General Information	Preliminary		
Name of Hospital: St. Mary's Hospital		Medicare Prov	ider Number: 14-0166
Street:	D	Medicaid Provi	der Number:
1800 E. Lake Shore City:	State:	Zip:	4005
Decatur	Illinois	· 	62521
Period Covered by Statem	ent: From: 07/01/2022	То:	06/30/2023
Type of Control		•	
Voluntary Nonprofit	Proprietary	Government (Non-Federa	al)
XXXX Church	Individual	State	Township
Corporation	Partnership	City	Hospital District
Other (Specify)	Corporation	County	Other (Specify)
Type of Hospital			
XXXX General Short-Te	rm Psychiatric		Cancer
General Long-Ter	m Rehabilitation	1	Other (Specify)
Health Care Program	(A Separate Report Mus	st Be Filled Out For Each Disti	inct Part Unit)
Medicaid Hospita	Medicaid Sub Rehab	o II]
XXXX Medicaid Sub I XXXX Psych	Medicaid Sub Other	o III]
By Fine And / Or Im	sentation Or Falsification Of Any Information of Each		e Punishable
I HEREBY CERTIFY that I h Sheet and Statement of Rev for the cost report beginning	ave read the above statement and that I have enue and Expense prepared by (Provider nam 07/01/2022 and ending 06/30/2023 d from the books and records of the provider in	examined the accompanying co e(s) and number(s)) St. Nand that to the best of my know	Mary's Hospital 4005 ledge and belief, it is a true, correct and
Prepared by (Signed):		Signed (Officer or A	Administrator of Provider(s)):
Name (Typewritten)		Name (Typewritten)	
Title	Date	Title	
Firm	<u> </u>	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.

Pre	••	• .	

1 reminary	
Medicare Provider Number:	Medicaid Provider Number:
14-0166	4005
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	118	43,070	` ′	19,107	44.36%	` ′	4,514	4.93
	Psych	56	20,440		3,034	14.84%		140	21.67
3.	Rehab	20	7,300		1,188	16.27%		73	16.27
	Other (Sub)								
5.		13	4,745		3,146	66.30%			
6.	Coronary Care Unit								
8.	Other								
	Other								
10.	Other								
11.	Other								
12.	Other								
13.	Other								
	Other								
	Other								
	Other								
18.	Other								
19.	Other								
20.	Other								
21.	Newborn Nursery				682				
22.	Total	207	75,555		27,157	35.94%		4,727	5.60
23.	Observation Bed Days				1,277				
	Part II-Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics								
2.	Psych				344			16	21.50
	Rehab								
	Other (Sub)								
5.	Intensive Care Unit								
	,								
	Other								
	Other								
	Other								
	Other								
	Other								
12.	Other								
	Other								
14.	Other								
	Other								
17.							l		
	Other								
18.	Other								
18. 19.	Other Other								
18. 19. 20.	Other Other Other								
18. 19. 20. 21.	Other Other				344	1.27%		16	21.50

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:		
	14-0166		4005		
Program:		Period Co	overed by Statement:		
Medicaid Hospital		From:	07/01/2022	To:	06/30/2023

