

# 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>St. John's Children's Hospital |                     | Medicare Provider Number:<br>14-0053 |
| Street:<br>800 East Carpenter                       |                     | Medicaid Provider Number:<br>19002   |
| City:<br>Springfield                                | State:<br>Illinois  | Zip:<br>62769                        |
| Period Covered by Statement:                        | From:<br>07/01/2010 | To:<br>06/30/2011                    |

## 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) |

## 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)) St. John's Children's Hospital 19002 for the cost report beginning 07/01/2010 and ending 06/30/2011 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  
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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| 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 | 40                   | 14,600                   |                         | 5,269                                            | 36.09%                                              |                                        | 1,461                                                   | 11.00                                               |
| 2.                     | Psych                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | NICU                  | 40                   | 14,600                   |                         | 10,804                                           | 74.00%                                              |                                        |                                                         |                                                     |
| 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       | 6                    | 2,190                    |                         | 413                                              | 18.86%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>86</b>            | <b>31,390</b>            |                         | <b>16,486</b>                                    | <b>52.52%</b>                                       |                                        | <b>1,461</b>                                            | <b>11.00</b>                                        |
| 23.                    | Observation Bed Days  |                      |                          |                         | 234                                              |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |               |               |     |              |             |
|------------------------|-----------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 3,265         |               |     | 1,266        | 8.43        |
| 2.                     | Psych                 |     |     |     |               |               |     |              |             |
| 3.                     | Rehab                 |     |     |     |               |               |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |               |               |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     |               |               |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     |               |               |     |              |             |
| 7.                     | NICU                  |     |     |     | 7,411         |               |     |              |             |
| 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       |     |     |     | 391           |               |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>11,067</b> | <b>67.13%</b> |     | <b>1,266</b> | <b>8.43</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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| 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                 | 30,898,444                                            | 114,004,423                                              | 0.271028                              | 2,121,113                                                         |                                                                   | 574,881                                                     |                                                             |
| 2.                                     | Recovery Room                  | 3,509,003                                             | 10,512,770                                               | 0.333785                              | 230,972                                                           |                                                                   | 77,095                                                      |                                                             |
| 3.                                     | Delivery and Labor Room        | 6,891,966                                             | 7,807,511                                                | 0.882735                              |                                                                   |                                                                   |                                                             |                                                             |
| 4.                                     | Anesthesiology                 | 4,274,345                                             | 17,879,058                                               | 0.239070                              | 397,385                                                           |                                                                   | 95,003                                                      |                                                             |
| 5.                                     | Radiology - Diagnostic         | 10,104,301                                            | 51,406,430                                               | 0.196557                              | 1,220,509                                                         |                                                                   | 239,900                                                     |                                                             |
| 6.                                     | Radiology - Therapeutic        | 3,349,530                                             | 9,091,383                                                | 0.368429                              | 4,331                                                             |                                                                   | 1,596                                                       |                                                             |
| 7.                                     | Nuclear Medicine               | 2,161,737                                             | 21,432,614                                               | 0.100862                              | 18,489                                                            |                                                                   | 1,865                                                       |                                                             |
| 8.                                     | Laboratory                     | 20,910,156                                            | 81,416,413                                               | 0.256830                              | 3,330,146                                                         |                                                                   | 855,281                                                     |                                                             |
| 9.                                     | Blood                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 10.                                    | Blood - Administration         |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 11.                                    | Intravenous Therapy            |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 12.                                    | Respiratory Therapy            | 6,725,392                                             | 24,875,305                                               | 0.270364                              | 3,480,929                                                         |                                                                   | 941,118                                                     |                                                             |
| 13.                                    | Physical Therapy               | 9,276,970                                             | 23,886,932                                               | 0.388370                              | 373,758                                                           |                                                                   | 145,156                                                     |                                                             |
| 14.                                    | Occupational Therapy           |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 15.                                    | Speech Pathology               |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 16.                                    | EKG                            | 8,644,244                                             | 44,523,397                                               | 0.194151                              | 599,265                                                           |                                                                   | 116,348                                                     |                                                             |
| 17.                                    | EEG                            | 1,564,855                                             | 5,189,974                                                | 0.301515                              | 95,700                                                            |                                                                   | 28,855                                                      |                                                             |
| 18.                                    | Med. / Surg. Supplies          | 20,678,680                                            | 52,636,831                                               | 0.392856                              | 1,371,354                                                         |                                                                   | 538,745                                                     |                                                             |
| 19.                                    | Drugs Charged to Patients      | 22,358,187                                            | 107,212,398                                              | 0.208541                              | 4,593,405                                                         |                                                                   | 957,913                                                     |                                                             |
| 20.                                    | Renal Dialysis                 | 668,548                                               | 2,305,880                                                | 0.289932                              |                                                                   |                                                                   |                                                             |                                                             |
| 21.                                    | Ambulance                      |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 22.                                    | Cardiac Cath Lab               | 10,074,344                                            | 111,979,287                                              | 0.089966                              |                                                                   |                                                                   |                                                             |                                                             |
| 23.                                    | GD Unit                        | 3,671,087                                             | 15,974,052                                               | 0.229816                              | 10,641                                                            |                                                                   | 2,445                                                       |                                                             |
| 24.                                    | Other Ancillary Services       | 2,061,994                                             | 2,999,242                                                | 0.687505                              | 14,803                                                            |                                                                   | 10,177                                                      |                                                             |
| 25.                                    | Implantable Supplies           | 37,828,226                                            | 89,791,742                                               | 0.421288                              | 916,733                                                           |                                                                   | 386,209                                                     |                                                             |
| 26.                                    | Hyperbaric Oxygen Therapy      | 1,254,700                                             | 3,900,028                                                | 0.321716                              |                                                                   |                                                                   |                                                             |                                                             |
| 27.                                    | Pain Management Center         | 449,575                                               | 2,629,202                                                | 0.170993                              |                                                                   |                                                                   |                                                             |                                                             |
| 28.                                    | CT Scan                        | 2,413,209                                             | 56,524,533                                               | 0.042693                              | 565,419                                                           |                                                                   | 24,139                                                      |                                                             |
| 29.                                    | MRI                            | 1,700,028                                             | 17,157,731                                               | 0.099082                              | 232,079                                                           |                                                                   | 22,995                                                      |                                                             |
| 30.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 31.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 32.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 33.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 34.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 35.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 36.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 37.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 38.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 39.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 40.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 41.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 42.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| <b>Outpatient Service Cost Centers</b> |                                |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 43.                                    | Clinic                         |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 44.                                    | Emergency                      | 13,915,091                                            | 53,351,253                                               | 0.260820                              | 558,784                                                           |                                                                   | 145,742                                                     |                                                             |
| 45.                                    | Observation                    | 2,065,369                                             | 4,324,855                                                | 0.477558                              | 26,219                                                            |                                                                   | 12,521                                                      |                                                             |
| 46.                                    | <b>Total</b>                   |                                                       |                                                          |                                       | <b>20,162,034</b>                                                 |                                                                   | <b>5,177,984</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>14-0053 | Medicaid Provider Number:<br>19002                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2010 To: 06/30/2011 |

