General Information	Preliminary			
Name of Hospital: Palos Community Hospital		Medicare F	Provider Number:	14-0062
Street:		Medicaid P	rovider Number:	14 0002
12251 S. 80th Avenue	Otata		7:	16020
City: Palos Heights	State: Illinois	•	Zip: 60463	
Period Covered by Statement:	From:		То:	
Type of Control	09/01/2022		08/31/2023	
Voluntary Nonprofit	Proprietary	Government (Non-Fe	deral)	
Church	Individual	State		Township
XXXX Corporation	Partnership	City		Hospital District
Other (Specify)	Corporation	County		Other (Specify)
Type of Hospital				
XXXX General Short-Term XXXXX	Psychiatric	[	Cancer	
General Long-Term	Rehabilitation	[	Other (Sp	ecify)
Health Care Program	(A Separate Report Must B	e Filled Out For Each [	Distinct Part Unit)	
Medicaid Hospital	Medicaid Sub II Rehab	[		
XXXX Medicaid Sub I XXXX Psych	Medicaid Sub III Other			<u> </u>
NOTE: Intentional Misrepresentati By Fine And / Or Imprisonr	ion Or Falsification Of Any Information In nent Under Federal Law	n This Cost Report May	Be Punishable	
CERTIFICATION BY OFFICER OR	ADMINISTRATOR OF PROVIDER(S):			
Sheet and Statement of Revenue ar for the cost report beginning 09	d the above statement and that I have examined Expense prepared by (Provider name(s) /01/2022 and ending 08/31/2023 and he books and records of the provider in accords.	and number(s)) d that to the best of my k	Palos Community Honowledge and belief,	ospital 16020 it is a true, correct and
Prepared by (Signed):		Signed (Officer	or Administrator of F	Provider(s)):
Name (Typewritten)	_	Name (Typewrit	ten)	
Title	Date	Title		
Firm		Date		
Telephone Number		Telephone Numl	ber	

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

Tremmary	
Medicare Provider Number:	Medicaid Provider Number:
14-0062	16020
Program:	Period Covered by Statement:
Medicaid Hospital	From: 09/01/2022 To: 08/31/2023

					Total	Percent		Number Of	Average
					Inpatient	Of	Number	Discharges	Length Of
			Total	Total	Days	Occupancy	Of	Including	Stay By
	Inpatient Statistics	Total	Bed	Private	Including	(Column 4	Admissions		Program
Line	pationi ciationo	Beds	Days	Room	Private	Divided By	Excluding	Excluding	Excluding
No.		Available	Available	Days	Room Days	_	Newborn	Newborn	Newborn
	Part I-Hospital	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics	318	116,070	, ,	80,184	69.08%	` ,	17,270	5.01
2.	Psych	36	13,140		3,816	29.04%		903	4.23
	Rehab								
4.	Other (Sub)								
5.	Intensive Care Unit	24	8,760		6,279	71.68%			
6.	Coronary Care Unit								
7.	Other								
8.	Other								
9.	Other								
10.	Other								
11.	Other								
12.	Other								
13.	Other								
14.	Other								
16.	Other								
17.	Other								
18.	Other								
19.	Other								
20.	Other								
21.	Newborn Nursery	26	9,490		1,300	13.70%			
22.	Total	404	147,460		91,579	62.10%		18,173	4.97
23.	Observation Bed Days				16,277				
_			(=)	(=)	(1)	(=)	(2)	<del>-</del>	(=)
	Part II-Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Adults and Pediatrics								
	Psych				112			28	4.00
	Rehab								
	Other (Sub)	<b>B</b>		*******			*****	*******	********
	Intensive Care Unit								
	Coronary Care Unit	pococciónico komunica						D0000000000000000000000000000000000000	
7.	Other								
8. 9.	Other Other								
10.	Other								
_	Other								
11. 12.	Other								
13.	Other	p.ssssssssssssssssssssssssssssssssssss							
	Other Other	rxxxxxxxxx Dxxxxxxxxxx							
17.	Other								
	Other								
	Other								
	Newborn Nursery	p							
	Total			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	112	0.12%		28	4.00
	1	<u> </u>	raxxxxxxxxx		112	J. 12 /0			7.00

Г	_ine			
	No.	Part III - Outpatient Statistics - Occasions of Service	Program	Total Hospital
	1.	Total Outpatient Occasions of Service		