2. Recovery Room	Line No.	Ancillary Service Cost Centers	Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) (1)	Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)*	Ratio of Cost to Charges (Col. 1 / 2) (3)	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)
2. Recovery Room	1.	Operating Room	10,212,411	57,488,888	0.177641				
3. Delivery and Labor Room					0.128888				
A. Anesthesiology	3.	Delivery and Labor Room	4,271,185						
6. Radiology - Therapeutic 186,664 1,126,813 0,165657 7. Nuclear Medicine 186,664 1,126,813 0,078861 173,681 13,697 9. Blood 10. Blood - Administration 87,956 1,814,332 0,048478 1,725 84 11. Intravenous Therapy 1,338,798 17,273,697 0,077505 1 14 1,000,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,			142,207	13,198,583	0.010774				
6. Radiology - Therapeutic 18. daboratory 7, Nuclear Medicine 186,684 1,126,813 0,165657 1 8. Laboratory 7,108,052 90,133,445 0,078861 173,681 13,697 9. Blood 10. Blood - Administration 87,956 1,814,332 0,048478 1,725 84 11. Intravenous Therapy 1,338,798 17,273,697 0,077505 1 1,725 84 14. Occupational Therapy 1,338,798 17,273,697 0,077505 1 1,725 84 14. Occupational Therapy 1,388,798 17,273,697 0,077505 1 1 1,724 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 1,724,608 1 <td>5.</td> <td>Radiology - Diagnostic</td> <td>5,535,442</td> <td>26,824,671</td> <td>0.206356</td> <td>3,076</td> <td></td> <td>635</td> <td></td>	5.	Radiology - Diagnostic	5,535,442	26,824,671	0.206356	3,076		635	
T. Nuclear Medicine	6.	Radiology - Therapeutic				,			
8. Laboratory 7,108,052 90,133,445 0.078861 173,681 13,697 9. Blood 10. Blood - Administration 87,956 1,814,332 0.048478 1,725 84 11. Intravenous Therapy 1,338,798 17,273,697 0.077505 1			186.664	1.126.813	0.165657				
Section Sect				, ,		173.681		13.697	
10 Blood - Administration 87,956 1,814,332 0.048478 1,725 84 11 Intravenous Therapy 1,338,796 17,273,697 0.077505 13 Physical Therapy 2,756,218 18,792,203 0.146668 14 0.0000000000000000000000000000000000			1,100,000	00,100,110		,		10,001	
11. Intravenous Therapy			87 956	1 814 332	0.048478	1 725		84	
12. Respiratory Therapy			0.,000	.,0,002	0.0.0	.,. 20		0.	
13. Physical Therapy			1 338 798	17 273 697	0.077505				
14. Occupational Therapy	13	Physical Therapy							
15. Speech Pathology			2,700,210	10,102,200	0.110000				
16. EKG									
17, EEG 1,048,317 5,220,779 0,200797 18. Med. / Surg. Supplies 20,45,998 19,055,274 1,073456 19. Drugs Charged to Patients 14,412,968 75,523,267 0,190841 130,236 24,854 20. Renal Dialysis 21. Ambulance 3,855,084 6,765,961 0,569776 0.569776 22. Endoscopy/GI Lab 620,646 11,031,359 0.056262 0.056262 23. Pain Center 1,236,385 7,987,937 0.154782 0.025786 33,938 875 25. MRI 559,108 22,339,785 0.025708 3,421 211 26. Cardiac Cath 2,626,526 35,056,842 0.074922 0.074922 27. Implants 6,272,077 25,322,277 0.474922 0.074922 28. ASC (Non-Distinct Part) 432,140 590,669 0.731611 0.00520 29. Cardiac Rehab 1,015,119 930,858 1,090520 0.074822 30. Wound Clinic 514,051 287,374 1,788787 0.00520 31. CIT/PET 191,533 1,208,036 0.158849 0.285306 33. Other 34. Other 36. Other 37. Other 34. Other 40. Other 40. Other 40. Other 44. Em			3 978 174	40 804 394	0 097494	5 206		508	
18. Med. / Surg. Supplies 20.454,998 19.055,274 1.073456 1						0,200		000	
19 Drugs Charged to Patients				, ,					
20. Renal Dialysis 21. Ambulance 3,855,084 6,765,961 0.569776						130 236		24 854	
21. Ambulance 3,855,084 6,765,961 0.569776 22. Endoscopy/Gl Lab 620,646 11,031,359 0.056262 23. Pain Center 1,236,385 7,987,937 0.154782 24. CT Scan 2,031,037 78,766,364 0.025786 33,938 875 25. MRI 559,108 22,339,785 0.025027 8,421 211 26. Cardiac Cath 2,626,526 35,056,842 0.074922 1 27. Implants 6,272,077 25,322,277 0.247690 1 28. ASC (Non-Distinct Part) 432,140 590,669 0.731611 1 29. Cardiac Rehab 1,015,119 930,858 1,090520 3 30. Wound Clinic 514,051 287,374 1.788787 3 31. CT/PET 191,533 1,208,036 0.158549 3 32. Radiation Oncology 1,782,546 6,247,829 0.285306 3 34. Other 36. Other 36. Other 37. Other 38. Other 40. Other 40. Other 40. Other 41. Other 42. Other 42. Other 42. Other 44. Emergency			11,112,000	10,020,201	0.100011	100,200		21,001	
