

# 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>Saint Francis Medical Center |                     | Medicare Provider Number:<br>14-0067 |
| Street:<br>530 NE Glen Oak Avenue                 |                     | Medicaid Provider Number:<br>16007   |
| City:<br>Peoria                                   | State:<br>Illinois  | Zip:<br>61637-0001                   |
| Period Covered by Statement:                      | From:<br>10/01/2011 | To:<br>09/30/2012                    |

## Type of Control

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

## Type of Hospital

|                                                        |                                         |                                          |
|--------------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> General Short-Term | <input type="checkbox"/> Psychiatric    | <input type="checkbox"/> Cancer          |
| <input type="checkbox"/> General Long-Term             | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other (Specify) |

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Saint Francis Medical Center 16007 for the cost report beginning 10/01/2011 and ending 09/30/2012 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

Name (Typewritten)

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

Name (Typewritten)

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

| 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 | 403                  | 147,498                  |                         | 119,606                                          | 81.09%                                              |                                        | 30,805                                                  | 4.41                                                |
| 2.                     | Psych                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.                     | Rehab                 | 26                   | 9,516                    |                         | 9,039                                            | 94.99%                                              |                                        | 592                                                     | 15.27                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 51                   | 18,666                   |                         | 16,097                                           | 86.24%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | Premature ICU         |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>480</b>           | <b>175,680</b>           |                         | <b>144,742</b>                                   | <b>82.39%</b>                                       |                                        | <b>31,397</b>                                           | <b>4.61</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 3,811                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |               |               |     |              |             |
|------------------------|-----------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 17,877        |               |     | 5,620        | 3.67        |
| 2.                     | Psych                 |     |     |     |               |               |     |              |             |
| 3.                     | Rehab                 |     |     |     |               |               |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |               |               |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 2,753         |               |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     |               |               |     |              |             |
| 7.                     | Premature ICU         |     |     |     |               |               |     |              |             |
| 8.                     | Other                 |     |     |     |               |               |     |              |             |
| 9.                     | Other                 |     |     |     |               |               |     |              |             |
| 10.                    | Other                 |     |     |     |               |               |     |              |             |
| 11.                    | Other                 |     |     |     |               |               |     |              |             |
| 12.                    | Other                 |     |     |     |               |               |     |              |             |
| 13.                    | Other                 |     |     |     |               |               |     |              |             |
| 14.                    | Other                 |     |     |     |               |               |     |              |             |
| 16.                    | Other                 |     |     |     |               |               |     |              |             |
| 17.                    | Other                 |     |     |     |               |               |     |              |             |
| 18.                    | Other                 |     |     |     |               |               |     |              |             |
| 19.                    | Other                 |     |     |     |               |               |     |              |             |
| 20.                    | Other                 |     |     |     |               |               |     |              |             |
| 21.                    | Newborn Nursery       |     |     |     |               |               |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>20,630</b> | <b>14.25%</b> |     | <b>5,620</b> | <b>3.67</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: |  | Medicaid Provider Number:    |                |
| 14-0067                   |  | 16007                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 10/01/2011             | To: 09/30/2012 |

