General Information	Preliminary	
Name of Hospital:		Medicare Provider Number:
Ingalls Childrens Hospital Street:	l	14-0191 Medicaid Provider Number:
One Ingalls Drive		8007
City: Harvey	State: Illinois	Zip: 60426
Period Covered by Statement:	From:	To:
Type of Control	07/01/2022	06/30/2023
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 I	Be Filled Out For Each Distinct Part Unit)
XXXX Medicaid Hospital	Medicaid Sub II Rehab	
Medicaid Sub I Psych	Medicaid Sub II Other	
By Fine And / Or Imprison		n In This Cost Report May Be Punishable
Sheet and Statement of Revenue a	and Expense prepared by (Provider name(	camined the accompanying cost report and the Balance (s) and number(s))  Ingalls Childrens Hospital  8007  nd 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 a	nd that to the best of my knowledge and belief, it is a true, correct and accordance with applicable instructions, except as noted.
Prepared by (Signed):	·	Signed (Officer or Administrator of Provider(s)):
Name (Typewritten)	D. (	Name (Typewritten)
Title	Date	Title
Firm Talanhana Number		Date Telephone Number
Telephone Number Email Address	_	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.

Pre	lir	niı	nar

1 Chilling y	
Medicare Provider Number:	Medicaid Provider Number:
14-0191	8007
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023

					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	1	365	(-)	119	32.60%	(-/	22	5.41
2.	Psych								
3.	Rehab								
	Other (Sub)								
5.	Intensive Care Unit								
	Coronary Care Unit								
	Other								
	Other								
9.	Other								
	Other								
11.	Other								
12.	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
20.	Other								
	Newborn Nursery	19	6,935		807	11.64%			
	Total	20	7,300		926	12.68%		22	5.41
23.	Observation Bed Days								
-									
	Part II-Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics								
2.	Psych								
	Rehab								
4.	Other (Sub)								
	Intensive Care Unit								
6.	Coronary Care Unit								
7.	Other								
	Other								
	Other								
	Other								
11.	Other								
	Other								
	Other								
	Other								
16.	Othor								
	Other								
18.	Other Other								
18. 19.	Other Other Other								
18. 19. 20.	Other Other Other Other Other								
18. 19. 20. 21.	Other Other Other				288	31.10%			

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:		
	14-0191	8007		
Program:		Period Covered by Statement:		
Medicaid Hospital		From: 07/01/2022	To:	06/30/2023

					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)
140.	Anomary Corvice Cost Conters	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Operating Room	16,935,291	71,985,957	0.235258	25,036	(3)	5,890	(1)
	Recovery Room	1,718,139	12,926,379	0.132917	25,050		3,030	
	Delivery and Labor Room	1,413,856	1,960,883	0.721030				
	Anesthesiology	596,267	15,679,988	0.038027				
	Radiology - Diagnostic	9,847,024	32,475,658	0.303212	17,064		5,174	
	Radiology - Therapeutic	0,047,024	02,470,000	0.000212	17,004		0,174	
	Nuclear Medicine	1,439,645	7,142,174	0.201570				
	Laboratory		204,997,001	0.097669	168,237		16,432	
	Blood	20,021,700	204,007,001	0.007.000	100,201		10,402	
	Blood - Administration	1,862,968	7,039,805	0.264633				
	Intravenous Therapy	1,002,000	7,000,000	0.204000				
	Respiratory Therapy	5,065,769	20,840,878	0.243069	73,221		17,798	
	Physical Therapy	4,925,181	18,040,599	0.273005	70,221		17,730	
	Occupational Therapy	2,408,284	10,222,754	0.235581	11,935		2,812	
	Speech Pathology	974,115	4,673,762	0.208422	536		112	
	EKG	2,845,785	21,409,762	0.132920	12,334		1,639	
	EEG	216,522	1,062,716	0.203744	12,004		1,059	
	Med. / Surg. Supplies	23,486,446	48,176,443	0.487509	1,575		768	
	Drugs Charged to Patients	42,045,893	218,901,674	0.192077	47,632		9,149	
	Renal Dialysis	2,414,625	7,172,587	0.336646	47,002		3,143	
	Ambulance	2,414,020	7,172,007	0.550040				
	Ultrasound	2,777,143	18,293,189	0.151813				
	Special Procedures	2,694,901	22,503,451	0.119755				
	CT Scan	2,733,755	113,004,030	0.024192				
	MRI	1,703,826	17,140,957	0.099401				
	Cardiac Cath	2,575,126	9,698,779	0.265510				
	Pulmonary Function	132,930	922,170	0.144149				
	Sleep Lab	200,982	1,539,229	0.130573				
	Psych Services	669,128	870,509	0.768663				
	Infusion Therapy	928,759	4,484,274	0.700003				
	Pharmacy Vaccine	61,622	348,035	0.207113				
	IFCC Infusion Therapy	1,859,829	9,095,434	0.204479				
	Cardiac Rehab	311,515	5,555,754	0.204419				
	Hyperbaric Oxy. Ther.	2,207,053	7,973,808	0.276788				
	Psych Ancillary	2,120,704	4,421,246	0.479662				
	Retinal Vascular	759,022	398,673	1.903871				
	FCC Clinic	38,479,280	318,650,703	0.120757				
	Other	00,470,200	0.10,000,700	0.120101				
	Other							
	Other							
	Other							
	Other							
72.	Outpatient Service Cost Centers							
43	Clinic						T I	
	Emergency	20,814,454	123,211,929	0.168932	126		21	
	Observation	11,853,830	23,962,430	0.494684	2,375		1,175	
	Total	11,000,000	20,002,400	5.10-100 <del>-1</del>	360,071		60,970	
70.			l		000,071		30,370	

