

# Hospital Statement of Cost

BHF Page 1

Healthcare and Family Services, Bureau of Health Finance, 201 S. Grand Ave. E., Springfield, IL 62763

## General Information

### Preliminary

|                                                                    |                     |                                      |
|--------------------------------------------------------------------|---------------------|--------------------------------------|
| Name of Hospital:<br>Advocate Lutheran General Children's Hospital |                     | Medicare Provider Number:<br>14-0223 |
| Street:<br>1775 W. Dempster Street                                 |                     | Medicaid Provider Number:<br>16016   |
| City:<br>Park Ridge                                                | State:<br>Illinois  | Zip:<br>60068                        |
| Period Covered by Statement:                                       | From:<br>01/01/2011 | To:<br>12/31/2011                    |

## Type of Control

| Voluntary Nonprofit                      | Proprietary                          | Government (Non-Federal)        |
|------------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Church          | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Corporation | <input type="checkbox"/> County |

## Type of Hospital

|                                             |                                         |                                                                 |
|---------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> General Short-Term | <input type="checkbox"/> Psychiatric    | <input type="checkbox"/> Cancer                                 |
| <input type="checkbox"/> General Long-Term  | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other (Specify)<br>Children's Hospital |

## Health Care Program

(A Separate Report Must Be Filled Out For Each Distinct Part Unit)

|                                               |                                                 |                                                                             |
|-----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid Hospital    | <input type="checkbox"/> Medicaid Sub II Rehab  | <input type="checkbox"/> DHS - Office of Rehabilitation Services            |
| <input type="checkbox"/> Medicaid Sub I Psych | <input type="checkbox"/> Medicaid Sub III Other | <input type="checkbox"/> U of I - Division of Specialized Care for Children |

**NOTE: Intentional Misrepresentation Or Falsification Of Any Information In This Cost Report May Be Punishable By Fine And / Or Imprisonment Under Federal Law**

### CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S):

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Advocate Lutheran General C 16016 for the cost report beginning 01/01/2011 and ending 12/31/2011 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

Signed (Officer or Administrator of Provider(s)):

Name (Typewritten)

|                  |      |
|------------------|------|
| Title            | Date |
| Firm             |      |
| Telephone Number |      |
| Email Address    |      |

Name (Typewritten)

|                  |
|------------------|
| Title            |
| Date             |
| Telephone Number |
| Email Address    |

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 48                   | 17,520                   |                         | 8,090                                            | 46.18%                                              |                                        | 3,672                                                   | 6.37                                                |
| 2.                     | Psych                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 15                   | 5,475                    |                         | 2,683                                            | 49.00%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | Neonatal Care Unit    | 53                   | 19,345                   |                         | 12,615                                           | 65.21%                                              |                                        |                                                         |                                                     |
| 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       | 10                   | 3,650                    |                         | 1,504                                            | 41.21%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>126</b>           | <b>45,990</b>            |                         | <b>24,892</b>                                    | <b>54.12%</b>                                       |                                        | <b>3,672</b>                                            | <b>6.37</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |               |               |     |              |             |
|------------------------|-----------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 3,474         |               |     | 1,479        | 6.94        |
| 2.                     | Psych                 |     |     |     |               |               |     |              |             |
| 3.                     | Rehab                 |     |     |     |               |               |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |               |               |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 1,163         |               |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     |               |               |     |              |             |
| 7.                     | Neonatal Care Unit    |     |     |     | 5,624         |               |     |              |             |
| 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       |     |     |     | 485           |               |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>10,746</b> | <b>43.17%</b> |     | <b>1,479</b> | <b>6.94</b> |