1 terminary	
Medicare Provider Number:	Medicaid Provider Number:
14-0062	16020
Program:	Period Covered by Statement:
Medicaid Hospital	From: 09/01/2022 To: 08/31/2023

Total Dept									
Total Dept.   Content									
Charges   Charges   Charges   Charges   Cross to   Charges   Charges   Cross to   Charges   Charges   Cross to   Charges   Charges   Cross to   Charges   Charges   Charges   Cross to   Charges   C						Total	Total	I/P	O/P
Charges   Charges   Charges   Cross to   Charges   Cross to   Charges   Cross to   Cro			Total Dept.	Total Dept.		Billed I/P	Billed O/P	Expenses	Expenses
CMS 2552-10   CMS 2552-10   CmS 2552-10   CmS 2552-10   Chaptes			Costs			Charges	Charges	-	Applicable
No.			(CMS 2552-10		Ratio of	_			
No.   Ancillary Service Cost Centers   Pt. 1,   Col. 19,   Col. 19,   Col. 19,   Col. 19,   Pogram   Patients   Patients   Col. 3 x s)   (Col. 3 x s)   (C				1		, ,			
No.   Ancillary Service Cost Centers   Col. 1)   Col. 8)   Col. 1/2   Patients   Patients   Col. 3 x 4)   Col. 3 x 5)	Lina		,	,					
1   0perating Room		A 111 O 1 O 1 O 1	•	-	_	_	_	_	•
1   Operating Room	NO.	Anchiary Service Cost Centers		-	` '			, ,	· ·
Recovery Room   3,910,415   23,345,150   0.167504	L .		` '	` '	. ,	(4)	(5)	(6)	(7)
3   Delivery and Labor Room			+						
4 Anesthesiology 14.333.18 63.315.234 0.02638		,	3,910,415	23,345,150	0.167504				
5		,							
6. Radiology - Therapeutic			1,433,318	63,315,234	0.022638				
7. Nuclear Medicine	5.	Radiology - Diagnostic	14,699,470	76,832,178	0.191319	6,430		1,230	
8. Laboratory 22,986,283 249,988,174 0.091949 62,794 5,774 9. Blood 1.0 Blood -Administration 8.054,788 10,026,671 0.803336 780 11.1 Intravenous Therapy 2,898,996 1.831,420 1.582923 493 780 1.194 1.2 Respiratory Therapy 6,109,448 36,933,901 0.165416 7,220 1.1194 1.3 Physical Therapy 10,050,611 48,118,105 0.208874 1,436 300 1.194 1.194 1.3 Physical Therapy 10,050,611 48,118,105 0.208874 1,436 300 1.194 1.194 1.5 Speech Pathology 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 837,993 6,145,442 0.136360 2. 2754 271 1.5 Speech Pathology 9. 83,825,304 0.472434 100 477 1.5 Speech 9. 279,952 1.5 Speech 9. 279,9	6.	Radiology - Therapeutic							
9, Blood	7.	Nuclear Medicine							
10.   Blood - Administration   8.054.788   10.026.671   0.803336	8.	Laboratory	22,986,283	249,988,174	0.091949	62,794		5,774	
11   Intravenous Therapy	9.	Blood							
11   Intravenous Therapy	10.	Blood - Administration	8.054.788	10.026.671	0.803336				
12. Respiratory Therapy 10.050,611 13. Physical Therapy 10.050,611 14,118,105 10.00874 11,436 300 11.40 11. Occupational Therapy 11.050,611 14,118,105 10.00874 11,436 300 11.43						493		780	
13   Physical Therapy   10,050,611   48,118,105   0.208874   1,436   300   140   Occupational Therapy   15   Speech Pathology   837,993   6,145,442   0.136360   2754   271   15   Speech Pathology   837,993   6,145,442   0.136360   2754   271   271   271   271   272   273   273   274   274   274   274   275									
14. Occupational Therapy       837.993       6,145,442       0.136360       2.754       271         16. EKG       5.789,405       58,801,922       0.098456       2,754       271         17. EEG       640,781       4,573,844       0.140097       4         18. Med. / Surg. Supplies       39,601,925       38,325,304       0.472434       100       47         19. Drugs Charged to Patients       19,479,522       79,616,334       0.244667       11,414       2,793         20. Renal Dialysis       1,726,234       11,391,063       0.151543       11,414       2,793         21. Ambulance       1       4,779,91,963       0.075575       1       1         22. Ultrasound       2,871,860       37,999,942       0.075575       1       1         23. CT Scan       5,554,779       245,730,667       0.022605       3,088       70         24. EMG       54,871       1,452,601       0.037774       1         25. Angiography       3,644,924       17,799,197       0.205904       1         26. PCC       506,447       507,832       0.997273       1         27. O/P Sych       1,647,611       3,132,164       0.526030       5,130       2,699						,			
15.   Speech Pathology			10,030,011	40,110,103	0.200074	1,430		300	
16. EKG       5,789,405       58,801,922       0.098456       2,754       271         17. EEG       640,781       4,573,844       0.140097       ————————————————————————————————————			007.000	0.445.440	0.400000				
17. EEG 640,781 4,573,844 0,140097 10 47 18. Med. / Surg. Supplies 39,601,925 83,825,304 0,472434 100 47 19. Drugs Charged to Patients 19,479,522 79,616,334 0,244667 11,414 2,793 10. Renal Dialysis 1,726,234 11,391,063 0,151543 11,311,311,311,311,311,311,311,311,311			_			0.754		074	