**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) | 4,189,736             |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 5,503                 |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 761.35                |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 3,265                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 2,485,808             |             |              |                     |
| 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)                                                           | 2,485,808             |             |              |                     |

| 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                                                         |                                                              |                                                          |                                           |                                                   |                                       |
| 9.       | Coronary Care Unit                                                          |                                                              |                                                          |                                           |                                                   |                                       |
| 10.      | NICU                                                                        | 10,476,821                                                   | 10,804                                                   | 969.72                                    | 7,411                                             | 7,186,595                             |
| 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                                                                     | 212,028                                                      | 413                                                      | 513.39                                    | 391                                               | 200,735                               |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                              |                                                          |                                           |                                                   | 5,177,984                             |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                              |                                                          |                                           |                                                   | <b>15,051,122</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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)<br>(3) | Average Cost Per Day (Col. 2 / Col. 3)<br>(4) | Program Inpatient Days (BHF Page 2, Part II, Column 4)<br>(5) | Program Inpatient Expenses (Col. 4 X Col. 5)<br>(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.       | NICU                                               |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 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)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt.1, Lines 88-93)<br>(3) | Ratio of Cost to Charges (Col. 2 / Col. 3)<br>(4) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45)<br>(5A) (5B) |  | Program Expenses (Col. 4 X Cols. 5A-B)<br>(6A) (6B) |  |
|----------|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|--|-----------------------------------------------------|--|
| 23.      | Clinic                                               |                                                                  |                                                          |                                                                    |                                                   |                                                                   |  |                                                     |  |
| 24.      | Emergency                                            |                                                                  |                                                          |                                                                    |                                                   |                                                                   |  |                                                     |  |
| 25.      | Observation                                          |                                                                  |                                                          |                                                                    |                                                   |                                                                   |  |                                                     |  |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                                  |                                                          |                                                                    |                                                   |                                                                   |  |                                                     |  |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                                  |                                                          |                                                                    |                                                   |                                                                   |  |                                                     |  |