22. Endoscopy/Gl Lab 620,646 11,031,359 0.056262 23. Pain Center 1,236,385 7,987,937 0.154782 24. CT Scan 2,031,037 78,766,364 0.025786 33,938 875 25. MRI 559,108 22,339,785 0.025027 8,421 211 26. Cardiac Cath 2,626,526 35,056,842 0.074922 1 27. Implants 6,272,077 25,322,277 0.247690 1 28. ASC (Non-Distinct Part) 432,140 590,669 0.731611 1 29. Cardiac Rehab 1,015,119 930,858 1.090520 3 1.09520 3 30. Wound Clinic 514,051 287,374 1.788787 3 1.7ET 191,533 1.208,036 0.158549 3 32. Radiation Oncology 1,782,546 6,247,829 0.285306 3 3 Other 3 3.5 Other 3 3.6 Other 3 3.0 Other			3 855 084	6 765 961	0 569776				
23. Pain Center									
24. CT Scan 2,031,037 78,766,364 0.025786 33,938 875 25. MRI 559,108 22,339,785 0.025027 8,421 211 26. Cardiac Cath 2,626,526 35,056,842 0.074922									
25. MRI						33 038		875	
26. Cardiac Cath 2,626,526 35,056,842 0.074922 27. Implants 6,272,077 25,322,277 0.247690 28. ASC (Non-Distinct Part) 432,140 590,669 0.731611 29. Cardiac Rehab 1,015,119 930,858 1.090520 30. Wound Clinic 514,051 287,374 1.788787 31. CT/PET 191,533 1,208,036 0.158549 32. Radiation Oncology 1,782,546 6,247,829 0.285306 33. Other 34. Other 35. Other 36. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 40. Other 40. Other 41. Other 41. Other 42. Other 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149						,			
27. Implants 6,272,077 25,322,277 0.247690 28. ASC (Non-Distinct Part) 432,140 590,669 0.731611 29. Cardiac Rehab 1,015,119 930,858 1.090520 30. Wound Clinic 514,051 287,74 1.788787 31. CT/PET 191,533 1,208,036 0.158549 32. Radiation Oncology 1,782,546 6,247,829 0.285306 33. Other 34. Other 35. Other 36. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 40. Other 41. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149						0,421		211	
28. ASC (Non-Distinct Part) 432,140 590,669 0.731611 29. Cardiac Rehab 1,015,119 930,858 1.090520 30. Wound Clinic 514,051 287,374 1.788787 31. CT/PET 191,533 1,208,036 0.158549 32. Radiation Oncology 1,782,546 6,247,829 0.285306 33. Other 34. Other 35. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149									
29. Cardiac Rehab 1,015,119 930,858 1.090520 30. Wound Clinic 514,051 287,374 1.788787 31. CT/PET 191,533 1,208,036 0.158549 32. Radiation Oncology 1,782,546 6,247,829 0.285306 33. Other 34. Other 35. Other 36. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149									
30. Wound Clinic 514,051 287,374 1.788787									
31. CT/PET									
32. Radiation Oncology 1,782,546 6,247,829 0.285306 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 39. Other 40. Other 41. Other 42. Other 42. Other 42. Other 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149									
33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 38. Other 39.									
34. Other 35. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 40. Other 41. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149			1,702,040	0,247,020	0.20000				
35. Other			 						
36. Other			 						
37. Other			+						
38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Service Cost Centers 43. Clinic 44. Emergency 10,589,160 49,628,059 1,429,997 2,196,115 0.651149			+						
39. Other 40. Other 41. Other 42. Other Outpatient Service Cost Centers 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149									
40. Other 41. Other 41. Other 42. Other Outpatient Service Cost Centers 43. Clinic 44. Emergency 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149			 						
41. Other 42. Other Outpatient Service Cost Centers 43. Clinic 44. Emergency 45. Observation 1,429,997 2,196,115 0.651149			1						
42. Other Outpatient Service Cost Centers 43. Clinic 44. Emergency 45. Observation 1,429,997 2,196,115 0.651149			1						
Outpatient Service Cost Centers 43. Clinic 44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149			1						
43. Clinic 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149 0.651149	44.								
44. Emergency 10,589,160 49,628,059 0.213370 31,590 6,740 45. Observation 1,429,997 2,196,115 0.651149	13	•							
45. Observation 1,429,997 2,196,115 0.651149			10 590 160	40 629 050	0.242270	21 500		6 740	
						31,080		0,740	
1 46 110731 1 47 604 1			1,425,557	2,180,113	0.031149	387,873		47,604	