18. Med. / Surg. Supplies       39,601,925       83,825,304       0.472434       100       47         19. Drugs Charged to Patients       19,479,522       79,616,334       0.244667       11,414       2,793         20. Renal Dialysis       1,726,234       11,391,063       0.151543          21. Ambulance             22. Ultrasound       2,871,860       37,999,942       0.075575          23. CT Scan       5,554,779       245,730,667       0.022605       3,088       70         24. EMG       54,871       1,452,601       0.037774           25. Angiography       3,664,924       17,799,197       0.205904           26. PCC       506,447       507,832       0.997273            27. O/P Psych       1,647,611       3,132,164       0.526030       5,130       2,699         28. Cardiac Cath Lab       8,612,955       60,093,663       0.143326           29. MRI       1,711,212       34,017,713       0.050304            31. Other						2,754		2/1	
19. Drugs Charged to Patients 19.479,522 79.616,334 0.244667 11,414 2,793 20. Renal Dialysis 1,726,234 11,391,063 0.151543 21. Ambulance 22. Ultrasound 2,871,860 2,871,860 37,999,942 0.075575 23. CT Scan 5,554,779 245,730,667 0.022605 3,088 70 24. EMG 54,871 1,452,601 0.037774 25. Angiography 3,664,924 17,799,197 0,205904 26. PCC 506,447 507,832 0,997273 27. O/P Psych 1,647,611 3,132,164 0,526030 5,130 2,699 28. Cardiac Cath Lab 8,612,955 0,093,663 0,143326 29. MRI 1,711,212 34,017,713 0.050304 30. Cardiac Rehab 31. Other 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 41. Other 42. Other 44. Emergency 23,876,834 185,761,910 0.128535 19,908 2,455 44. Observation 19,824,247 44,104,369 0.449485 1,266 569									
20. Renal Dialysis       1,726,234       11,391,063       0.151543         21. Ambulance									
21. Ambulance       2.871,860       37,999,942       0.075575       0.022605       3,088       70         23. CT Scan       5,554,779       245,730,667       0.022605       3,088       70         24. EMG       54,871       1,452,601       0.037774       0.025904         25. Angiography       3,664,924       17,799,197       0.205904       0.025904         26. PCC       506,447       507,832       0.997273       0.097273       0.00000         27. O/P Psych       1,647,611       3,132,164       0.526030       5,130       2,699       0.2699         28. Cardiac Cath Lab       8,612,955       60,093,663       0.143326       0.00000       0.0000       0	-		+			11,414		2,793	
22. Ultrasound     2,871,860     37,999,942     0.075575     0.022605     3,088     70       23. CT Scan     5,554,779     245,730,667     0.022605     3,088     70       24. EMG     54,871     1,452,601     0.037774     0.025904       25. Angiography     3,664,924     17,799,197     0.205904       26. PCC     506,447     507,832     0.997273       27. O/P Psych     1,647,611     3,132,164     0.526030     5,130     2,699       28. Cardiac Cath Lab     8,612,955     60,093,663     0.143326     0.043326       29. MRI     1,711,212     34,017,713     0.050304     0.050304       30. Cardiac Rehab     1,711,212     34,017,713     0.050304     0.050304       31. Other     0.00     0.00     0.00     0.00       33. Other     0.00     0.00     0.00     0.00       34. Other     0.00     0.00     0.00     0.00       38. Other     0.00     0.00     0.00     0.00     0.00       39. Other     0.00     0.00     0.00     0.00     0.00       40. Other     0.00     0.00     0.00     0.00     0.00     0.00       41. Other     0.00     0.00     0.00     0.00	-	•	1,726,234	11,391,063	0.151543				
23. CT Scan 5,554,779 245,730,667 0.022605 3,088 70  24. EMG 54,871 1,452,601 0.037774	21.	Ambulance							
24. EMG       54,871       1,452,601       0.037774	22.	Ultrasound	2,871,860	37,999,942	0.075575				
25. Angiography 3,664,924 17,799,197 0.205904	23.	CT Scan	5,554,779	245,730,667	0.022605	3,088		70	
26. PCC     506,447     507,832     0.997273     27. O/P Psych     1,647,611     3,132,164     0.526030     5,130     2,699       28. Cardiac Cath Lab     8,612,955     60,093,663     0.143326     28. Olymonology     29. MRI     1,711,212     34,017,713     0.050304     30. Cardiac Rehab       31. Other     31. Other     32. Other     33. Other     34. Other     34. Other     35. Other     36. Other     36. Other     37. Other     37. Other     38. Other     38. Other     39. Other<	24.	EMG	54,871	1,452,601	0.037774				
27. O/P Psych         1,647,611         3,132,164         0.526030         5,130         2,699           28. Cardiac Cath Lab         8,612,955         60,093,663         0.143326            29. MRI         1,711,212         34,017,713         0.050304            30. Cardiac Rehab              31. Other              32. Other              33. Other              34. Other              35. Other              37. Other              38. Other              39. Other              40. Other              41. Other              42. Other              43. Clinic              44. Emergency         23,876,834         185,761,910         0.128535         19	25.	Angiography	3,664,924	17,799,197	0.205904				
28. Cardiac Cath Lab       8,612,955       60,093,663       0.143326         29. MRI       1,711,212       34,017,713       0.050304         30. Cardiac Rehab       31. Other       32. Other       33. Other         33. Other       34. Other       35. Other       36. Other         36. Other       37. Other       38. Other       38. Other         38. Other       39. Other       39. Other       39. Other         40. Other       40. Other       41. Other       42. Other         43. Clinic       44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569	26.	PCC	506,447	507,832	0.997273				
