Gener	al Information	Preliminary						
	f Hospital:				Medicare	Provide	Number:	
Street:	ayette County Hospital				Madicaid	Drovido	Number:	14-1346
	th and Taylor				Wieuicaiu	riovidei	Number.	22002
City:	-	State:				Zip:	20.474	
	/andalia Covered by Statement:	From:	nois			ITo:	<u> </u>	
	·		/01/2022			-	6/30/2023	
Type o	of Control							
Volunta	ry Nonprofit	Proprietary		Governn	nent (Non-l	ederal)		
	Church	Individual			State			Township
	Corporation	Partnershi	p		City			Hospital District
XXXX	Other (Specify)	Corporation	on		County			Other (Specify)
Type o	of Hospital							
XXXX	General Short-Term		Psychiatric				Cancer	
	General Long-Term		Rehabilitation				Other (Sp	pecify)
Health	Care Program	(A Separa	ite Report Must E	Be Filled O	ut For Eacl	n Distinct	Part Unit)	
XXXX	Medicaid Hospital		Medicaid Sub II Rehab					
	Medicaid Sub I Psych		Medicaid Sub II Other	l 				
E	ntentional Misrepresentat By Fine And / Or Imprison	ment Under Federal La	w	In This Co	st Report M	∕lay Be P	unishable	
Sheet ar	BY CERTIFY that I have read of Statement of Revenue a	nd Expense prepared by	(Provider name(s	s) and numb	per(s))	Fayette	County Hos	oital 22002
complete	ost report beginning <u>07</u> e statement prepared from	the books and records of	f the provider in a	ccordance v	vith applica	ble instruc	ge and bellet ctions, excep	i, it is a true, correct and it as noted.
Prepared	d by (Signed):		·	Si	gned (Offic	er or Adm	inistrator of	Provider(s)):
Name (Typ	pewritten)	Date			me (Typewrit	ten)		
Firm		Date		Ti Da				
Telephone	Number				lephone Numl	er		
Email Add					nail Address	<i>J</i> C1		

This State Agency is requesting disclosure of information that is necessary to accomplish statutory purposes as found in Section 5 of the (305 ILCS 5/) Healthcare and Family Services Code (from Ch. 23, Par. 5). Failure to provide any information on or before the due date will result in cessation of program payments. This form has been approved by the Forms Mgt. Center.

Pro	1.	•	

1. C	
Medicare Provider Number:	Medicaid Provider Number:
14-1346	22002
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	inpatient otatistics	Beds	Days	Room	Private	Divided By	Excluding	Excluding	Excluding
No.		Available	Available	Days	Room Days	Column 2)	Newborn	Newborn	Newborn
NO.	Part I-Hospital	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Adults and Pediatrics	25	9,125	(3)	1,243	13.62%	(0)	375	3.31
2	Psych	23	9,125		1,243	13.02 /0		373	3.31
2.	Rehab								
	Other (Sub)	-							
	Intensive Care Unit	-							
	Coronary Care Unit	-							
	Other	-							
	Other								
0.	Other								
	Other								
11.	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
	Other								
20.	Other								
	Newborn Nursery								
	Total	25	9,125		1,243	13.62%		375	3.31
23.	Observation Bed Days				527				
		T (1)	(0)	(0)	(4)	(5)	(0)	(=)	(0)
L.,	Part II-Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics				9			3	3.00
2.	Psych								
	Rehab								
	Other (Sub)								
5.	Intensive Care Unit								
	Coronary Care Unit								
	Other								
8.	Other								
	Other								
	Other								
11.	Other								
	Other								
	Other								
	Other								
16.	Other								
	Other								
18.	Other								
	Other								
	Other								
21.	Newborn Nursery								
	Newborn Nursery Total				9	0.72%		3	3.00

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 Chiminal y			
Medicare Provider Number:		Medicaid Provider Number:	
	14-1346	22002	
Program:		Period Covered by Statement:	
Medicaid Hospital		From: 07/01/2022 To: 06/30/20	23