<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

BHF Page 4

Preli	i	^**

Medicare Provider Number:	Medicaid Provider Number:	
14-0191	8007	
Program:	Period Covered by Statement:	
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023	

#### **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)	138,492			
b)	Total inpatient days including private room days				
	(CMS 2552-10, W/S S-3, Part 1, Col. 8)	119			
c)	Adjusted general inpatient routine service				
	cost per diem (Line 1a / 1b)	1,163.80			
2.	Program general inpatient routine days				
	(BHF Page 2, Part II, Col. 4)				
3.	Program general inpatient routine cost				
	(Line 1c X Line 2)				
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)				

		Total	Total Days			
		Dept. Costs	(CMS 2552-10,	Average	Program Days	
Line		(CMS 2552-10,	W/S S-3,	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)
		(A)	(B)	(C)	(D)	(E)
8.	Intensive Care Unit					
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	1,332,591	807	1,651.29	288	475,572
24.	Program inpatient ancillary care service cost					
	(BHF Page 3, Col. 6, Line 46)					60,970
25.	Total Program Inpatient Operating Costs					
	(Sum of Lines 7 through 24)					536,542

# 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:
14-0191	8007
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023

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)						
	Psych						
	Rehab						
	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)

Pre	lin	ıin	ar

1 Temminar y					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0191			8007	
Program:		Period Co	vered by Statement:		
Medicaid Hospital		From:	07/01/2022	To:	06/30/2023