^{*} 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

1 Tellimia y		
Medicare Provider Number:	Medicaid Provider Number:	
14-0166	4005	
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)	22,807,706	1,679,024	1,889,113	
b)	Total inpatient days including private room days				
	(CMS 2552-10, W/S S-3, Part 1, Col. 8)	20,384	3,034	1,188	
c)	Adjusted general inpatient routine service				
	cost per diem (Line 1a / 1b)	1,118.90	553.40	1,590.16	
2.	Program general inpatient routine days				
	(BHF Page 2, Part II, Col. 4)		344		
3.	Program general inpatient routine cost				
	(Line 1c X Line 2)		190,370		
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)		190,370		

Line		Total Dept. Costs (CMS 2552-10,	Total Days (CMS 2552-10, W/S S-3,	Average Per Diem	Program Days (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	6,245,321	3,146	1,985.16		
9.	Coronary Care Unit					
10.	Other					
	Other					
	Other					
13.	Other					
14.	Other					
15.	Other					
	Other					
17.	Other					
18.	Other					
19.	Other					
	Other					
	Other					
22.	Other					
	Nursery	532,767	682	781.18		
24.	Program inpatient ancillary care service cost					
	(BHF Page 3, Col. 6, Line 46)					47,604
25.	Total Program Inpatient Operating Costs					
1	(Sum of Lines 7 through 24)					237,974

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:				
14-0166	4005				
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)						
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)

1 Teninnai y		
Medicare Provider Number:	Medicaid Provider Number:	
14-0166	4005	
Program:	Period Covered by Statement:	
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023	

		Professional Component	Total Dept. Charges (CMS 2552-10,	Ratio of Professional Component	Inpatient Program Charges	Outpatient Program Charges	Inpatient Program Expenses	Outpatient Program 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							
	Anesthesiology							
5.	Radiology - Diagnostic							
	Radiology - Therapeutic							
	Nuclear Medicine							
	Laboratory							
	Blood							
	Blood - Administration							
11.	Intravenous Therapy							
12.	Respiratory Therapy							
13.	Physical Therapy							
	Occupational Therapy							
	Speech Pathology							
	EKG							
	EEG							
	Med. / Surg. Supplies							
	Drugs Charged to Patients							
	Renal Dialysis							
	Ambulance							
	Endoscopy/GI Lab							
	Pain Center							
	CT Scan							
	MRI							
	Cardiac Cath							
	Implants							
	ASC (Non-Distinct Part)							
	Cardiac Rehab							
	Wound Clinic							
	CT/PET							
	Radiation Oncology							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Outpatient Ancillary Cost Centers							
	Clinic							
	Emergency							
	Observation							
40.	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 Preliminary

BHF Page 6(b)

1 Teninnai y	
Medicare Provider Number:	Medicaid Provider Number:
14-0166	4005
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							
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							
	Other							
61.	Other							
	Other							
63.	Other							
	Other							
	Other							
	Nursery							
	Routine Total (lines 47-66)							
	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

Medi	care Provider Number:	Medicaid Provider Number:					
	14-0166		4005				
Prog	ram:	Period Covered by Statement:					
	Medicaid Hospital	From: 07/01/2022	To: 06/30/2023				
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)	237,974					
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						

7.	Total Reasonable Cost of Covered Services		
	(Sum of Lines 1 through 6)	237,974	
8.	Ratio of Inpatient and Outpatient Cost to Total Cost		
	(Line 7 Divided by Sum of Line 7, Cols. 1 and 2)	100.00%	
		<u></u>	
		Program	Program
Line	Customary Charges	Inpatient	Outpatient
No.		(1)	(2)
9.	Ancillary Services		
	(See Instructions)	387,873	
10.	Inpatient Routine Services		
	(Provider's Records)		
	A. Adults and Pediatrics		
	B. Psych	436,239	
	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		
11.	Services of Teaching Physicians		
	(Provider's Records)		
12.	Total Charges for Patient Services		
	(Sum of Lines 9 through 11)	824,112	
13.	Excess of Customary Charges Over Reasonable Cost	,	
	(Line 12 Minus Line 7, Sum of Cols. 1 through 2)		586,138
14.	Excess of Reasonable Cost Over Customary Charges		100,100
	(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)		
	(Line o, Last. Ostalini / Line 11)		

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Medicare Provider Number:	Medicaid Provider Number:
14-0166	4005
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)	237,974	
2.	Excess Reasonable Cost		
	(BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost		
	(Line 1 Minus Line 2)	237,974	
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)	237,974	

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)		

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

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Preliminary

Medicare Provider Number:	Medicaid Provider Number:
14-0166	4005
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)	586,138				
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	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