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)	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) (6)	O/P Expenses Applicable to Health Care Program (Col. 3 X 5)
1.	Operating Room	2,452,978	4,106,817	0.597294	` ,	` ,	` '	` '
	Recovery Room	, , , , , , ,	,,-					
	Delivery and Labor Room							
	Anesthesiology							
	Radiology - Diagnostic	2,435,463	25,249,525	0.096456				
6.	Radiology - Therapeutic	495,883	1,358,253	0.365089				
	Nuclear Medicine	100,000	1,000,000					
	Laboratory	4,606,365	22,388,410	0.205748	6,803		1,400	
	Blood	, ,	, = = ,		, , , , , , , , , , , , , , , , , , , ,		,	
	Blood - Administration							
	Intravenous Therapy							
	Respiratory Therapy	643,876	2,027,645	0.317549				
13.	Physical Therapy	1,327,634	3,530,505	0.376046				
	Occupational Therapy	195,923	664,153	0.294997				
	Speech Pathology	167,030	210,124	0.794912				
16.	EKG							
	EEG							
	Med. / Surg. Supplies	378,015	2,758,246	0.137049				
	Drugs Charged to Patients	3,384,118	9,299,369	0.363908	2,340		852	
20.	Renal Dialysis							
	Ambulance							
22.	Implant Devices	502,671	1,178,230	0.426632				
	Wound Care	409,668	610,741	0.670772				
	Pain Management	104,541	46,258	2.259955				
	Family Medicine	598,212	141,243	4.235339				
26.	Surgery	732,481	582,323	1.257860				
	Rheumatology	89,243	74,679	1.195021				
	Pulmonology	83,627	137,492	0.608232				
29.	Family Medicine-NP	69,448	205,961	0.337190				
	OP Nursing Service	229,990	977,009	0.235402				
	Endocrinology	62,456	110,471	0.565361				
	Other							
	Other							
	Other							
	Other							
	Other Other							
	Other Other							
	Other							
	Other							
	Other							
44.	Outpatient Service Cost Centers							
43	Clinic	743,153	1,799,235	0.413038				
	Emergency	5,118,318	12,849,548	0.398327				
	Observation	908,959	1,228,532	0.739874				
	Total	550,555	1,220,002	3.700074	9,143		2,252	

^{*} If Medicare claims billed net of professional component, total hospital professional component charges must be added to CMS 2552, W/S C charges to recompute the department cost to charge ratio.

Hospital Statement of Cost / Computation of Inpatient Operating Cost Preliminary

BHF Page 4

Medicare Provider Number:	Medicaid Provider Number:					
14-1346	22002					
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)	3,052,863			
b)	Total inpatient days including private room days				
	(CMS 2552-10, W/S S-3, Part 1, Col. 8)	1,770			
c)	Adjusted general inpatient routine service				
	cost per diem (Line 1a / 1b)	1,724.78			
2.	Program general inpatient routine days				
	(BHF Page 2, Part II, Col. 4)	9			
3.	Program general inpatient routine cost				
	(Line 1c X Line 2)	15,523			
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)	15,523			

		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					
	Other					
22.	Other					
	Nursery					
24.	Program inpatient ancillary care service cost					
	(BHF Page 3, Col. 6, Line 46)					2,252
25.	Total Program Inpatient Operating Costs					·
	(Sum of Lines 7 through 24)					17,775

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:
14-1346	22002
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)

Preliminary					
Medicare Provider Number:		Medicaid Pro	vider Number:		
14	4-1346			22002	
Program:		Period Cover	ed by Statement:		
Medicaid Hospital		From:	07/01/2022	To:	06/30/2023