Professional Component   Charges				Total Dept.	Ratio of	Inpatient	Outpatient	Inpatient	Outpatient
Component   CMS 2552-10,   Component   CMS 2552-10,   Col. a)   Col. a)   Col. a)   Col. b)			Drofossional						•
Cost Centers				_		_	_	_	_
Line   Cost Centers   WiS A-3-2,   Pt. 1,   (Col. 1)   Page 3,   (Col. 3)   (Col. 5)   (Col. 6)   (Col. 6)   (Col. 6)   (Col. 5)   (Col. 6)   (Col. 5)   (Col. 6)   (Col. 5)   (Col. 6)   (Col. 5)   (Col. 6)   (			-	*		_	_	-	-
No.   Col. 4)   Col. 8)   Col. 2)   Col. 4)   Col. 5   Col. 4   Col. 5	l	0.10.1				•			
Inpatient Ancillary Cost Centers		Cost Centers		-	•	• .		,	•
1.   Operating Room									
2. Recovery Room 3. Delivery and Labor Room 4. Anesthesiology 4. Anesthesiology 5. Radiology - Diegnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 10. Blood - Administration 11. Intravenous 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. Rena Dislaysis 21. Ambulance 22. Ultrasound 23. Special Procedures 24. CT Scan 25. MRRI 26. Cardiac Cath 27. Pulmonary Function 28. Sieep Lab 29. Psys Services 30. Infusion Therapy 31. Reprincipancy Function 29. Psys Psys Pservices 30. Infusion Therapy 31. Infusion Therapy 32. IPCC Infusion Therapy 33. Gardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Anolisty 36. Retinal Vascular 37. FCC Clintic 37. FCC Clintic 38. Other 39. Other 40. Other 41. Other 41. Other 41. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency			(1)	(2)	(3)	(4)	(5)	(6)	(7)
3.   Delivery and Labor Room									
4. Anesthesiology									
5, 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 20. Renal Dialysis 21. Ambulance 22. Ultrasound 22. Ultrasound 23. Speeial Procedures 24. CT Scan 25. MRI 26. Cardiac Cath 27. Pulmonary Function 27. Pulmonary Function 28. Siege Lab 29. Psych Services 30. Infusion Therapy 31. IPharmacy Vaccine 32. IFC Infusion Therapy 33. Cardiac Rehab 41. Hyperbaric Oxy. Ther. 35. Psych Anciliary 36. Retinal Vascular 37. FCC Clinic 38. Other 40. Other 41. Other 41. Other 42. Other  Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 44. Cit other 45. Other	4.	Anesthesiology							
7. Nuclear Medicine									
Blood   Blood - Administration									
9, Blood   10, Blood - Administration   11, Intravenous Therapy   12, Respiratory Therapy   13, Physical Therapy   14, Occupational Therapy   15, Speech Pathology   16, EKG   17, EEG   17, EEG   18, Med. / Surg. Supplies   19, Drugs Charged to Patients									
10   Blood - Administration									
11. Intravenous Therapy									
12. Respiratory Therapy									
13.   Physical Therapy									
14.   Occupational Therapy	12.	Respiratory 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. Special Procedures         24. CT Scan         25. MRI         26. Cardiac Cath         27. Pulmonary Function         28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         40. Other         41. Other         42. Other         43. Clinic         44. Emergency         45. Observation									
18. Med. / Surg. Supplies									
19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Ultrasound 23. Special Procedures 24. CT Scan 25. MRI 26. Cardiac Cath 27. Pulmonary Function 28. Sleep Lab 29. Psych Services 30. Infusion Therapy 31. Pharmacy Vaccine 32. IFCC Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 40. Other 41. Other 41. Other 42. Other  Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation									
20. Renal Dialysis 21. Ambulance 22. Ultrasound 23. Special Procedures 24. CT Scan 25. MRI 26. Cardiac Cath 27. Pulmonary Function 28. Sleep Lab 29. Psych Services 30. Infusion Therapy 31. Pharmacy Vaccine 32. IFCC Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 40. Other 41. Other 41. Other 42. Other 44. Emergency 45. Observation									
21. Ambulance         22. Ultrasound         23. Special Procedures         24. CT Scan         25. MRI         26. Cardiac Cath         27. Pulmonary Function         28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         40. Other         41. Other         42. Other         Outpatient Ancillary Cost Centers         43. Clinic         44. Emergency         45. Observation									
22. Ultrasound         23. Special Procedures         24. CT Scan         25. MRI         26. Cardiac Cath         27. Pulmonary Function         28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         Outpatient Ancillary Cost Centers         43. Clinic         44. Emergency         45. Observation		,							
23. Special Procedures 24. CT Scan 25. MRI 26. Cardiac Cath 27. Pulmonary Function 28. Sleep Lab 29. Psych Services 30. Infusion Therapy 31. Pharmacy Vaccine 32. IFCC Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other  Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation									
24. CT Scan         25. MRI         26. Cardiac Cath         27. Pulmonary Function         28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         40. Other         41. Other         42. Other         Outpatient Ancillary Cost Centers         43. Clinic         44. Emergency         45. Observation									
25. MRI 26. Cardiac Cath 27. Pulmonary Function 28. Sleep Lab 29. Psych Services 30. Infusion Therapy 31. Pharmacy Vaccine 32. IFCC Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation		•							
26. Cardiac Cath									
27. Pulmonary Function									
28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         Outpatient Ancillary Cost Centers         43. Clinic         44. Emergency         45. Observation									
29. Psych Services         30. Infusion Therapy           31. Pharmacy Vaccine         9. Pharmacy Vaccine           32. IFCC Infusion Therapy         9. Pharmacy Vaccine           33. Cardiac Rehab         9. Psych Ancillary           34. Hyperbaric Oxy. Ther.         9. Psych Ancillary           35. Psych Ancillary         9. Psych Ancillary           36. Retinal Vascular         9. Psych Ancillary           37. FCC Clinic         9. Psych Ancillary           38. Other         9. Other           40. Other         9. Other           41. Other         9. Outpatient Ancillary Cost Centers           43. Clinic         9. Outpatient Ancillary Cost Centers           44. Emergency         9. Observation									
30. Infusion Therapy   31. Pharmacy Vaccine   32. IFCC Infusion Therapy   33. Cardiac Rehab   34. Hyperbaric Oxy. Ther.   35. Psych Ancillary   36. Retinal Vascular   37. FCC Clinic   38. Other   39. Other   40. Other   41. Other   42. Other   42. Other   43. Clinic   44. Emergency   45. Observation   45. Observation   46. Emergency   46. Observation   47. Observation   47. Observation   48. Emergency   49. Observation		•							
31. Pharmacy Vaccine       32. IFCC Infusion Therapy         32. Cardiac Rehab       33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.       35. Psych Ancillary         36. Retinal Vascular       37. FCC Clinic         38. Other       39. Other         40. Other       40. Other         41. Other       42. Other         42. Other       43. Clinic         43. Clinic       44. Emergency         45. Observation       45. Observation									
32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         43. Clinic         44. Emergency         45. Observation									
33. Cardiac Rehab  34. Hyperbaric Oxy. Ther.  35. Psych Ancillary  36. Retinal Vascular  37. FCC Clinic  38. Other  39. Other  40. Other  41. Other  42. Other  Outpatient Ancillary Cost Centers  43. Clinic  44. Emergency  45. Observation									
34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         Outpatient Ancillary Cost Centers         43. Clinic         44. Emergency         45. Observation									
35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation									
36. Retinal Vascular 37. FCC Clinic 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation									
37. FCC Clinic         38. Other           39. Other         9. Other           40. Other         9. Other           41. Other         9. Other           42. Other         9. Outpatient Ancillary Cost Centers           43. Clinic         9. Observation           44. Emergency         9. Observation			1						
38. Other 39. Other 40. Other 41. Other 42. Other  Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation									
39. Other 40. Other 41. Other 42. Other  Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation									
40. Other 41. Other 42. Other  Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation									
41. Other 42. Other Outpatient Ancillary Cost Centers 43. Clinic 44. Emergency 45. Observation		-							
42. Other  Outpatient Ancillary Cost Centers  43. Clinic  44. Emergency  45. Observation									
Outpatient Ancillary Cost Centers  43. Clinic  44. Emergency  45. Observation			1						
43. Clinic         44. Emergency         45. Observation	42.								
44. Emergency 45. Observation	ļ								
45. Observation			1						
			1						
46. Ancillary Total									
	46.	Ancillary Total							

