

# 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>Barnes-Jewish Hospital |                     | Medicare Provider Number:<br>26-0032 |
| Street:<br>One Barnes-Jewish Hospital Plaza |                     | Medicaid Provider Number:<br>19014   |
| City:<br>St. Louis                          | State:<br>Missouri  | Zip:<br>63110                        |
| Period Covered by Statement:                | From:<br>01/01/2011 | To:<br>12/31/2011                    |

## Type of Control

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

## Type of Hospital

|                                                          |                                         |                                          |
|----------------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> XXXX<br>XXXX 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<br>Rehab  | <input type="checkbox"/> DHS - Office of<br>Rehabilitation Services            |
| <input type="checkbox"/> XXXX<br>XXXX Medicaid Sub I<br>Psych | <input type="checkbox"/> Medicaid Sub III<br>Other | <input type="checkbox"/> U of I - Division of<br>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)) Barnes-Jewish Hospital 19014 for the cost report beginning 01/01/2011 and ending 12/31/2011 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

Name (Typewritten)

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

Name (Typewritten)

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 1,079                | 393,778                  | 69,520                  | 250,436                                          | 63.60%                                              |                                        | 53,308                                                  | 5.38                                                |
| 2.                     | Psych                 | 46                   | 16,790                   | 188                     | 12,570                                           | 74.87%                                              |                                        | 1,521                                                   | 8.26                                                |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 29                   | 10,585                   |                         | 9,865                                            | 93.20%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 15                   | 5,475                    |                         | 4,710                                            | 86.03%                                              |                                        |                                                         |                                                     |
| 7.                     | SICU                  | 24                   | 8,760                    |                         | 7,958                                            | 90.84%                                              |                                        |                                                         |                                                     |
| 8.                     | Neuro-ICU             | 20                   | 7,300                    |                         | 6,481                                            | 88.78%                                              |                                        |                                                         |                                                     |
| 9.                     | Cardio-thoracic ICU   | 21                   | 7,665                    |                         | 7,316                                            | 95.45%                                              |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       | 24                   | 8,760                    |                         | 5,750                                            | 65.64%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>1,258</b>         | <b>459,113</b>           | <b>69,708</b>           | <b>305,086</b>                                   | <b>66.45%</b>                                       |                                        | <b>54,829</b>                                           | <b>5.46</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 1,496                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |            |              |     |           |             |
|------------------------|-----------------------|-----|-----|-----|------------|--------------|-----|-----------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)       | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     |            |              |     |           |             |
| 2.                     | Psych                 |     |     |     | 256        |              |     | 34        | 7.53        |
| 3.                     | Rehab                 |     |     |     |            |              |     |           |             |
| 4.                     | Other (Sub)           |     |     |     |            |              |     |           |             |
| 5.                     | Intensive Care Unit   |     |     |     |            |              |     |           |             |
| 6.                     | Coronary Care Unit    |     |     |     |            |              |     |           |             |
| 7.                     | SICU                  |     |     |     |            |              |     |           |             |
| 8.                     | Neuro-ICU             |     |     |     |            |              |     |           |             |
| 9.                     | Cardio-thoracic ICU   |     |     |     |            |              |     |           |             |
| 10.                    | Other                 |     |     |     |            |              |     |           |             |
| 11.                    | Other                 |     |     |     |            |              |     |           |             |
| 12.                    | Other                 |     |     |     |            |              |     |           |             |
| 13.                    | Other                 |     |     |     |            |              |     |           |             |
| 14.                    | Other                 |     |     |     |            |              |     |           |             |
| 16.                    | Other                 |     |     |     |            |              |     |           |             |
| 17.                    | Other                 |     |     |     |            |              |     |           |             |
| 18.                    | Other                 |     |     |     |            |              |     |           |             |
| 19.                    | Other                 |     |     |     |            |              |     |           |             |
| 20.                    | Other                 |     |     |     |            |              |     |           |             |
| 21.                    | Newborn Nursery       |     |     |     |            |              |     |           |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>256</b> | <b>0.08%</b> |     | <b>34</b> | <b>7.53</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: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges (Col. 1 / 2) | Total Billed I/P Charges (Gross) for Health Care Program Patients | Total Billed O/P Charges (Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program (Col. 3 X 4) | O/P Expenses Applicable to Health Care Program (Col. 3 X 5) |
|----------------------------------------|--------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
|                                        |                                | (1)                                                   | (2)                                                      | (3)                                   | (4)                                                               | (5)                                                               | (6)                                                         | (7)                                                         |
| 1.                                     | Operating Room                 | 85,431,743                                            | 265,244,391                                              | 0.322087                              | 2,997                                                             |                                                                   | 965                                                         |                                                             |
| 2.                                     | Recovery Room                  | 26,055,669                                            | 66,389,150                                               | 0.392469                              | 2,153                                                             |                                                                   | 845                                                         |                                                             |
| 3.                                     | Delivery and Labor Room        | 10,432,740                                            | 11,154,130                                               | 0.935325                              |                                                                   |                                                                   |                                                             |                                                             |
| 4.                                     | Anesthesiology                 | 11,422,683                                            | 88,822,953                                               | 0.128601                              | 768                                                               |                                                                   | 99                                                          |                                                             |
| 5.                                     | Radiology - Diagnostic         | 43,390,984                                            | 198,453,249                                              | 0.218646                              | 6,517                                                             |                                                                   | 1,425                                                       |                                                             |