28. Cardiac Cath Lab       8,612,955       60,093,663       0.143326         29. MRI       1,711,212       34,017,713       0.050304         30. Cardiac Rehab       31. Other       32. Other       33. Other         33. Other       34. Other       35. Other       36. Other         36. Other       37. Other       38. Other       38. Other         38. Other       39. Other       39. Other       39. Other         40. Other       40. Other       41. Other       42. Other         43. Clinic       44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569	27.	O/P Psych	1,647,611	3,132,164	0.526030	5,130		2,699	
29. MRI       1,711,212       34,017,713       0.050304		·			0.143326	,		·	
30. Cardiac Rehab 31. Other 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 39. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Observation 48. Clinic 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Other 48. Clinic 49. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 4	29.	MRI							
31. Other 32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 45. Observation 47. Observation 48. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Other 48. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Other 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Other 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Other 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Othe			,,	,,,,,,,,					
32. Other 33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 43. Clinic 44. Emergency 45. Observation 45. Observation 46. Other 47. Other 48. Other 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Other 44. Emergency 45. Other 46. Other 47. Other 47. Other 48. Other 49. O			1						
33. Other 34. Other 35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 43. Clinic 44. Emergency 45. Observation 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other			1						
34. Other       35. Other         36. Other       36. Other         37. Other       38. Other         38. Other       39. Other         40. Other       40. Other         41. Other       41. Other         42. Other       42. Other         A3. Clinic       44. Emergency         44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569			+						
35. Other 36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other 42. Other 43. Clinic 44. Emergency 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Observation 48. Other 49. Other 49. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. Other			+						
36. Other 37. Other 38. Other 39. Other 40. Other 41. Other 42. Other  Outpatient Service Cost Centers 43. Clinic 44. Emergency 45. Observation 47. Observation 48. Other 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Other 48. Other 49. Other		- · ·	1						
37. Other 38. Other 39. Other 40. Other 41. Other 42. Other  Outpatient Service Cost Centers 43. Clinic 44. Emergency 45. Observation 47. Observation 48. Observation 49. Other 40. Other 40. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Observation 47. Other 48. Other 49.			+						
38. Other       39. Other         40. Other       39. Other         41. Other       39. Other         42. Other       39. Other         43. Other       39. Other         44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569			+						
39. Other 40. Other 41. Other 42. Other  Outpatient Service Cost Centers 43. Clinic 44. Emergency 43. Observation 44. Emergency 45. Observation 46. Observation 47. Other 48. Other 49. Other 49. Other 49. Other 49. Other 49. Other 49. Other 40. Other 40. Other 41. Other 42. Other 43. Clinic 44. Emergency 45. Observation 46. Other 47. Other 48. Other 49. O									
40. Other	-		1						
41. Other       42. Other         Outpatient Service Cost Centers         43. Clinic       44. Emergency         44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569									
42. Other     Outpatient Service Cost Centers       43. Clinic     0.128535       44. Emergency     23,876,834     185,761,910     0.128535     19,098     2,455       45. Observation     19,824,247     44,104,369     0.449485     1,266     569									
Outpatient Service Cost Centers         Service Cost Centers           43. Clinic         10.128535           44. Emergency         23,876,834         185,761,910         0.128535         19,098         2,455           45. Observation         19,824,247         44,104,369         0.449485         1,266         569									
43. Clinic       9       0.128535       19,098       2,455         44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569	42.		<u> </u>	<u> </u>		<u> </u>	L		
44. Emergency       23,876,834       185,761,910       0.128535       19,098       2,455         45. Observation       19,824,247       44,104,369       0.449485       1,266       569			<b>1000000000000000000000000000000000000</b>						
45. Observation 19,824,247 44,104,369 0.449485 1,266 569	43.	Clinic							
	44.	Emergency	23,876,834	185,761,910	0.128535	19,098		2,455	
46. Total 121,223 18,182	45.	Observation	19,824,247	44,104,369	0.449485	1,266		569	
	46.	Total				121,223		18,182	