<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 Preliminary

BHF Page 6(b)

1 Tehlimat y	
Medicare Provider Number:	Medicaid Provider Number:
14-0191	8007
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023

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)
47.	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							
	Other							
	Nursery							
	Routine Total (lines 47-66)							
	Ancillary Total (from line 46)							
69.	Total (Lines 67-68)							

Rev. 10 / 11

Medi	care Provider Number:	Medicaid Provider Number:	
	14-0191		8007
Prog	am:	Period Covered by Statement:	
	Medicaid Hospital	From: 07/01/2022	To: 06/30/2023
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)	536 542	

		Program	Program
	(Line 7 Divided by Sum of Line 7, Cols. 1 and 2)	100.00%	
8.	Ratio of Inpatient and Outpatient Cost to Total Cost		
	(Sum of Lines 1 through 6)	536,547	
7.	Total Reasonable Cost of Covered Services		
	(BHF Supplement No. 2, Cols. 6 and 7, Line 69)	5	
6.	Graduate Medical Education		
	(BHF Supplement No. 1, Part 1C, Lines 7 and 8)		
5.	Services of Teaching Physicians		
	(BHF Page 6, Line 69, Cols. 6 & 7)		
4.	Hospital Based Physician Services		
	Program (BHF Page 5, Line 27, Cols. 6a and 6b)		
3.	Interns and Residents Not in an Approved Teaching		
	(BHF Page 4, Line 25)	536,542	
۷.	inpatient Operating Services		