			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 Provider Number:				
14-0166			4005		
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. G	Gross Routine Revenues	Adults and	Sub I	Sub II	Sub III
		Pediatrics	Psych	Rehab	Other (Sub)
(/	General inpatient routine service charges (Excluding swing				
	bed charges) (CMS 2552-10, W/S D - 1, Part I, Line 28)				
(E	B) Routine general care semi-private room charges (Excluding				
	swing bed charges)(CMS 2552-10, W/S D - 1, Part I, Line 30)				
(0	C) Private room charges				
	(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)				
2. R	Routine Days				
(/	A) Semi-private general care days				
	(CMS 2552-10, W/S D - 1, Part I, Line 4)				
(E	B) Private room days				
	(CMS 2552-10, W/S D - 1, Part I, Line 3)				
3. P	Private room charge per diem				
(1	1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)				
4. S	Semi-private room charge per diem				
(1	1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)				
	Private room charge differential per diem				
(L	Line 3 Minus Line 4) or (CMS 2552-10, W/S D-1, Part 1, Line 34)				
6. P	Private room cost differential (To BHF Page 4, Line 4)				
(((Line 5 X (CMS 2552-10, W/S D-1, Part I, Line 27)				
D	Divided by (Line 1A Above))				
7. P	Private room cost differential adjustment				
(L	Line 2B X Line 6)		1		
8. G	General inpatient routine service cost (net of swing bed and				
р	rivate room cost differential)				
((CMS 2552-10, W/S D-1, Part I, Line 37)				
9. A	Adjusted general inpatient routine service cost per diem (Line 8				
D	Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)				

Preliminar

1 Tenninar y					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0166			4005	
Program:		Period Co	overed by Statement:		
Medicaid Hospital		From:	07/01/2022	To:	06/30/2023

Inpatient Ancillary Centers (1) (2) (3) (4) (5) (6) (7)	Line No.	Cost Centers	G M E Cost (CMS 2552-10, W/S B, Pt. 1, Col. 25)	Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)*	Ratio of G M E Cost to Charges (Col. 1 / Col. 2)	Inpatient Program Charges (BHF Page 3, Col. 4)	Outpatient Program Charges (BHF Page 3, Col. 5)	Inpatient Program Expenses for G M E (Col. 3 X Col. 4)	Outpatient Program Expenses for G M E (Col. 3 X Col. 5)
2. Recovery Room			(1)	(2)	(3)	(4)	(5)	(6)	(/)
3. Delivery and Labor Room									
4. Anesthesiology Section Sect									
5. Radiology - Therapeutic									
B. Radiology - Therapeutic									
T. 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. Endoscopy/Gl Lab 23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CTPET 31. Radiation Oncology 33. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Osborators 46. Description 47. Outpatient Ancillary Centers 48. Clinic 49. Outpatient Ancillary Centers 40. Outpatient Ancillary Centers 41. Outpatient Ancillary Centers 43. Clinic 44. Emergency 45. Observation									
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. Dru									
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. D									
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.									
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. Endoscopy/Gl Lab 23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 37. Other 38. Other 39. Other 39. Other 39. Other 40. Other 41. Other 42. Other 44. Other 44. Other 45. Observation 46. Other 46. Observation 46. Other 46. Observation 46. Other 47. Other 47. Other 48. Other 49. Ot									
16, EKG									
17. EEG									
18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Endoscopy(Gl Lab 23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 3									
19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 9 22. Endoscopy/GI Lab 9 23. Pain Center 9 24. CT Scan 9 25. MRI 9 26. Cardiac Cath 9 27. Implants 9 28. ASC (Non-Distinct Part) 9 29. Cardiac Rehab 9 30. Wound Clinic 9 31. CT/PET 9 32. Radiation Oncology 9 33. Other 9 34. Other 9 35. Other 9 36. Other 9 37. Other 9 38. Other 9 39. Other 9 40. Other 9 41. Other 9 42. Other 9 43. Clinic 9 44. Emergency 44. Emergency 45. Observation 9									
20. Renal Dialysis 21. Ambulance 22. Endoscopy/Gl Lab 23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 29. Cardiac Rehab 20. Cardiac Rehab 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 20. Cardiac R									
21. Ambulance 22. Endoscopy/Gl Lab 23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other									
22. Endoscopy/Gl Lab 23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 29. Cardiac Rehab 20. Car	20.	Renal Dialysis							
23. Pain Center 24. CT Scan 25. MRI 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 37. Other 38. Other 39. Other 3									
24. CT Scan 25. MR 26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 37. Other 38. Other 39. Oth									
25. MRI 26. Cardiac Cath	23.	Pain Center							
26. Cardiac Cath 27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 34. Other 35. Other 36. Other 37. Other 37. Other 38. Other 39. Other 40. Other 40. Other 41. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 45. Observation 45. Observation									
27. Implants 28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation	25.	MRI							
28. ASC (Non-Distinct Part) 29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 9. Other 35. Other 9. Other 37. Other 9. Other 38. Other 9. Other 39. Other 9. Other 40. Other 9. Other 41. Other 9. Other 42. Other 9. Other 43. Clinic 9. Other 44. Emergency 9. Observation	26.	Cardiac Cath							
29. Cardiac Rehab 30. Wound Clinic 31. CT/PET 32. Radiation Oncology 32. Nother 33. Other 34. Other 35. Other 35. Other 36. Other 37. Other 38. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 45. Observation	27.	Implants							
30. Wound Clinic 31. CT/PET 32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation	28.	ASC (Non-Distinct Part)							
31. CT/PET	29.	Cardiac Rehab							
32. Radiation Oncology 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 39. Other 40. Other 41. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 45. Observation 46. Observation 47. Observation 48. Observation	30.	Wound Clinic							
33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 45. Observation 45. Observation 46. Other 47. Other 48. Observation 49. Other									
33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 45. Observation 45. Observation 46. Other 47. Other 48. Observation 49. Other	32.	Radiation Oncology							
35. Other									
36. Other	34.	Other							
37. Other	35.	Other							
38. Other 39. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 45. Observation 45. Observation 46. Other 47. Observation 48. Other 49. O									
38. Other 39. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation	37.	Other							
39. Other 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	39.	Other							
41. Other 42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 45. Observation	40.	Other							
42. Other Outpatient Ancillary Centers 43. Clinic 44. Emergency 45. Observation	41.	Other							
Outpatient Ancillary Centers 43. Clinic 44. Emergency 9 45. Observation 9	42.	Other							
43. Clinic 44. Emergency 45. Observation		Outpatient Ancillary Centers							
44. Emergency 45. Observation									
45. Observation									
46. Ancillary Total	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 G M E cost to total charge ratio.