<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

Preliminar

Medicare Provider Number:	Medicaid Provider Number:			
14-0062 16020				
Program:	Period Covered by Statement:			
Medicaid Hospital	From: 09/01/2	2022 To:	08/31/2023	

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

Line		Adults and	Sub I	Sub II	Sub III
No.	Description	Pediatrics	Psych	Rehab	Other (Sub)
1. a)	Adjusted general inpatient routine service cost (net of				
	swing bed and private room cost differential) (see instructions)	117,482,854	7,594,624		
b)	Total inpatient days including private room days				
	(CMS 2552-10, W/S S-3, Part 1, Col. 8)	96,461	3,816		
c)	Adjusted general inpatient routine service				
	cost per diem (Line 1a / 1b)	1,217.93	1,990.21		
2.	Program general inpatient routine days				
	(BHF Page 2, Part II, Col. 4)		112		
3.	Program general inpatient routine cost				
	(Line 1c X Line 2)		222,904		
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)		222,904		

		Total Dept. Costs	Total Days (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	19,249,286	6,279	3,065.66		
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					
23.	Nursery		1,300			
24.	Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46)					18,182
25.	Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)					241,086

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

Pr	eliminary	

Medicare Provider Number:	Medicaid Provider Number:				
14-0062			16020		
Program:	Period Cover	ed by Statement:			
Medicaid Hospital	From:	09/01/2022	To:	08/31/2023	

Line No.	Hospital Inpatient Services	Percent of Assign- able Time (CMS 2552-10, W/S D-2, Col. 1)	Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)	Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)	Average Cost Per Day (Col. 2 / Col. 3)	Program Inpatient Days (BHF Page 2, Part II, Column 4)	Program Inpatient Expenses (Col. 4 X Col. 5) (6)
1.	Total Cost of Svcs. Rendered	100%	, ,				
2.	Adults and Pediatrics						
	(General Service Care)						
3.	Psych						
4.	Rehab						
5.	Other (Sub)						
6.	Intensive Care Unit						
7.	Coronary Care Unit						
8.	Other						
9.	Other						
10.	Other						
11.	Other						
12.	Other						
13.	Other						
14.	Other						
15.	Other						
	Other						
	Other						
	Other						
	Other						
	Other						
	Nursery			<b>I</b>			
22.	Subtotal Inpatient Care Svcs. (Lines 2 through 21)						