Line	Customary Charges	Program Inpatient	Program Outpatient
No.		(1)	(2)
9.	Ancillary Services		
	(See Instructions)	360,071	
10.	Inpatient Routine Services		
	(Provider's Records)		
	A. Adults and Pediatrics		
	B. Psych		
	C. Rehab		
	D. Other (Sub)		
	E. Intensive Care Unit		
	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	455,372	
11	Services of Teaching Physicians		
	(Provider's Records)		
12.	Total Charges for Patient Services		
	(Sum of Lines 9 through 11)	815,443	
13	Excess of Customary Charges Over Reasonable Cost	3.0,1.0	
'	(Line 12 Minus Line 7, Sum of Cols. 1 through 2)		278,896
14	Excess of Reasonable Cost Over Customary Charges		_10,000
' '	(Line 7, Sum of Cols. 1 through 2, Minus Line 12)		
15	Excess Reasonable Cost Applicable to Inpatient and Outpatient		
'0.	(Line 8, Each Column X Line 14)		
	NEITO O, Edon Column X Line 14)		

1 Tellimai y				
Medicare Provider Number:	Medicaid Provider Number:			
14-0191	8007			
Program:	Period Covered by Statement:			
Medicaid Hospital	From: 07/01/2022	To:	06/30/2023	

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)	536,547	
2.	Excess Reasonable Cost		
	(BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost		
	(Line 1 Minus Line 2)	536,547	
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)	536,547	

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:
14-0191	8007
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023

#### 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)	278,896
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	Prior Cost Reporting Period Ended			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,	In	patient	Out	tpatient
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)					

= = = = = = = = = = = = = = = = = = =				
Medicare Provider Number:	Medicaid Provider Number:			
14-0191	8007			
Program:	Period Covered by Statement:			
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023			

#### 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)	

	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)				

-			
Pre	lim	in	OPT

1 reminiary	
Medicare Provider Number:	Medicaid Provider Number:
14-0191	8007
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023