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(b)

Preliminary	
Medicare Provider Number:	Medicaid Provider Number:
14-0166	4005
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/202

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							
	Psych							
	Rehab							
	Other (Sub)							
	Intensive Care Unit							
	Coronary Care Unit							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Nursery							
	Routine Total (lines 47-66)							
	Ancillary Total (from line 46)							
69.	Total (Lines 67-68)							

Hospital Statement of Cost Reconciliation of Patient Days and Revenue

Preliminary			
Medicare Provider Number:	Medicaid Provider Number:		
14-0166	4005		
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	17	327	344
Newborn Days			
Total Inpatient Revenue	31,754	792,358	824,112
Ancillary Revenue	11,762	376,111	387,873
Routine Revenue	19,992	416,247	436,239
Inpatient Received and Receivable			
Outpatient Reconciliation			
Outpatient Occasions of Service			
Total Outpatient Revenue			
Outpatient Received and Receivable			
Preliminary Audit Adjustments: It appears the hospital is not reporting one of the Psych billings. So, will adjust the acute, psych and rehab cost reports to agree BHF Page 2 - Adjusted the Part II-Program days to agree with the page 2 - Adjusted the Part II-Program days to agree with the page 2 - Adjusted the Part II-Program days to agree with the page 2 - Adjusted the Part II-Program days to agree with the page 2 - Adjusted the Part II-Program days to agree with the page 2 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree with the page 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the Part II-Program days to agree 3 - Adjusted the	with the IPCR.		
BHF Page 2 - Adjusted the Part II-Program discharges so the available adjusted since the Part II-Program days were adjusted	ve length of stay agrees with th	ne as-filed hospital average;	
BHF Page 3 - Reclassified blood to blood admin BHF Page 3 - Adjusted the I/P charges to agree with the IPCR			
BHF Page 4 - Routine costs came from W/S C, Part I, Col 1 of to Disallowance	he Medicare report as W/S D-	1 contains RCE	
BHF Page 6a & 6b - Adjusted out the Professional fees as none BHF Page 7 - Adjusted the Routine charges to agree with the IF			
BHF Page 7 - Adjusted the Routine charges to agree with the IP	CR		