| 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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges (Col. 1 / 2) | Total Billed I/P Charges (Gross) for Health Care Program Patients | Total Billed O/P Charges (Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program (Col. 3 X 4) | O/P Expenses Applicable to Health Care Program (Col. 3 X 5) |
|----------------------------------------|--------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
|                                        |                                | (1)                                                   | (2)                                                      | (3)                                   | (4)                                                               | (5)                                                               | (6)                                                         | (7)                                                         |
| 1.                                     | Operating Room                 | 34,073,785                                            | 114,153,586                                              | 0.298491                              | 2,739,506                                                         |                                                                   | 817,718                                                     |                                                             |
| 2.                                     | Recovery Room                  | 3,485,587                                             | 20,741,909                                               | 0.168046                              | 261,992                                                           |                                                                   | 44,027                                                      |                                                             |
| 3.                                     | Delivery and Labor Room        | 10,910,612                                            | 22,050,970                                               | 0.494791                              | 312                                                               |                                                                   | 154                                                         |                                                             |
| 4.                                     | Anesthesiology                 | 3,228,454                                             | 49,346,569                                               | 0.065424                              | 846,729                                                           |                                                                   | 55,396                                                      |                                                             |
| 5.                                     | Radiology - Diagnostic         | 20,720,192                                            | 83,456,993                                               | 0.248274                              | 1,768,453                                                         |                                                                   | 439,061                                                     |                                                             |
| 6.                                     | Radiology - Therapeutic        | 8,649,195                                             | 31,472,692                                               | 0.274816                              | 17,059                                                            |                                                                   | 4,688                                                       |                                                             |
| 7.                                     | Nuclear Medicine               | 5,305,817                                             | 26,420,059                                               | 0.200825                              | 173,038                                                           |                                                                   | 34,750                                                      |                                                             |
| 8.                                     | Laboratory                     | 25,402,386                                            | 138,900,272                                              | 0.182882                              | 4,916,563                                                         |                                                                   | 899,151                                                     |                                                             |
| 9.                                     | Blood                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 10.                                    | Blood - Administration         | 3,198,157                                             | 17,681,583                                               | 0.180875                              | 791,852                                                           |                                                                   | 143,226                                                     |                                                             |
| 11.                                    | Intravenous Therapy            |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 12.                                    | Respiratory Therapy            | 9,473,453                                             | 44,518,417                                               | 0.212799                              | 8,725,816                                                         |                                                                   | 1,856,845                                                   |                                                             |
| 13.                                    | Physical Therapy               | 8,104,620                                             | 22,139,230                                               | 0.366075                              | 22,023                                                            |                                                                   | 8,062                                                       |                                                             |
| 14.                                    | Occupational Therapy           | 13,515,568                                            | 23,875,798                                               | 0.566078                              | 682,535                                                           |                                                                   | 386,368                                                     |                                                             |
| 15.                                    | Speech Pathology               |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 16.                                    | EKG                            | 6,165,846                                             | 38,866,063                                               | 0.158643                              | 1,237,991                                                         |                                                                   | 196,399                                                     |                                                             |
| 17.                                    | EEG                            | 2,367,962                                             | 10,978,532                                               | 0.215690                              | 399,985                                                           |                                                                   | 86,273                                                      |                                                             |
| 18.                                    | Med. / Surg. Supplies          | 22,651,507                                            | 54,087,523                                               | 0.418794                              | 2,779,243                                                         |                                                                   | 1,163,930                                                   |                                                             |
| 19.                                    | Drugs Charged to Patients      | 40,123,459                                            | 191,455,879                                              | 0.209570                              | 11,225,503                                                        |                                                                   | 2,352,529                                                   |                                                             |
| 20.                                    | Renal Dialysis                 | 1,561,852                                             | 4,359,530                                                | 0.358262                              | 68,870                                                            |                                                                   | 24,674                                                      |                                                             |
| 21.                                    | Ambulance                      |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 22.                                    | CT Scan                        | 6,276,042                                             | 95,717,024                                               | 0.065569                              | 963,565                                                           |                                                                   | 63,180                                                      |                                                             |
| 23.                                    | MRI                            | 7,114,785                                             | 54,902,166                                               | 0.129590                              | 877,918                                                           |                                                                   | 113,769                                                     |                                                             |
| 24.                                    | Cardiac Cath                   | 5,662,541                                             | 40,534,642                                               | 0.139696                              | 270,643                                                           |                                                                   | 37,808                                                      |                                                             |
| 25.                                    | Implants Charged               | 41,827,925                                            | 74,968,850                                               | 0.557937                              | 1,530,534                                                         |                                                                   | 853,942                                                     |                                                             |
| 26.                                    | ASC                            | 7,263,710                                             | 36,652,505                                               | 0.198178                              | 379,484                                                           |                                                                   | 75,205                                                      |                                                             |
| 27.                                    | Rehab Medicine                 | 870,895                                               | 1,264,056                                                | 0.688969                              | 19,109                                                            |                                                                   | 13,166                                                      |                                                             |
| 28.                                    | Day Hospital                   | 1,441,007                                             | 2,991,658                                                | 0.481675                              |                                                                   |                                                                   |                                                             |                                                             |
| 29.                                    | Lithotripter                   | 2,056,643                                             | 10,486,048                                               | 0.196131                              |                                                                   |                                                                   |                                                             |                                                             |
| 30.                                    | GI Lab                         | 6,998,953                                             | 40,186,345                                               | 0.174162                              | 22,499                                                            |                                                                   | 3,918                                                       |                                                             |
| 31.                                    | Cardiac Rehab                  | 774,150                                               | 1,792,429                                                | 0.431900                              |                                                                   |                                                                   |                                                             |                                                             |
| 32.                                    | Diabetes Care Center           | 298,513                                               | 73,703                                                   | 4.050215                              |                                                                   |                                                                   |                                                             |                                                             |
| 33.                                    | Outpatient Center              | 714,798                                               | 1,855,806                                                | 0.385168                              |                                                                   |                                                                   |                                                             |                                                             |
| 34.                                    | Pain Clinic                    | 750,035                                               | 1,256,163                                                | 0.597084                              |                                                                   |                                                                   |                                                             |                                                             |
| 35.                                    | Anti Coag Lab                  | 1,224,597                                             | 2,487,553                                                | 0.492290                              |                                                                   |                                                                   |                                                             |                                                             |
| 36.                                    | Heart Risk Assessment          | 364,184                                               | 2,781,253                                                | 0.130942                              |                                                                   |                                                                   |                                                             |                                                             |
| 37.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 38.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 39.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 40.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 41.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 42.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| <b>Outpatient Service Cost Centers</b> |                                |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 43.                                    | Clinic                         |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 44.                                    | Emergency                      | 19,282,440                                            | 103,308,411                                              | 0.186649                              |                                                                   |                                                                   |                                                             |                                                             |
| 45.                                    | Observation                    | 4,803,785                                             | 9,676,903                                                | 0.496418                              |                                                                   |                                                                   |                                                             |                                                             |
| 46.                                    | <b>Total</b>                   |                                                       |                                                          |                                       | <b>40,721,222</b>                                                 |                                                                   | <b>9,674,239</b>                                            |                                                             |