				Total					
				Dept.					
		Percent	Expense	Charges					
	Hospital	of Assign-	Alloca-	(CMS					
	Outpatient	able Time	tion	2552-10,	Ratio of	Program	Charges		
	Services	(CMS	(CMS	W/S C,	Cost to	(BHF F	Page 3,	Program	Expenses
		2552-10,	2552-10,	Pt.1,	Charges	Cols. 4-5, L	ines 43-45)	(Col. 4 X C	Cols. 5A-B)
Line		W/S D-2,	W/S D-2,	Lines	(Col. 2 /				
No.		Col. 1)	Col. 2)	88-93)	Col. 3)	Inpatient	Outpatient	Inpatient	Outpatient
		(1)	(2)	(3)	(4)	(5A)	(5B)	(6A)	(6B)
23.	Clinic								
24.	Emergency								
25.	Observation								
26.	Subtotal Outpatient Care Svcs.								
	(Lines 23 through 25)								
27.	Total (Sum of Lines 22 and 26)								

# Hospital Statement of Cost / Analysis of Hospital - Based Physician Expense

BHF Page 6(a)

1 Telliminal y					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0062			16020	
Program:		Period Co	vered by Statement:		
Medicaid Hospital		From:	09/01/2022	To:	08/31/2023

		I	Total Dana	Detie of		0	l	0.4
			Total Dept.	Ratio of	Inpatient	Outpatient	Inpatient	Outpatient
		Professional	Charges	Professional	Program	Program	Program	Program
			(CMS 2552-10		Charges	Charges	Expenses	Expenses
		(CMS 2552-10		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)
1.	Operating Room							
2.	Recovery Room							
3.	Delivery and Labor Room							
4.	Anesthesiology							
5.	Radiology - Diagnostic							
6.	Radiology - Therapeutic							
	Nuclear Medicine							
8.	Laboratory							
	Blood							
	Blood - Administration							
	Intravenous Therapy							
	Respiratory Therapy	1						
	Physical Therapy							
	Occupational Therapy							
	Speech Pathology							
	EKG							
	EEG							
	Med. / Surg. Supplies							
	Drugs Charged to Patients							
	Renal Dialysis							
	Ambulance							
	Ultrasound							
	CT Scan							
	EMG							
	Angiography							
	PCC							
	O/P Psych							
	Cardiac Cath Lab							
	MRI							
	Cardiac Rehab							
	Other							
	Other							
	Other	+	<u> </u>					
	Other							
	Other	+	<u> </u>					
	Other							
37.	Other	+	<u> </u>					
	Other							
	Other							
	Other							
	Other							
42.	Other	 		 	 	3030030333333333333	***********	 
40	Outpatient Ancillary Cost Centers	<u> </u>		<u> </u>				
	Clinic							
	Emergency	1						
	Observation	 		 	***************************************	 		
46.	Ancillary Total	<u> </u>						

<sup>\*</sup> If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the professional component to total charge ratio.

# Hospital Statement of Cost / Analysis of Hospital - Based Physician Expense

BHF Page 6(b)

Preliminary

1 remining					
Medicare Provider Number:		Medicaid	Provider Number:		
	14-0062			16020	
Program:		Period Co	vered by Statement:		
Medicaid Hospital		From:	09/01/2022	To:	08/31/2023

			Total Days	Professional	Program	Outpatient	Inpatient	Outpatient
		Professional	Including	Component	Days	Program	Program	Program
		Component	Private	Cost	Including	Charges	Expenses	Expenses
		(CMS 2552-10	(CMS 2552-10	Per Diem	Private	(BHF	for H B P	for H B P
Line	Cost Centers	W/S A-8-2,	W/S S-3	(Col. 1 /	(BHF Pg. 2	Page 3,	(Col. 3 X	(Col. 3 X
No.		Col. 4)	Pt. 1, Col. 8)	Col. 2)	Pt. II, Col. 4)	Col. 5)	Col. 4)	Col. 5)
	Routine Service Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
47.	Adults and Pediatrics							
48.	Psych							
49.	Rehab							
50.	Other (Sub)							
51.	Intensive Care Unit							
52.	Coronary Care Unit							
53.	Other							
54.	Other							
55.	Other							
56.	Other							
57.	Other							
58.	Other							
59.	Other							
60.	Other							
61.	Other							
62.	Other							
63.	Other							
64.	Other							
65.	Other							
66.	Nursery							
67.	Routine Total (lines 47-66)							
68.	Ancillary Total (from line 46)							
69.	Total (Lines 67-68)							