Total Dept. Professional Component (CMS 2552-10, USS	Outpatient Program Expenses for H B P (Col. 3 X
Component Comp	Expenses for H B P
Cost Centers	for H B P
Line Cost Centers W/S A-8-2, Pt. 1, Col. 1/ Page 3, Page 3, Col. 3 X	
No. Col. 4) Col. 8)* Col. 2) Col. 4) Col. 5) Col. 4) Col. 6) Col. 7) Col.	(Col. 3 X
Inpatient Ancillary Cost Centers (1) (2) (3) (4) (5) (6) 1. Operating Room	•
1. Operating Room 2. Recovery Room 3. Delivery and Labor Room 4. Anesthesiology 5. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	Col. 5)
2. Recovery Room 3. Delivery and Labor Room 4. Anesthesiology 5. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 17. EEG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renai Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. Other 31. Endocrinology 31. Endocrinology 32. Other	(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. 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. Rena Dialysis 21. Ambulance 22. Implant Devices 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. Ore Nursing Service 31. Endocrinology 31. Endocrinology 32. Other	
4. Anesthesiology 5. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 31. Endocrinology 31. Endocrinology 32. Other 33. Other	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
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 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 31. Endocrinology 32. Other	
7. Nuclear Medicine 8. Laboratory 9. Blood 9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 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 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 31. Endocrinology 32. Other 33. Other 33. Other	
Blood	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pullmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	
15. Speech Pathology 16. EKG 17. EEG 9 18. Med. / Surg. Supplies 9 19. Drugs Charged to Patients 9 20. Renal Dialysis 9 21. Ambulance 9 22. Implant Devices 9 23. Wound Care 9 24. Pain Management 9 25. Family Medicine 9 26. Surgery 9 27. Rheumatology 9 28. Pulmonology 9 29. Family Medicine-NP 9 30. OP Nursing Service 9 31. Endocrinology 9 32. Other 9 33. Other 9	
16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	
17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
18. Med. / Surg. Supplies	
19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
20. Renal Dialysis 21. Ambulance 21. Implant Devices 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
21. Ambulance	
22. Implant Devices	
23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other	
24. Pain Management	
25. Family Medicine	
26. Surgery 27. Rheumatology 28. Pulmonology 28. Pulmonology 29. Family Medicine-NP 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
28. Pulmonology	
29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
30. OP Nursing Service 31. Endocrinology 32. Other 33. Other	
31. Endocrinology	
32. Other 33. Other 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
33. Other	
34. Other	
35. Other	
36. Other	
37. Other	
38. Other	
39. Other	
40. Other	
41. Other	
42. Other	
Outpatient Ancillary Cost Centers	
43. Clinic	
44. Emergency	
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 Preliminary

BHF Page 6(b)

1 Tellilliai y					
Medicare Provider Number:		Medicaid F	rovider Number:		
	14-1346			22002	
Program:		Period Cov	vered by Statement:		
Medicald 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

wear	care Provider Number:	Medicaid Provider Number:				
	14-1346	346 22002				
Prog	ram:	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)	17	,775			
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)					
7.	Total Reasonable Cost of Covered Services					
	(Sum of Lines 1 through 6)	17	,775			
8.	Ratio of Inpatient and Outpatient Cost to Total Cost					
	(Line 7 Divided by Sum of Line 7, Cols. 1 and 2)	100	.00%			

Line	Customary Charges	Program Inpatient	Program Outpatient
No.		(1)	(2)
9.	Ancillary Services		
	(See Instructions)	9,143	
10.	Inpatient Routine Services		
	(Provider's Records)		
	A. Adults and Pediatrics	12,961	
	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		
11.	Services of Teaching Physicians	The state of the s	
	(Provider's Records)		
12.	Total Charges for Patient Services		
	(Sum of Lines 9 through 11)	22,104	
13	Excess of Customary Charges Over Reasonable Cost	22,101	
	(Line 12 Minus Line 7, Sum of Cols. 1 through 2)		4,329
14	Excess of Reasonable Cost Over Customary Charges	 	4,020
' ''	(Line 7, Sum of Cols. 1 through 2, Minus Line 12)		
15	Excess Reasonable Cost Applicable to Inpatient and Outpatient		
13.	(Line 8, Each Column X Line 14)		
	Line o, Lacit Column A Line 14)		

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Medicare Provider Number:	Medicaid Provider Number:
14-1346	22002
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)	17,775	
2.	Excess Reasonable Cost		
	(BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost		
	(Line 1 Minus Line 2)	17,775	
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)	17,775	

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.

Rev. 10 / 11

Preliminary

Medicare Provider Number:		Medicaid Pro	ovider Number:			
	14-1346			22002		
Program:		Period Cove	red 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)	4,329		
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

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

Tremmary					
Medicare Provider Number:	Medicaid Provider Number:				
14-1346	22002				
Program:	Period Covered by Statement:				
Modicaid 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

Tartin Goot of Frigorolano Biroot incurca	and bargiour borvious
 Physicians on hospital staff average per dier 	
(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)
Total Per Diem	
(Line 1 Plus Line 2)	

		General	Sub I	Sub II	Sub III
	Part B. Program Data	Service	Psych	Rehab	Other (Sub)
4.	Program inpatient days				
	(BHF Page 2, Part II, Column 4)				
5.	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)				
l	(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)				

Medicaid Hospital

06/30/2023

Preliminary	
Medicare Provider Number:	Medicaid Provider Number:
14-1346	22002
Program:	Period Covered by Statement:
Medicaid Hospital	From: 07/01/2022 To: 06/30/2023