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

BHF Page 6(a)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| 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                           | 4,890,143                                                        | 114,004,423                                                             | 0.042894                                                                    | 2,121,113                                                     |                                                                | 90,983                                                                |                                                                        |
| 2.       | Recovery Room                            |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room                  |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                           |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 5.       | Radiology - Diagnostic                   | 1,494,360                                                        | 51,406,430                                                              | 0.029070                                                                    | 1,220,509                                                     |                                                                | 35,480                                                                |                                                                        |
| 6.       | Radiology - Therapeutic                  |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                         |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 8.       | Laboratory                               |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 9.       | Blood                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration                   |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 11.      | Intravenous Therapy                      |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                      | 141,000                                                          | 24,875,305                                                              | 0.005668                                                                    | 3,480,929                                                     |                                                                | 19,730                                                                |                                                                        |
| 13.      | Physical Therapy                         |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 14.      | Occupational Therapy                     |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                         |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 16.      | EKG                                      | 1,541,565                                                        | 44,523,397                                                              | 0.034624                                                                    | 599,265                                                       |                                                                | 20,749                                                                |                                                                        |
| 17.      | EEG                                      | 25,175                                                           | 5,189,974                                                               | 0.004851                                                                    | 95,700                                                        |                                                                | 464                                                                   |                                                                        |
| 18.      | Med. / Surg. Supplies                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients                |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                           | 40,083                                                           | 2,305,880                                                               | 0.017383                                                                    |                                                               |                                                                |                                                                       |                                                                        |
| 21.      | Ambulance                                |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | Cardiac Cath Lab                         |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | GD Unit                                  | 951,202                                                          | 15,974,052                                                              | 0.059547                                                                    | 10,641                                                        |                                                                | 634                                                                   |                                                                        |
| 24.      | Other Ancillary Services                 |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Implantable Supplies                     |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Hyperbaris Oxygen Therapy                | 5,326                                                            | 3,900,028                                                               | 0.001366                                                                    |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Pain Management Center                   | 9,200                                                            | 2,629,202                                                               | 0.003499                                                                    |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | CT Scan                                  |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | MRI                                      |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                                    |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                                   |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                                | 2,322,072                                                        | 53,351,253                                                              | 0.043524                                                                    | 558,784                                                       |                                                                | 24,321                                                                |                                                                        |
| 45.      | Observation                              |                                                                  |                                                                         |                                                                             |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>                   |                                                                  |                                                                         |                                                                             |                                                               |                                                                | <b>192,361</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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 | 426,180                                                 | 5,503                                                             | 77.45                                                  | 3,265                                                     |                                                 | 252,874                                                |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | NICU                                  | 1,229,204                                               | 10,804                                                            | 113.77                                                 | 7,411                                                     |                                                 | 843,149                                                |                                                         |
| 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>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>1,096,023</b>                                       |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>192,361</b>                                         |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>1,288,384</b>                                       |                                                         |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0053 | <b>Medicaid Provider Number:</b><br>19002                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2010 To: 06/30/2011 |

| 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)                                                    |                 | 15,051,122        |                    |
| 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)                                  |                 | 1,288,384         |                    |
| 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)                             |                 | 129,539           |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>16,469,045</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)                                                               |                   | 20,162,034        |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   | 5,133,506         |                    |
| B. Psych                                                                                                  |                   |                   |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   |                   |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. NICU                                                                                                   |                   | 13,688,897        |                    |
| 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                                                                                                |                   | 302,514           |                    |
| 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>39,286,951</b> |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 22,817,906         |
| 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>14-0053 | Medicaid Provider Number:<br>19002                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2010 To: 06/30/2011 |

| 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)                                        | 16,469,045        |                    |
| 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)                                                     | 16,469,045        |                    |
| 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>16,469,045</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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