| 6.                                     | Radiology - Therapeutic        | 31,371,642                                            | 136,711,481                                              | 0.229473                              |                                                                   |                                                                   |                                                             |                                                             |
| 7.                                     | Nuclear Medicine               | 3,867,572                                             | 15,064,166                                               | 0.256740                              |                                                                   |                                                                   |                                                             |                                                             |
| 8.                                     | Laboratory                     | 58,105,158                                            | 523,364,613                                              | 0.111022                              | 43,492                                                            |                                                                   | 4,829                                                       |                                                             |
| 9.                                     | Blood                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 10.                                    | Blood - Administration         | 42,421,005                                            | 173,545,007                                              | 0.244438                              |                                                                   |                                                                   |                                                             |                                                             |
| 11.                                    | Intravenous Therapy            |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 12.                                    | Respiratory Therapy            | 17,227,278                                            | 64,477,523                                               | 0.267183                              |                                                                   |                                                                   |                                                             |                                                             |
| 13.                                    | Physical Therapy               | 6,950,376                                             | 20,468,585                                               | 0.339563                              | 1,120                                                             |                                                                   | 380                                                         |                                                             |
| 14.                                    | Occupational Therapy           | 2,370,231                                             | 7,578,187                                                | 0.312770                              | 2,650                                                             |                                                                   | 829                                                         |                                                             |
| 15.                                    | Speech Pathology               | 964,350                                               | 2,282,574                                                | 0.422484                              |                                                                   |                                                                   |                                                             |                                                             |
| 16.                                    | EKG                            | 9,282,134                                             | 89,980,412                                               | 0.103157                              | 3,054                                                             |                                                                   | 315                                                         |                                                             |
| 17.                                    | EEG                            | 1,600,352                                             | 8,125,447                                                | 0.196956                              |                                                                   |                                                                   |                                                             |                                                             |
| 18.                                    | Med. / Surg. Supplies          | 207,636,149                                           | 482,302,599                                              | 0.430510                              | 854                                                               |                                                                   | 368                                                         |                                                             |
| 19.                                    | Drugs Charged to Patients      | 125,090,894                                           | 373,412,696                                              | 0.334994                              | 19,937                                                            |                                                                   | 6,679                                                       |                                                             |
| 20.                                    | Renal Dialysis                 | 4,243,796                                             | 19,465,537                                               | 0.218016                              |                                                                   |                                                                   |                                                             |                                                             |
| 21.                                    | Ambulance                      |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 22.                                    | Ultrasound                     | 4,875,612                                             | 30,350,783                                               | 0.160642                              |                                                                   |                                                                   |                                                             |                                                             |
| 23.                                    | CT Scan                        | 9,288,194                                             | 193,147,790                                              | 0.048089                              | 7,531                                                             |                                                                   | 362                                                         |                                                             |
| 24.                                    | MRI                            | 11,452,269                                            | 123,271,866                                              | 0.092903                              |                                                                   |                                                                   |                                                             |                                                             |
| 25.                                    | Cardiac Cath                   | 12,806,999                                            | 56,740,680                                               | 0.225711                              |                                                                   |                                                                   |                                                             |                                                             |
| 26.                                    | HLA Lab                        | 4,729,047                                             | 34,448,402                                               | 0.137279                              |                                                                   |                                                                   |                                                             |                                                             |
| 27.                                    | Endoscopy                      | 9,819,981                                             | 40,810,546                                               | 0.240624                              |                                                                   |                                                                   |                                                             |                                                             |
| 28.                                    | OB/GYN In Vitro                | 2,603,584                                             | 3,189,308                                                | 0.816348                              |                                                                   |                                                                   |                                                             |                                                             |
| 29.                                    | Electroshock Therapy           | 463,052                                               | 896,837                                                  | 0.516317                              |                                                                   |                                                                   |                                                             |                                                             |