1. Operating Room	Outpatient Program Expenses for G M E (Col. 3 X Col. 5) (7)	Inpatient Program Expenses for G M E (Col. 3 X Col. 4)	Outpatient Program Charges (BHF Page 3, Col. 5)	Inpatient Program Charges (BHF Page 3, Col. 4) (4)	Ratio of G M E Cost to Charges (Col. 1 / Col. 2)	Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)*	G M E Cost (CMS 2552-10, W/S B, Pt. 1, Col. 25)	Cost Centers Inpatient Ancillary Centers	Line No.
2. Recovery Room	 \'''	(*)	\",	177	(5)	\-/	1 '''		
3. Delivery and Labor Room 4. Anesthesiology 5. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 22. Wound Care 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 25. Family Medicine 26. Surgery 27. Rheumatology 28. Putmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other		1							
4. Anesthesiology 5. Radiology - Diagnostic 6. Radiology - Therapeutic 7. Nuclear Medicine 8. Laboratory 9. Blood 9. B									
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 43. Other									
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 40. Other		1							
7. Nuclear Medicine		1						Radiology - Therapeutic	6.
B. 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 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 19. Drugs Cha									
9. Blood 10. Blood - Administration 11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG 16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 19. Drugs Charged to Patients									
11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG		1							
11. Intravenous Therapy 12. Respiratory Therapy 13. Physical Therapy 14. Occupational Therapy 15. Speech Pathology 16. EKG		1						Blood - Administration	10.
13. Physical Therapy		1							
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. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 39. Other 30. OP Outpatient Ancillary Centers									
14. Occupational Therapy 15. Speech Pathology 16. EKG Seech Pathology 17. EEG Seech Pathology 18. Med. / Surg. Supplies Seech Pathology 19. Drugs Charged to Patients Seech Pathology 20. Renal Dialysis Seech Pathology 21. Implant Devices Seech Pathology 23. Wound Care Seech Pathology 24. Pain Management Seech Pathology 25. Family Medicine Seech Pathology 27. Rheumatology Seech Pathology 28. Pulmonology Seech Pathology 29. Family Medicine-NP Seech Pathology 30. OP Nursing Service Seech Pathology 31. Endocrinology Seech Pathology 32. Other Seech Pathology 33. Other Seech Pathology 34. Other Seech Pathology 35. Other Seech Pathology 36. Other Seech Pathology 37. Other Seech Pathology 38. Other Seech Pathology 39. Other Seech Pathology 39. Other Seech Pathology 39. Other Seech Pathology <								Physical Therapy	13.
16. EKG 17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers									
17. EEG 18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 30. Other 31. Endocrinology								Speech Pathology	15.
18. Med. / Surg. Supplies 19. Drugs Charged to Patients 20. Renal Dialysis								EKG	16.
19. Drugs Charged to Patients 20. Renal Dialysis 21. Ambulance 9 22. Implant Devices 9 23. Wound Care 9 24. Pain Management 9 25. Family Medicine 9 26. Surgery 9 27. Rheumatology 9 28. Pulmonology 9 29. Family Medicine-NP 9 30. OP Nursing Service 9 31. Endocrinology 9 32. Other 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 Outpatient Ancillary Centers 9									
20. Renal Dialysis 21. Ambulance 21. Implant Devices 22. Implant Devices 23. Wound Care 9. Earnily Medicine 24. Pain Management 9. Earnily Medicine 25. Family Medicine 9. Earnily Medicine 27. Rheumatology 9. Earnily Medicine-NP 30. OP Nursing Service 9. Earnily Medicine-NP 31. Endocrinology 9. Earnily Medicine-NP 32. Other 9. Earnily Medicine-NP 33. Other 9. Earnily Medicine-NP 34. Endocrinology 9. Earnily Medicine-NP 35. Other 9. Earnily Medicine-NP 36. Other 9. Earnily Medicine-NP 37. Other 9. Earnily Medicine-NP 38. Other 9. Earnily Medicine-NP 39. Other 9. Earnily Medicine-NP 38. Other 9. Earnily Medicine-NP 39. Other 9. Earnily Medicine-NP <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Med. / Surg. Supplies</td><td>18.</td></tr<>								Med. / Surg. Supplies	18.
21. Ambulance 22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers									
22. Implant Devices 23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers									
23. Wound Care 24. Pain Management 25. Family Medicine 26. Surgery 27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers									
24. Pain Management 25. Family Medicine 26. Surgery 9 27. Rheumatology 9 28. Pulmonology 9 29. Family Medicine-NP 9 30. OP Nursing Service 9 31. Endocrinology 9 32. Other 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 Outpatient Ancillary Centers									
25. Family Medicine 26. Surgery 27. Rheumatology 27. Rheumatology 28. Pulmonology 28. Pulmonology 29. Family Medicine-NP 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 31. Endocrinology 32. Other 33. Other 33. Other 34. Other 35. Other 35. Other 36. Other 37. Other 39. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other Outpatient Ancillary Centers									
26. Surgery 27. Rheumatology 28. Pulmonology 28. Pulmonology 29. Family Medicine-NP 29. Family Medicine-NP 30. OP Nursing Service 30. Description of the pulsar									
27. Rheumatology 28. Pulmonology 29. Family Medicine-NP 9. Pulmonology 30. OP Nursing Service 9. Pulmonology 31. Endocrinology 9. Pulmonology 32. Other 9. Pulmonology 33. Other 9. Pulmonology 34. Other 9. Pulmonology 35. Other 9. Pulmonology 36. Other 9. Pulmonology 37. Other 9. Pulmonology 38. Other 9. Pulmonology 39. Other 9. Pulmonology 30. Other 9. Pulmonology 31. Other 9. Pulmonology 32. Other 9. Pulmonology 33. Other 9. Pulmonology 34. Other 9. Pulmonology 35. Other 9. Pulmonology 36. Other 9. Pulmonology 37. Other 9. Pulmonology 38. Other 9. Pulmonology 39. Other 9. Pulmonology									
28. Pulmonology 29. Family Medicine-NP 30. OP Nursing Service 31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers									
29. Family Medicine-NP 9 30. OP Nursing Service 9 31. Endocrinology 9 32. Other 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 Outpatient Ancillary Centers 9									
30. OP Nursing Service									
31. Endocrinology 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers								Family Medicine-NP	29.
32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 38. Other 39.									
33. Other 34. Other 35. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 39. Other 41. Other 41. Other Outpatient Ancillary Centers	+								
34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers	+	 	ļ				1		
35. Other		 							
36. Other		-							
37. Other	+	+	_				+		
38. Other 39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers	+	+							
39. Other 40. Other 41. Other 42. Other Outpatient Ancillary Centers	+	+	 						
40. Other 41. Other 42. Other Outpatient Ancillary Centers	+	+	 						
41. Other 42. Other Outpatient Ancillary Centers	+	+					1		
42. Other Outpatient Ancillary Centers	+	+	 	<u> </u>			+		
Outpatient Ancillary Centers	+	+							
									74.
									43
44. Emergency	+	†	<u> </u>				1		
45. Observation	+	1	 				1		
46. Ancillary Total	1								