Cost			T	Total Dept.	Datia of	luunatinut	Outrations	lumatiant	Outrations
Cost   Charges   Charges			CME			•	•		
Constitution   Cost Centers   Wis Dept.   Col. 1			_		_	_	-	_	_
Line						_	_	-	-
No	l	0 10 1			-	•	•		
Inpatient Ancillary Centers		Cost Centers			•	•		•	,
1.   Operating Room   13,823   71,985,957   0.000192   25,036   5				•					,
2. Recovery Room 3. Delivery and Labor Room 4. Anesthesiology 5. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Biolood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 17. EEG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Ultrasound 23. Special Procedures 24. CT Scan 32.351 113,004,030 0.000286 25. MRRI 26. Cardiac Cath 27. Pulmonary Function 28. Sideep Lab 29. Psych Services 30. Infusion Therapy 31. Infusion Therapy 32. Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Anolistry 36. Retinal Vascular 37. FCC Clinic 38. Other							(5)		(7)
3. Delivery and Labor Room			13,823	71,985,957	0.000192	25,036		5	
4.   Anesthesiology   Separation									
5. Radiology - Diagnostic									
6. Radiology - Therapeutic									
7. Nuclear Medicine	5.	Radiology - Diagnostic							
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. Special Procedures 24. CT Scan 25. MRI 26. Cardiac Cath 27. Pulmonary Function 28. Sleep Lab 29. Psych Services 30. Infusion Therapy 31. Infusion Therapy 32. IFCC Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Ancillary 36. Retired 37. FCC Clinic 38. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 45. Observation									
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   19. Drugs Charg									
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.									
15.   Speech Pathology									
16. EKG									
17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Ultrasound 23. Special Procedures 24. CT Scan 25. MRI 26. Cardiac Cath 27. Pulmonary Function 28. Sleep Lab 29. Psych Services 30. Infusion Therapy 31. Pharmacy Vaccine 32. IFCC Infusion Therapy 33. Cardiac Rehab 34. Hyperbaric Oxy. Ther. 35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 40. Other 41. Other 41. Other 41. Other 44. Emergency 45. Observation  19. Paragency 45. Observation  19. Paragency 45. Observation									
18. Med. / Surg. Supplies         19. Drugs Charged to Patients           20. Renal Dialysis         9           21. Ambulance         9           22. Ultrasound         9           23. Special Procedures         9           24. CT Scan         32,351           25. MRI         9           26. Cardiac Cath         9           27. Pulmonary Function         9           28. Sleep Lab         9           29. Psych Services         9           30. Infusion Therapy         9           31. Pharmacy Vaccine         9           32. IFCC Infusion Therapy         9           33. Cardiac Rehab         9           34. Hyperbaric Oxy. Ther.         9           35. Psych Ancillary         9           36. Retinal Vascular         9           37. FCC Clinic         9           38. Other         9           40. Other         9           40. Other         9           41. Other         9           42. Other         9           43. Clinic         9           44. Emergency         45. Observation									
19. Drugs Charged to Patients									
20.   Renal Dialysis									
21. Ambulance         22. Ultrasound         23. Special Procedures         24. CT Scan       32,351       113,004,030       0.000286         25. MRI         26. Cardiac Cath           27. Pulmonary Function           28. Sleep Lab           29. Psych Services           30. Infusion Therapy           31. Pharmacy Vaccine           32. IFCC Infusion Therapy           33. Cardiac Rehab           34. Hyperbaric Oxy. Ther.           35. Psych Ancillary           36. Retinal Vascular           37. FCC Clinic           38. Other           40. Other           41. Other           42. Other           43. Clinic           44. Emergency           45. Observation									
22. Ultrasound   23. Special Procedures   24. CT Scan   32,351   113,004,030   0.000286   25. MRI   26. Cardiac Cath   27. Pulmonary Function   28. Sleep Lab   29. Psych Services   30. Infusion Therapy   31. Pharmacy Vaccine   32. IFCC Infusion Therapy   33. Cardiac Rehab   34. Hyperbaric Oxy. Ther.   35. Psych Ancillary   36. Retinal Vascular   37. FCC Clinic   38. Other   39. Other									
23. Special Procedures       32,351       113,004,030       0.000286         25. MRI									
24. CT Scan       32,351       113,004,030       0.000286         25. MRI									
25. MRI         26. Cardiac Cath									
26. Cardiac Cath       27. Pulmonary Function         27. Pulmonary Function       38. Sleep Lab         29. Psych Services       30. Infusion Therapy         31. Pharmacy Vaccine       31. Pharmacy Vaccine         32. IFCC Infusion Therapy       33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.       35. Psych Ancillary         36. Retinal Vascular       37. FCC Clinic         38. Other       39. Other         40. Other       40. Other         41. Other       41. Other         42. Other       42. Other         43. Clinic       44. Emergency         45. Observation       45. Observation			32,351	113,004,030	0.000286				
27. Pulmonary Function         28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         40. Other         41. Other         42. Other         43. Clinic         44. Emergency         45. Observation									
28. Sleep Lab         29. Psych Services         30. Infusion Therapy         31. Pharmacy Vaccine         32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         Outpatient Ancillary Centers         43. Clinic         44. Emergency         45. Observation									
29. Psych Services         30. Infusion Therapy           31. Pharmacy Vaccine         9           32. IFCC Infusion Therapy         9           33. Cardiac Rehab         9           34. Hyperbaric Oxy. Ther.         9           35. Psych Ancillary         9           36. Retinal Vascular         9           37. FCC Clinic         9           38. Other         9           40. Other         9           41. Other         9           42. Other         9           43. Clinic         9           44. Emergency         9           45. Observation         9									
30. Infusion Therapy   31. Pharmacy Vaccine   32. IFCC Infusion Therapy   33. Cardiac Rehab   34. Hyperbaric Oxy. Ther.   35. Psych Ancillary   36. Retinal Vascular   37. FCC Clinic   38. Other   39. Other   40. Other   41. Other   42. Other   42. Other   42. Other   43. Clinic   44. Emergency   45. Observation   45. Observation   46. Cardiac   47. Cardiac   47. Cardiac   47. Cardiac   48. Cardiac   48. Cardiac   49.		•							
31. Pharmacy Vaccine       32. IFCC Infusion Therapy         33. Cardiac Rehab       34. Hyperbaric Oxy. Ther.         35. Psych Ancillary       36. Retinal Vascular         37. FCC Clinic       38. Other         39. Other       9. Other         40. Other       9. Other         41. Other       9. Outpatient Ancillary Centers         43. Clinic       9. Observation									
32. IFCC Infusion Therapy         33. Cardiac Rehab         34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         43. Clinic         44. Emergency         45. Observation									
33. Cardiac Rehab  34. Hyperbaric Oxy. Ther.  35. Psych Ancillary  36. Retinal Vascular  37. FCC Clinic  38. Other  40. Other  41. Other  42. Other  Outpatient Ancillary Centers  43. Clinic  44. Emergency  45. Observation									
34. Hyperbaric Oxy. Ther.         35. Psych Ancillary         36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         43. Clinic         44. Emergency         45. Observation									
35. Psych Ancillary 36. Retinal Vascular 37. FCC Clinic 38. Other 39. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 45. Observation									
36. Retinal Vascular         37. FCC Clinic         38. Other         39. Other         40. Other         41. Other         42. Other         43. Clinic         44. Emergency         45. Observation			1						
37. FCC Clinic           38. Other           39. Other           40. Other           41. Other           42. Other           43. Clinic           44. Emergency           45. Observation			1						
38. Other 39. Other 40. Other 41. Other 42. Other  Outpatient Ancillary Centers 43. Clinic 44. Emergency 45. Observation			1						
39. Other 40. Other 41. Other 42. Other  Outpatient Ancillary Centers 43. Clinic 44. Emergency 45. Observation									
40. Other 41. Other 42. Other  Outpatient Ancillary Centers 43. Clinic 44. Emergency 45. Observation									
41. Other         42. Other         Outpatient Ancillary Centers         43. Clinic         44. Emergency         45. Observation									
42. Other  Outpatient Ancillary Centers  43. Clinic  44. Emergency  45. Observation									
Outpatient Ancillary Centers  43.   Clinic  44.   Emergency  45.   Observation			1						
43. Clinic  44. Emergency  45. Observation									
44. Emergency 45. Observation									
45. Observation			1						
			1						
46. Ancillary Total 5									
	46.	Ancillary Total						5	