| 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                 | 47,622,283                                            | 209,142,395                                              | 0.227703                              | 12,661,309                                                        |                                                                   | 2,883,018                                                   |                                                             |
| 2.                                     | Recovery Room                  | 4,298,012                                             | 32,266,274                                               | 0.133204                              | 2,469,114                                                         |                                                                   | 328,896                                                     |                                                             |
| 3.                                     | Delivery and Labor Room        | 9,124,406                                             | 13,594,697                                               | 0.671174                              | 4,153,535                                                         |                                                                   | 2,787,745                                                   |                                                             |
| 4.                                     | Anesthesiology                 | 3,476,011                                             | 112,977,934                                              | 0.030767                              | 7,892,859                                                         |                                                                   | 242,840                                                     |                                                             |
| 5.                                     | Radiology - Diagnostic         | 43,328,274                                            | 292,490,716                                              | 0.148136                              | 10,805,085                                                        |                                                                   | 1,600,622                                                   |                                                             |
| 6.                                     | Radiology - Therapeutic        |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 7.                                     | Nuclear Medicine               |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 8.                                     | Laboratory                     | 37,869,928                                            | 393,998,408                                              | 0.096117                              | 21,932,254                                                        |                                                                   | 2,108,062                                                   |                                                             |
| 9.                                     | Blood                          |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 10.                                    | Blood - Administration         | 8,535,397                                             | 16,621,295                                               | 0.513522                              | 1,424,888                                                         |                                                                   | 731,711                                                     |                                                             |
| 11.                                    | Intravenous Therapy            |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 12.                                    | Respiratory Therapy            | 10,419,626                                            | 99,911,430                                               | 0.104289                              | 10,904,699                                                        |                                                                   | 1,137,240                                                   |                                                             |
| 13.                                    | Physical Therapy               | 15,031,345                                            | 51,794,768                                               | 0.290210                              | 2,038,050                                                         |                                                                   | 591,462                                                     |                                                             |
| 14.                                    | Occupational Therapy           |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 15.                                    | Speech Pathology               | 1,457,330                                             | 4,507,255                                                | 0.323330                              | 267,806                                                           |                                                                   | 86,590                                                      |                                                             |
| 16.                                    | EKG                            | 4,901,665                                             | 55,612,956                                               | 0.088139                              | 1,563,841                                                         |                                                                   | 137,835                                                     |                                                             |
| 17.                                    | EEG                            | 1,439,695                                             | 9,666,027                                                | 0.148944                              | 1,560,427                                                         |                                                                   | 232,416                                                     |                                                             |
| 18.                                    | Med. / Surg. Supplies          | 30,694,417                                            | 292,337,367                                              | 0.104997                              | 23,895,785                                                        |                                                                   | 2,508,986                                                   |                                                             |
| 19.                                    | Drugs Charged to Patients      | 39,047,072                                            | 306,761,744                                              | 0.127288                              | 32,384,118                                                        |                                                                   | 4,122,110                                                   |                                                             |
| 20.                                    | Renal Dialysis                 | 2,541,448                                             | 7,328,904                                                | 0.346771                              | 542,802                                                           |                                                                   | 188,228                                                     |                                                             |
| 21.                                    | Ambulance                      | 10,475,717                                            | 28,566,017                                               | 0.366720                              | 3,518,592                                                         |                                                                   | 1,290,338                                                   |                                                             |
| 22.                                    | CT Scan                        | 7,172,722                                             | 155,512,917                                              | 0.046123                              | 6,275,621                                                         |                                                                   | 289,450                                                     |                                                             |
| 23.                                    | MRI                            | 7,845,275                                             | 109,359,649                                              | 0.071738                              | 2,716,410                                                         |                                                                   | 194,870                                                     |                                                             |
| 24.                                    | Cardiac Catheterization        | 7,500,318                                             | 126,038,805                                              | 0.059508                              | 2,981,463                                                         |                                                                   | 177,421                                                     |                                                             |
| 25.                                    | Sisters Clinic                 | 4,527,976                                             | 4,618,576                                                | 0.980384                              | 8,205                                                             |                                                                   | 8,044                                                       |                                                             |
| 26.                                    | Implantable Devices            | 43,375,474                                            | 157,129,303                                              | 0.276050                              | 9,241,206                                                         |                                                                   | 2,551,035                                                   |                                                             |
| 27.                                    | Digestive Diseases             | 5,895,289                                             | 62,190,263                                               | 0.094794                              | 1,536,374                                                         |                                                                   | 145,639                                                     |                                                             |