^{*} 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 Preliminary

BHF Supplement No. 2(b)

Fremmary	
Medicare Provider Number:	Medicaid Provider Number:
14-1346	22002
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)
47.	Adults and Pediatrics							
48.	Psych							
49.	Rehab							
	Other (Sub)							
	Intensive Care Unit							
52.	Coronary Care Unit							
53.	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

Preliminary				
Medicare Provider Number:	Medicaid Provider Number:			
14-1346	22002			
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	5,947	(5,938)	9	
Newborn Days				
Total Inpatient Revenue	22,104		22,104	
Ancillary Revenue	9,143		9,143	
Routine Revenue	12,961		12,961	
Inpatient Received and Receivable				
Outpatient Reconciliation				
Outpatient Occasions of Service				
Total Outpatient Revenue				
Outpatient Received and Receivable				
Notes:				
Preliminary Audit Adjustments:				
BHF Page 2 - Part II-Program days agree with the IPCR and W/S S-3 of the Medicare report.				
BHF Page 2 - Part II-Program discharge days adjusted to agree with W/S S-3 of the Medicare report since the program days agree with W/S S-3				
BHF Page 2 - SNF days available, total days utilized and Medi	caid classified SNF days were i	emoved from cost report.		
BHF Page 2 - Added the observation days to Part I-Hospital lin	e 23 of the cost report			
BHF Page 3 - I/P Charges agree with the IPCR				
BHF Page 3 - Removed the O/P charges since this is no longe BHF Page 3 - Removed the RHC costs/charges as not covered				
BHF Page 4 - Adjusted line 1a to agree with W/S D-1, line 27 c				
BHF Page 4 - Included the observation days on line 1b	. are meaned report			
BHF Page 4 - Removed the SNF routine costs				
BHF Page 6a & 6b - Removed the Professional fees as none reported on the IPCR				
BHF Page 7 - Routine charges agree with the IPCR				
9				