\* 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

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0223 | Medicaid Provider Number:<br>16016                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2011 To: 12/31/2011 |

## Program Inpatient Operating Cost

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 8,588,420             |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 8,090                 |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,061.61              |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 3,474                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 3,688,033             |             |              |                     |
| 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)                                                           | 3,688,033             |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(A) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8)<br>(B) | Average Per Diem (Col. A / Col. B)<br>(C) | Program Days (BHF Page 2, Part II, Col. 4)<br>(D) | Program Cost (Col. C x Col. D)<br>(E) |
|----------|-----------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------------------------------|
| 8.       | Intensive Care Unit                                                         | 5,791,076                                                    | 2,683                                                    | 2,158.43                                  | 1,163                                             | 2,510,254                             |
| 9.       | Coronary Care Unit                                                          |                                                              |                                                          |                                           |                                                   |                                       |
| 10.      | Neonatal Care Unit                                                          | 17,827,955                                                   | 12,615                                                   | 1,413.23                                  | 5,624                                             | 7,948,006                             |
| 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                                                                     | 676,743                                                      | 1,504                                                    | 449.96                                    | 485                                               | 218,231                               |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                              |                                                          |                                           |                                                   | 9,674,239                             |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                              |                                                          |                                           |                                                   | <b>24,038,763</b>                     |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable 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) |
|----------|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------|
|          |                                                    | (1)                                                       | (2)                                               | (3)                                                               | (4)                                    | (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.       | Neonatal Care Unit                                 |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |

| Line No. | Hospital Outpatient Services                         | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt.1, Lines 88-93) | Ratio of Cost to Charges (Col. 2 / Col. 3) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45) |                 | Program Expenses (Col. 4 X Cols. 5A-B) |                 |
|----------|------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------|----------------------------------------|-----------------|
|          |                                                      | (1)                                                       | (2)                                               | (3)                                                         | (4)                                        | Inpatient (5A)                                       | Outpatient (5B) | Inpatient (6A)                         | Outpatient (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)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                             | Professional Component<br>(CMS 2552-10,<br>W/S A-8-2,<br>Col. 4) | Total Dept.<br>Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>Professional<br>Component<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>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                  |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 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.      | CT Scan                                  |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | MRI                                      |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Cardiac Cath                             |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Implants Charged                         |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | ASC                                      |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Rehab Medicine                           |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Day Hospital                             |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Lithotripter                             |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | GI Lab                                   |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Cardiac Rehab                            |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Diabetes Care Center                     |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Outpatient Center                        |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Pain Clinic                              |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Anti Coag Lab                            |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Heart Risk Assessment                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                                   |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                                |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 45.      | Observation                              |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>                   |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |

\* 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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                          | Professional Component<br>(CMS 2552-10,<br>W/S A-8-2,<br>Col. 4) | Total Days<br>Including<br>Private<br>(CMS 2552-10,<br>W/S S-3<br>Pt. 1, Col. 8) | Professional<br>Component<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>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.      | Neonatal Care Unit                    |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 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.      | <b>Routine Total (lines 47-66)</b>    |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |

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

BHF Page 7

Preliminary

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0223</b> | Medicaid Provider Number:<br><b>16016</b>                                     |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>01/01/2011</b> To: <b>12/31/2011</b> |

| Line No.                                                                                                    | Reasonable Cost | Program Inpatient | Program Outpatient |
|-------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------|
|                                                                                                             |                 | (1)               | (2)                |
| 1. Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                 |                   |                    |
| 2. Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    |                 | 24,038,763        |                    |
| 3. Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                 |                   |                    |
| 4. Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                 |                   |                    |
| 5. Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                 |                   |                    |
| 6. Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             |                 | 702,817           |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>24,741,580</b> |                    |
| 8. Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) |                 | 100.00%           |                    |

| Line No.                                                                                                  | Customary Charges | Program Inpatient | Program Outpatient |
|-----------------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------------|
|                                                                                                           |                   | (1)               | (2)                |
| 9. Ancillary Services<br>(See Instructions)                                                               |                   | 40,721,222        |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   | 6,478,844         |                    |
| B. Psych                                                                                                  |                   |                   |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   | 4,472,320         |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. Neonatal Care Unit                                                                                     |                   | 20,308,823        |                    |
| 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                                                                                                |                   | 678,106           |                    |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                   |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>72,659,315</b> |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 47,917,735         |
| 14. Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                   |                   |                    |
| 15. Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                   |                   |                    |

# Hospital Statement of Cost / Computation of Allowable Cost

BHF Page 8

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0223 | Medicaid Provider Number:<br>16016                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2011 To: 12/31/2011 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 24,741,580        |                    |
| 2.       | Excess Reasonable Cost<br>(BHF Page 7, Line 15, Columns 1 & 2)                                                        |                   |                    |
| 3.       | Total Current Cost Reporting Period Cost<br>(Line 1 Minus Line 2)                                                     | 24,741,580        |                    |
| 4.       | Recovery of Excess Reasonable Cost Under<br>Lower of Cost or Charges<br>(BHF Page 9, Part III, Line 4, Cols. 2B & 3B) |                   |                    |
| 5.       | Protested Amounts (Nonallowable Cost Items)<br>In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2                   |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br><b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>                                    | <b>24,741,580</b> |                    |

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

\* Line 9 DOES NOT APPLY to the Medicaid program.

**Hospital Statement of Cost / Recovery of Excess Reasonable Cost**

BHF Page 9

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost (BHF Page 7, Line 13)                                                                                  | 47,917,735 |
| 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**

| Line No. | Description                                                             | Prior Cost Reporting Period Ended |     |     | Current Cost Reporting Period | Sum of Columns 1 - 4 |
|----------|-------------------------------------------------------------------------|-----------------------------------|-----|-----|-------------------------------|----------------------|
|          |                                                                         | to                                | to  | to  |                               |                      |
|          |                                                                         | (1)                               | (2) | (3) | (4)                           | (5)                  |
| 1.       | Carry Over - Beginning of Current Period                                |                                   |     |     |                               |                      |
| 2.       | Recovery of Excess Reasonable Cost (Part I, Line 3)                     |                                   |     |     |                               |                      |
| 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**

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

**Hospital Statement of Cost  
Teaching Physicians / Routine Services Questionnaire**

BHF Supplement No. 1

**Preliminary**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0223</b> | Medicaid Provider Number:<br><b>16016</b>                                     |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>01/01/2011</b> To: <b>12/31/2011</b> |

**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<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 1, Line 3)         |  |
| 2. Physicians on medical school faculty average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 2, Line 3) |  |
| 3. Total Per Diem<br>(Line 1 Plus Line 2)                                                                                |  |