**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)                                                                                  | 22,817,906 |
| 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 (Part II, Cols. 1-3, Line 2) | Inpatient |                    | Outpatient |                    |
|----------|----------------------------|------------------------------------|-----------|--------------------|------------|--------------------|
|          |                            |                                    | Ratio     | Amount (Col. 1x2A) | Ratio      | Amount (Col. 1x3A) |
|          |                            | (1)                                | (2A)      | (2B)               | (3A)       | (3B)               |
| 1.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 2.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 3.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 4.       | Total (Sum of Lines 1 - 3) |                                    |           |                    |            |                    |

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0053</b> | Medicaid Provider Number:<br><b>19002</b>                                     |
| Program:<br><b>Medicaid-Hospital</b>        | Period Covered by Statement:<br>From: <b>07/01/2010</b> To: <b>06/30/2011</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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| 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                      | 2,570,298                                                | 114,004,423                                                             | 0.022546                                                        | 2,121,113                                                     |                                                                | 47,823                                                                |                                                                        |
| 2.       | Recovery Room                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             | 184,428                                                  | 7,807,511                                                               | 0.023622                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 5.       | Radiology - Diagnostic              | 2,720,179                                                | 51,406,430                                                              | 0.052915                                                        | 1,220,509                                                     |                                                                | 64,583                                                                |                                                                        |
| 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.      | Cardiac Cath Lab                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | GD Unit                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Other Ancillary Services            |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Implantable Supplies                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Hyperbaris Oxygen Therapy           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Pain Management Center              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | CT Scan                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | MRI                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 363,960                                                  | 53,351,253                                                              | 0.006822                                                        | 558,784                                                       |                                                                | 3,812                                                                 |                                                                        |
| 45.      | Observation                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                         |                                                                 |                                                               |                                                                | <b>116,218</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: | 14-0053           | Medicaid Provider Number:    | 19002                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2010 To: 06/30/2011 |

| 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) |
|----------|---------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                               | <b>(2)</b>                                                                        | <b>(3)</b>                                      | <b>(4)</b>                                                               | <b>(5)</b>                                                     | <b>(6)</b>                                                            | <b>(7)</b>                                                             |
| 47.      | Adults and Pediatrics                 | 11,930                                                   | 5,503                                                                             | 2.17                                            | 3,265                                                                    |                                                                | 7,085                                                                 |                                                                        |
| 48.      | Psych                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | NICU                                  |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 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                               | 6,586                                                    | 413                                                                               | 15.95                                           | 391                                                                      |                                                                | 6,236                                                                 |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>13,321</b>                                                         |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>116,218</b>                                                        |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>129,539</b>                                                        |                                                                        |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0053 | Medicaid Provider Number:<br>19002                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2010 To: 06/30/2011 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 10,676                |             | 10,676                 |
| Newborn Days                       | 391                   |             | 391                    |
| Total Inpatient Revenue            | 39,286,951            |             | 39,286,951             |
| Ancillary Revenue                  | 20,162,034            |             | 20,162,034             |
| Routine Revenue                    | 19,124,917            |             | 19,124,917             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

Adjusted Total Hospital NICU days to include 368 days allocated to Adult Hospital. This is consistent with prior year.

Adults & Peds and Nursery Costs are split between Acute and Children's Hospital.

Adults & Peds Observation Bed Days are split between Acute and Children's Hospital.

Adults & Peds GME and Professional Component Costs are split between Acute and Children's Hospital.

Nursery GME Costs are split between Acute and Children's Hospital.

BHF Page 3 Costs/Charges match with filed W/S C except Respiratory Therapy/EKG/EEG/Other Ancillary Charges.

Respiratory Therapy/EKG/EEG/Other Ancillary Charges are greater than filed W/S C, Pt 1, Col 8.