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

Pro		

Medicare	Provider Number:	Medicaid Prov	ider Number:			
	14-0062		16	6020		
Program:		Period Covere	Period Covered by Statement:			
	Medicaid Hospital	From: 09/0	01/2022 To	o: 08/31/2023		
Line		Pr	ogram	Program		
No.	Reasonable Cost	In	patient	Outpatient		
			(4)	(2)		

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)	241,086	
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)	241,086	
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)	121,223	
10.	Inpatient Routine Services		
	(Provider's Records)		
	A. Adults and Pediatrics		
	B. Psych	177,874	
	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)	299,097	
13.	Excess of Customary Charges Over Reasonable Cost		
	(Line 12 Minus Line 7, Sum of Cols. 1 through 2)		58,011
14.	Excess of Reasonable Cost Over Customary Charges		
	(Line 7, Sum of Cols. 1 through 2, Minus Line 12)		
15.	Excess Reasonable Cost Applicable to Inpatient and Outpatient		
	(Line 8, Each Column X Line 14)		

Medicare Provider Number:	Medicaid Provider Number:					
14-0062	1	16020				
Program:	Period Covered by Statement:					
Medicaid Hospital	From: 09/01/2022	To:	08/31/2023			

Line No.	Allowable Cost	Program Inpatient (1)	Program Outpatient (2)
1.	Total Reasonable Cost of Covered Services	(-/	(-/
	(BHF Page 7, Line 7, Cols. 1 & 2)	241,086	
2.	Excess Reasonable Cost		
	(BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost		
	(Line 1 Minus Line 2)	241,086	
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)	241,086	

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

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

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Medicare Provider Number: Medicaid Provider Number:		
14-0062	16020	
Program:	Period Covered by Statement:	
Medicaid Hospital	From: 09/01/2022 To: 08/31/2023	

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

Line	(Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed				
No.	Under 42 CFR Section 405.460) (Limitation on Coverage of Costs)				
1.	Excess of Customary Charges Over Reasonable Cost				
	(BHF Page 7, Line 13)	58,011			
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

		Delan	Fundand	Current	Sum of	
l	<b>-</b>		Cost Reporting Period		Cost	
Line	Description	to	to	to	Reporting	Columns
No.					Period	1 - 4
		(1)	(2)	(3)	(4)	(5)
1.	Carry Over -					
	Beginning of					
	Current Period					
2.	Recovery of Excess					
	Reasonable Cost					
	(Part I, Line 3)					
	(i dit i, Line o)					
3.	Excess Reasonable					
	Cost - Current					
	Period (BHF Page 7,					
	Line 14)					
4.	Carry Over - End of					
	Current Period					
	(Line 1 Minus Line 2					
	or Plus Line 3)					

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

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

# Teaching Physicians / Routine Services Questionnaire

Pre	lin	nin	91	• 17

Medicare Provider Number:	Medicaid Provider Number:	
14-0062	16020	
Program:	Period Covered by Statement:	
Medicaid Hospital	From: 09/01/2022 T	Го: 08/31/2023

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

Part A. Cost of Physicians Direct Medical and Surgical Services

Г	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	
l	(Line 1 Plus Line 2)	

Part B. Program Data	General Service	Sub I Psych	Sub II Rehab	Sub III Other (Sub)
Program inpatient days (BHF Page 2, Part II, Column 4)				
Program outpatient occasions of service (BHF Page 2, Part III, Line 1)				

 Part C. Program Cost	General Service	Sub I Psych	Sub II Rehab	Sub III Other (Sub)
Program inpatient cost (Line 4 X Line 3) (to BHF Page 7, Col. 1, Line 5)				
Program outpatient cost (Line 5 X Line 3) (to BHF Page 7, Col. 2, Line 5)				

#### Part II - Routine Services Questionnaire

1.	Gross Routine Revenues	Adults and	Subi	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)				

11 Chiminal y	
Medicare Provider Number:	Medicaid Provider Number:
14-0062	16020
Program:	Period Covered by Statement:
Medicaid Hospital	From: 09/01/2022 To: 08/31/2023