| 30.                                    | Corneal Tissue Acquis.         | 632,881                                               | 1,287,875                                                | 0.491415                              |                                                                   |                                                                   |                                                             |                                                             |
| 31.                                    | Outpatient Psych               | 1,255,051                                             | 2,678,292                                                | 0.468601                              |                                                                   |                                                                   |                                                             |                                                             |
| 32.                                    | Kidney Acquisition             | 10,171,396                                            | 14,280,002                                               | 0.712283                              |                                                                   |                                                                   |                                                             |                                                             |
| 33.                                    | Heart Acquisition              | 2,253,017                                             | 2,271,003                                                | 0.992080                              |                                                                   |                                                                   |                                                             |                                                             |
| 34.                                    | Liver Acquisition              | 5,356,469                                             | 6,337,250                                                | 0.845236                              |                                                                   |                                                                   |                                                             |                                                             |
| 35.                                    | Lung Acquisition               | 5,714,422                                             | 6,519,835                                                | 0.876467                              |                                                                   |                                                                   |                                                             |                                                             |
| 36.                                    | Pancreas Acquisition           | 881,462                                               | 1,093,405                                                | 0.806162                              |                                                                   |                                                                   |                                                             |                                                             |
| 37.                                    | Other Organ Acquis.            | 6,223,183                                             | 4,938,292                                                | 1.260189                              |                                                                   |                                                                   |                                                             |                                                             |
| 38.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 39.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 40.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 41.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 42.                                    | Other                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| <b>Outpatient Service Cost Centers</b> |                                |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 43.                                    | Clinic                         | 21,206,442                                            | 31,595,397                                               | 0.671188                              |                                                                   |                                                                   |                                                             |                                                             |
| 44.                                    | Emergency                      | 32,167,607                                            | 148,181,301                                              | 0.217083                              | 52,381                                                            |                                                                   | 11,371                                                      |                                                             |
| 45.                                    | Observation                    | 1,500,087                                             | 1,312,278                                                | 1.143117                              |                                                                   |                                                                   |                                                             |                                                             |
| 46.                                    | <b>Total</b>                   |                                                       |                                                          |                                       | <b>143,454</b>                                                    |                                                                   | <b>28,467</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**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>26-0032 | <b>Medicaid Provider Number:</b><br>19014                              |
| <b>Program:</b><br>Medicaid Psych           | <b>Period Covered by Statement:</b><br>From: 01/01/2011 To: 12/31/2011 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 207,324,341           | 12,472,579  |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 251,932               | 12,570      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 822.94                | 992.25      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 256         |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 254,016     |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  | 238.15                |             |              |                     |
| 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)                                                           |                       | 254,016     |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 13,912,917                                            | 9,865                                             | 1,410.33                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          | 7,159,676                                             | 4,710                                             | 1,520.10                           |                                            |                                |
| 10.      | SiCU                                                                        | 12,500,341                                            | 7,958                                             | 1,570.79                           |                                            |                                |
| 11.      | Neuro-ICU                                                                   | 9,770,908                                             | 6,481                                             | 1,507.62                           |                                            |                                |
| 12.      | Cardio-thoracic ICU                                                         | 13,008,827                                            | 7,316                                             | 1,778.13                           |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 2,115,565                                             | 5,750                                             | 367.92                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 28,467                         |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>282,483</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: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Average Cost Per Day (Col. 2 / Col. 3) | Program Inpatient Days (BHF Page 2, Part II, Column 4) | Program Inpatient Expenses (Col. 4 X Col. 5) |
|----------|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------|
|          |                                                    | (1)                                                       | (2)                                               | (3)                                                               | (4)                                    | (5)                                                    | (6)                                          |
| 1.       | Total Cost of Svcs. Rendered                       | 100%                                                      |                                                   |                                                                   |                                        |                                                        |                                              |
| 2.       | Adults and Pediatrics (General Service Care)       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 3.       | Psych                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 4.       | Rehab                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 5.       | Other (Sub)                                        |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 6.       | Intensive Care Unit                                |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 7.       | Coronary Care Unit                                 |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 8.       | SiCU                                               |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Neuro-ICU                                          |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Cardio-thoracic ICU                                |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |

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

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

BHF Page 6(a)

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                     | (2)                                                      | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | HLA Lab                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Endoscopy                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | OB/GYN In Vitro                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Electroshock Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Corneal Tissue Acquis.                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Outpatient Psych                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Heart Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Lung Acquisition                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other Organ Acquis.                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

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

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

BHF Page 7

Preliminary

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>26-0032</b> | Medicaid Provider Number:<br><b>19014</b>                                     |
| Program:<br><b>Medicaid Psych</b>           | Period Covered by Statement:<br>From: <b>01/01/2011</b> To: <b>12/31/2011</b> |

| Line No.                                                                                                    | Reasonable Cost | Program Inpatient | Program Outpatient |
|-------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------|
|                                                                                                             |                 | (1)               | (2)                |
| 1. Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                 |                   |                    |
| 2. Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    |                 | 282,483           |                    |
| 3. Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                 |                   |                    |
| 4. Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                 |                   |                    |
| 5. Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                 |                   |                    |
| 6. Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             |                 | 49,273            |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>331,756</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)                                                               |                   | 143,454           |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   |                   |                    |
| B. Psych                                                                                                  |                   | 223,961           |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   |                   |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. SICU                                                                                                   |                   |                   |                    |
| H. Neuro-ICU                                                                                              |                   |                   |                    |
| I. Cardio-thoracic ICU                                                                                    |                   |                   |                    |
| J. Other                                                                                                  |                   |                   |                    |
| K. Other                                                                                                  |                   |                   |                    |
| L. Other                                                                                                  |                   |                   |                    |
| M. Other                                                                                                  |                   |                   |                    |
| N. Other                                                                                                  |                   |                   |                    |
| O. Other                                                                                                  |                   |                   |                    |
| P. Other                                                                                                  |                   |                   |                    |
| Q. Other                                                                                                  |                   |                   |                    |
| R. Other                                                                                                  |                   |                   |                    |
| S. Other                                                                                                  |                   |                   |                    |
| T. Nursery                                                                                                |                   |                   |                    |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                   |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>367,415</b>    |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 35,659             |
| 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>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Psych           | Period Covered by Statement:<br>From: 01/01/2011 To: 12/31/2011 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 331,756           |                    |
| 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)                                                     | 331,756           |                    |
| 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>331,756</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: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.       | Excess of Customary Charges Over Reasonable Cost (BHF Page 7, Line 13)                                                                                  | 35,659 |
| 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>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Psych           | Period Covered by Statement:<br>From: 01/01/2011 To: 12/31/2011 |

**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)                           | 259,523,184           |             |              |                     |
| (B) | Routine general care semi-private room charges (Excluding swing bed charges)(CMS 2552-10, W/S D - 1, Part I, Line 30)                       | 174,012,206           |             |              |                     |
| (C) | Private room charges<br>(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)                                                              | 85,510,978            |             |              |                     |
| 2.  | Routine Days                                                                                                                                |                       |             |              |                     |
| (A) | Semi-private general care days<br>(CMS 2552-10, W/S D - 1, Part I, Line 4)                                                                  | 182,412               |             |              |                     |
| (B) | Private room days<br>(CMS 2552-10, W/S D - 1, Part I, Line 3)                                                                               | 69,520                |             |              |                     |
| 3.  | Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)                                               | 1,230.02              |             |              |                     |
| 4.  | Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)                                          | 953.95                |             |              |                     |
| 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)                               | 276.07                |             |              |                     |
| 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)) | 238.15                |             |              |                     |
| 7.  | Private room cost differential adjustment<br>(Line 2B X Line 6)                                                                             | 16,556,188            |             |              |                     |
| 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)     | 207,324,341           |             |              |                     |
| 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)           | 822.94                |             |              |                     |

# Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Inpatient Ancillary Centers         | (1)                                                      | (2)                                                                     | (3)                                                             | (4)                                                           | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 1.       | Operating Room                      | 20,716,980                                               | 265,244,391                                                             | 0.078105                                                        | 2,997                                                         |                                                                | 234                                                                   |                                                                        |
| 2.       | Recovery Room                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             | 1,434,047                                                | 11,154,130                                                              | 0.128566                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      | 7,903,935                                                | 88,822,953                                                              | 0.088985                                                        | 768                                                           |                                                                | 68                                                                    |                                                                        |
| 5.       | Radiology - Diagnostic              | 1,080,538                                                | 198,453,249                                                             | 0.005445                                                        | 6,517                                                         |                                                                | 35                                                                    |                                                                        |
| 6.       | Radiology - Therapeutic             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                    | 180,090                                                  | 15,064,166                                                              | 0.011955                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 8.       | Laboratory                          | 6,683,327                                                | 523,364,613                                                             | 0.012770                                                        | 43,492                                                        |                                                                | 555                                                                   |                                                                        |
| 9.       | Blood                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration              | 460,229                                                  | 173,545,007                                                             | 0.002652                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 11.      | Intravenous Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 13.      | Physical Therapy                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 14.      | Occupational Therapy                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 16.      | EKG                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 17.      | EEG                                 | 266,799                                                  | 8,125,447                                                               | 0.032835                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 21.      | Ambulance                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | Ultrasound                          | 80,040                                                   | 30,350,783                                                              | 0.002637                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | CT Scan                             | 173,420                                                  | 193,147,790                                                             | 0.000898                                                        | 7,531                                                         |                                                                | 7                                                                     |                                                                        |
| 24.      | MRI                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Cardiac Cath                        | 493,579                                                  | 56,740,680                                                              | 0.008699                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | HLA Lab                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Endoscopy                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | OB/GYN In Vitro                     | 373,519                                                  | 3,189,308                                                               | 0.117116                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Electroshock Therapy                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Corneal Tissue Acquis.              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Outpatient Psych                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Kidney Acquisition                  |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Heart Acquisition                   |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Liver Acquisition                   |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Lung Acquisition                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Pancreas Acquisition                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Other Organ Acquis.                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              | 11,098,859                                               | 31,595,397                                                              | 0.351281                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 10,798,709                                               | 148,181,301                                                             | 0.072875                                                        | 52,381                                                        |                                                                | 3,817                                                                 |                                                                        |
| 45.      | Observation                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                         |                                                                 |                                                               |                                                                | <b>4,716</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: | 26-0032        | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 01/01/2011 To: 12/31/2011 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Days<br>Including<br>Private<br>(CMS 2552-10,<br>W/S S-3, Pt. 1,<br>Col. 8) | GME<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <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                 | 57,915,497                                               | 251,932                                                                           | 229.89                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 48.      | Psych                                 | 2,187,756                                                | 12,570                                                                            | 174.05                                          | 256                                                                      |                                                                | 44,557                                                                |                                                                        |
| 49.      | Rehab                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 9,117,872                                                | 9,865                                                                             | 924.26                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | SICU                                  | 1,587,457                                                | 7,958                                                                             | 199.48                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Neuro-ICU                             | 727,029                                                  | 6,481                                                                             | 112.18                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Cardio-thoracic ICU                   | 73,370                                                   | 7,316                                                                             | 10.03                                           |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               | 40,020                                                   | 5,750                                                                             | 6.96                                            |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>44,557</b>                                                         |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>4,716</b>                                                          |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>49,273</b>                                                         |                                                                        |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Psych           | Period Covered by Statement:<br>From: 01/01/2011 To: 12/31/2011 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 256                   |             | 256                    |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 367,415               |             | 367,415                |
| Ancillary Revenue                  | 143,454               |             | 143,454                |
| Routine Revenue                    | 223,961               |             | 223,961                |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]