358,440	44,721	142.18	1,937		275,403	
48.	Psych							
49.	Rehab							
50.	Other (Sub)							
51.	Intensive Care Unit	589,030	2,412	244.21	182		44,446	
52.	Coronary Care Unit							
53.	Special Care Nursery							
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)						319,849	
68.	Ancillary Total (from line 46)						10,786	
	Total (Lines 67-68)						330,635	

Hospital Statement of Cost Reconciliation of Patient Days and Revenue

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Pre	lii	mi	n	ar	

1 Community						
Medicare Provider Number:	Medicaid Provider Number:					
14-0114	3056					
Program:	Period Covered by Statement:					
Medicaid Hospital	From: 01/01/2023 To:	12/31/2023				

	Provider's		Audited				
Inpatient Reconciliation	Records	Adjustments	Cost Report				
Adult Days	2,119		2,119				
Newborn Days	477		477				
Total Inpatient Revenue	25,413,680	1	25,413,681				
Ancillary Revenue	17,048,540	1	17,048,541				
Routine Revenue	8,365,140		8,365,140				
Inpatient Received and Receivable							
Outpatient Reconciliation							
Outpatient Occasions of Service							
Total Outpatient Revenue			_				
Outpatient Received and Receivable							
Notes:							
Preliminary Audit Adjustments:							
	BHF Page 2 - Adjusted the Part I-Hospital IP days to agree with W/S S-3 of the Medicare report						
BHF Page 3 - Provider combined CT and MRI costs/charges ont BHF Page 3 - Provider included Cardiology costs/charges with E							
BHF Page 3 - Combined the Implants with the Med/Surg Supplie	es as the IPCR doesn't differenti						
BHF Supplemental 2a and 2b - GME costs were added to agree	with W/S B, Part 1, column 25	of the Medicare report					
Minor rounding adjustment							
			_				
-			_				