**Part B. Program Data**

|                                                                              | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 4. Program inpatient days<br>(BHF Page 2, Part II, Column 4)                 |                 |             |              |                     |
| 5. Program outpatient occasions of service<br>(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)<br>(to BHF Page 7, Col. 1, Line 5)  |                 |             |              |                     |
| 7. Program outpatient cost (Line 5 X Line 3)<br>(to BHF Page 7, Col. 2, Line 5) |                 |             |              |                     |

**Part II - Routine Services Questionnaire**

| 1.  | Gross Routine Revenues                                                                                                                      | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III 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<br>(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)                                                              |                       |             |              |                     |
| 2.  | Routine Days                                                                                                                                |                       |             |              |                     |
| (A) | Semi-private general care days<br>(CMS 2552-10, W/S D - 1, Part I, Line 4)                                                                  |                       |             |              |                     |
| (B) | Private room days<br>(CMS 2552-10, W/S D - 1, Part I, Line 3)                                                                               |                       |             |              |                     |
| 3.  | Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)                                               |                       |             |              |                     |
| 4.  | Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)                                          |                       |             |              |                     |
| 5.  | Private room charge differential per diem<br>(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)<br>((Line 5 X (CMS 2552-10, W/S D-1, Part I, Line 27)<br>Divided by (Line 1A Above)) |                       |             |              |                     |
| 7.  | Private room cost differential adjustment<br>(Line 2B X Line 6)                                                                             |                       |             |              |                     |
| 8.  | General inpatient routine service cost (net of swing bed and private room cost differential)<br>(CMS 2552-10, W/S D-1, Part I, Line 37)     |                       |             |              |                     |
| 9.  | Adjusted general inpatient routine service cost per diem (Line 8<br>Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)           |                       |             |              |                     |

# Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                               | <b>(2)</b>                                                              | <b>(3)</b>                                                      | <b>(4)</b>                                                    | <b>(5)</b>                                                     | <b>(6)</b>                                                            | <b>(7)</b>                                                             |
| 1.       | Operating Room                      | 2,115,098                                                | 114,153,586                                                             | 0.018529                                                        | 2,739,506                                                     |                                                                | 50,760                                                                |                                                                        |
| 2.       | Recovery Room                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      | 278,412                                                  | 49,346,569                                                              | 0.005642                                                        | 846,729                                                       |                                                                | 4,777                                                                 |                                                                        |
| 5.       | Radiology - Diagnostic              | 9,696                                                    | 83,456,993                                                              | 0.000116                                                        | 1,768,453                                                     |                                                                | 205                                                                   |                                                                        |
| 6.       | Radiology - Therapeutic             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 8.       | Laboratory                          | 738,276                                                  | 138,900,272                                                             | 0.005315                                                        | 4,916,563                                                     |                                                                | 26,132                                                                |                                                                        |
| 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.      | CT Scan                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | MRI                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Cardiac Cath                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Implants Charged                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | ASC                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Rehab Medicine                      |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Day Hospital                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Lithotripter                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | GI Lab                              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Cardiac Rehab                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Diabetes Care Center                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Outpatient Center                   |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Pain Clinic                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Anti Coag Lab                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Heart Risk Assessment               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 991,755                                                  | 103,308,411                                                             | 0.009600                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 45.      | Observation                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                         |                                                                 |                                                               |                                                                | <b>81,874</b>                                                         |                                                                        |

\* 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: | 14-0223           | Medicaid Provider Number:    | 16016                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Days<br>Including<br>Private<br>(CMS 2552-10,<br>W/S S-3, Pt. 1,<br>Col. 8) | GME<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                      | (2)                                                                               | (3)                                             | (4)                                                                      | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 | 1,446,042                                                | 8,090                                                                             | 178.74                                          | 3,474                                                                    |                                                                | 620,943                                                               |                                                                        |
| 48.      | Psych                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Neonatal Care Unit                    |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 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.      | <b>Routine Total (lines 47-66)</b>    |                                                          |                                                                                   |                                                 |                                                                          |                                                                | 620,943                                                               |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                   |                                                 |                                                                          |                                                                | 81,874                                                                |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                   |                                                 |                                                                          |                                                                | 702,817                                                               |                                                                        |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0223 | Medicaid Provider Number:<br>16016                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2011 To: 12/31/2011 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 10,261                |             | 10,261                 |
| Newborn Days                       | 485                   |             | 485                    |
| Total Inpatient Revenue            | 72,659,315            |             | 72,659,315             |
| Ancillary Revenue                  | 40,721,222            |             | 40,721,222             |
| Routine Revenue                    | 31,938,093            |             | 31,938,093             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]