<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)

Freiminary				
Medicare Provider Number:	Medicaid Provider Number:			
14-0191	8007			
Program:	Period Covered by Statement:			
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023			

Line No.	Cost Centers	G M E Cost (CMS 2552-10, W/S B, Pt. 1, Col. 25)	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							
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							
	Other							
66.	Nursery							
	Routine Total (lines 47-66)							
68.	Ancillary Total (from line 46)						5	
69.	Total (Lines 67-68)						5	

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

Preliminary							
Medicare Provider Number:	Medicaid Provider Number:						
14-0191	8007						
Program:	Period Covered by Statement:						
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023						

Inpatient Reconciliation	Provider's Records	Adjustments	Audited Cost Report				
Adult Days			·				
Newborn Days		288	288				
Total Inpatient Revenue	815,443		815,443				
Ancillary Revenue	360,071		360,071				
Routine Revenue	455,372		455,372				
Inpatient Received and Receivable							
Outpatient Reconciliation							
Outpatient Occasions of Service							
Total Outpatient Revenue							
Outpatient Received and Receivable							
Preliminary Audit Adjustments:  BHF Page 2 - Adjusted beds & days to match W/S S-3 with splits between Acute, Psych, Nursery and Children's facilities. See attached spreadsheet  BHF Page 2 - Part I-Hospital A&P discharges split between Adult and Children; see attached spreadsheet  BHF Page 2 - Allowed 1 bed for A&P as there are 119 I/P days per XIX version of the Medicare report  The remaining beds and bed days are reported as Nursery to agree with W/S S-3 of the Medicare report  BHF Page 2 - Program days agree with W/S S-3 of the Title XIX Medicare report  BHF Page 3 - Total costs were adjusted to agree with as filed W/S C Part 1, column 1 of the Medicare report  BHF Page 3 - Hemodynamics is reported as Cardiac Cath on the Medicare report  BHF Page 3 - Implant Devices costs/charges included with Medical Supplies costs/charges  BHF Page 4 - Costs for Adults and Peds allocated to Acute, Psych, Children's & Nursery based upon days.  See attached spreadsheet  BHF Page 4 - Adjusted the Routine costs to agree with W/S C, Part 1, Col 1 of the Medicare report							