			Total Dept.	Ratio of	Inpatient	Outpatient	Inpatient	Outpatient
		GME	Charges	GME	Program	Program	Program	Program
		Cost	(CMS 2552-10	Cost	Charges	Charges	Expenses	Expenses
		(CMS 2552-10	W/S C,	to Charges	(BHF	(BHF	for G M E	for G M E
Line	Cost Centers	W/S B, Pt. 1,	Pt. 1,	(Col. 1 /	Page 3,	Page 3,	(Col. 3 X	(Col. 3 X
No.		Col. 25)	Col. 8)*	Col. 2)	Col. 4)	Col. 5)	Col. 4)	Col. 5)
	Inpatient Ancillary Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Operating Room							
2.	Recovery Room							
3.	Delivery and Labor Room							
4.	Anesthesiology							
5.	Radiology - Diagnostic							
	Radiology - Therapeutic							
	Nuclear Medicine							
8.	Laboratory							
	Blood							
10.	Blood - Administration							
	Intravenous Therapy							
	Respiratory Therapy							
	Physical Therapy							
	Occupational Therapy							
	Speech Pathology							
	EKG							
_	EEG							
	Med. / Surg. Supplies							
	Drugs Charged to Patients							
	Renal Dialysis							
	Ambulance							
	Ultrasound							
	CT Scan							
	EMG							
	Angiography							
	PCC							
_	O/P Psych							
	Cardiac Cath Lab MRI							
	Cardiac Rehab							
	Other							
	Other							
	Other							
	Other							
	Other	1						
	Other							
_	Other							
-	Other							
	Other							
	Other							
	Other							
42.	Other							0.000.000.000
	Outpatient Ancillary Centers	<b> </b>						
	Clinic							
	Emergency							
	Observation				<u> </u>			
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 G M E cost to total charge ratio.

# Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(b)

1 Telliminat y	
Medicare Provider Number:	Medicaid Provider Number:
14-0062	16020
Program:	Period Covered by Statement:
Medicaid Hospital	From: 09/01/2022 To: 08/31/2023

			Total Days		Program	Outpatient	Inpatient	Outpatient
		GME	Including	GME	Days	Program	Program	Program
		Cost	Private	Cost	Including	Charges	Expenses	Expenses
		(CMS 2552-10	(CMS 2552-10	Per Diem	Private	(BHF	for G M E	for G M E
Line	Cost Centers	W/S B, Pt. 1,	W/S S-3, Pt. 1,	(Col. 1 /	(BHF Pg. 2	Page 3,	(Col. 3 X	(Col. 3 X
No.		Col. 25)	Col. 8)	Col. 2)	Pt. II, Col. 4)	Col. 5)	Col. 4)	Col. 5)
	Routine Service Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
47.	Adults and Pediatrics							
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							
65.	Other							
66.	Nursery							
67.	Routine Total (lines 47-66)							
68.	Ancillary Total (from line 46)							
69.	Total (Lines 67-68)	200000000000000000000000000000000000000						

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

-				
Pre	liı	mi	ns	r

1. C						
	Medicare Provider Number:	Medicaid Provider Number:				
	14-0062	16020				
	Program:	Period Covered by Statement:				
	Medicaid Hospital	From: 09/01/2022 To: 08/31/2023				

Inpatient Reconciliation	Provider's Records	Adjustments	Audited Cost Report			
Adult Days	112		112			
Newborn Days						
Total Inpatient Revenue	299,097		299,097			
Ancillary Revenue	121,223		121,223			
Routine Revenue	177,874		177,874			
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 I-Hospital Nursery days on the cost report are identified as L&D days on the Medicare Report;						
Adjusted the Nursery days to agree with W/S S-3, Col 8, Line 13 of the Medicare report  BHF Page 2 - Part II-Program I/P days agree with the IPCR dated 10/27/23						
BHF Page 2 - Adjusted the Part II-Program discharges to agree with the IPCR						
BHF Page 3 - Med/Surg Supplies costs/charges also contain Implant costs/charges						
BHF Page 3 - Removed the Cardiac Rehab costs/charges that were reported as part of the EKG costs/charges						
as these are not alllowable under the IL Medicaid program  BHF Page 3 - I/P Charges agree with the IPCR						
BHF Page 3 - I/P Charges agree with the IPCR  BHF Page 6a & 6b - Adjusted out the professional fees as none on the IPCR						
BHF Page 7 - Rountine Charges agree with the IPCR						
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