| 28.                                    | Enterostomal                   | 394,152                                               | 872,838                                                  | 0.451575                              |                                                                   |                                                                   |                                                             |                                                             |
| 29.                                    | Diabetic Service               | 1,027,697                                             | 174,145                                                  | 5.901387                              |                                                                   |                                                                   |                                                             |                                                             |
| 30.                                    | Wound Care                     | 1,648,944                                             | 5,620,012                                                | 0.293406                              |                                                                   |                                                                   |                                                             |                                                             |
| 31.                                    | Psychology                     | 1,696,362                                             | 3,643,970                                                | 0.465526                              |                                                                   |                                                                   |                                                             |                                                             |
| 32.                                    | Neuro Diagnostic Ctr.          | 1,186,432                                             | 3,729,994                                                | 0.318079                              | 184,501                                                           |                                                                   | 58,686                                                      |                                                             |
| 33.                                    | Eating Disorder                | 801,803                                               | 294,510                                                  | 2.722498                              |                                                                   |                                                                   |                                                             |                                                             |
| 34.                                    | Urological                     | 130,663                                               | 743,561                                                  | 0.175726                              | 6,798                                                             |                                                                   | 1,195                                                       |                                                             |
| 35.                                    | Sleep Disorders                | 3,684,720                                             | 18,854,038                                               | 0.195434                              | 7,226                                                             |                                                                   | 1,412                                                       |                                                             |
| 36.                                    | Pain Program                   | 1,716,514                                             | 5,861,192                                                | 0.292861                              | 539                                                               |                                                                   | 158                                                         |                                                             |
| 37.                                    | Comp Epilepsy                  | 1,315,041                                             | 7,722,048                                                | 0.170297                              | 106,571                                                           |                                                                   | 18,149                                                      |                                                             |
| 38.                                    | Cardiac Rehab                  | 753,947                                               | 1,327,332                                                | 0.568017                              |                                                                   |                                                                   |                                                             |                                                             |
| 39.                                    | Lithotripsy                    | 279,799                                               | 2,471,192                                                | 0.113224                              | 12,916                                                            |                                                                   | 1,462                                                       |                                                             |
| 40.                                    | Kidney Acquisition             | 3,545,887                                             | 3,259,098                                                | 1.087996                              |                                                                   |                                                                   |                                                             |                                                             |
| 41.                                    | St. Judes Clinic               | 1,073,430                                             | 1,214,887                                                | 0.883564                              | 6,041                                                             |                                                                   | 5,338                                                       |                                                             |
| 42.                                    | Special Clinics                | 522,852                                               | 2,295,521                                                | 0.227771                              | 76,532                                                            |                                                                   | 17,432                                                      |                                                             |
| <b>Outpatient Service Cost Centers</b> |                                |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 43.                                    | Clinic                         |                                                       |                                                          |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 44.                                    | Emergency                      | 26,560,323                                            | 123,256,546                                              | 0.215488                              | 4,661,238                                                         |                                                                   | 1,004,441                                                   |                                                             |
| 45.                                    | Observation                    | 3,333,106                                             | 4,066,759                                                | 0.819598                              | 125,173                                                           |                                                                   | 102,592                                                     |                                                             |
| 46.                                    | <b>Total</b>                   |                                                       |                                                          |                                       | <b>165,961,978</b>                                                |                                                                   | <b>25,555,423</b>                                           |                                                             |

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

**Hospital Statement of Cost / Computation of Inpatient Operating Cost**

BHF Page 4

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0067 | Medicaid Provider Number:<br>16007                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 10/01/2011 To: 09/30/2012 |

**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) | 109,273,605           |             | 6,223,479    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 123,417               |             | 9,039        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 885.40                |             | 688.51       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 17,877                |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 15,828,296            |             |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  |                       |             |              |                     |
| 5.       | Medically necessary private room days applicable to the program (BHF Page 2, Pt. II, Col. 3)                             |                       |             |              |                     |
| 6.       | Medically necessary private room cost applicable to the program (Line 4 X Line 5)                                        |                       |             |              |                     |
| 7.       | Total program inpatient routine service cost (Line 3 + Line 6)                                                           | 15,828,296            |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1)<br>(A) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8)<br>(B) | Average<br>Per Diem<br>(Col. A / Col. B)<br>(C) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4)<br>(D) | Program Cost<br>(Col. C x Col. D)<br>(E) |
|----------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 8.       | Intensive Care Unit                                                         | 30,148,348                                                         | 16,097                                                            | 1,872.92                                        | 2,753                                                   | 5,156,149                                |
| 9.       | Coronary Care Unit                                                          |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 10.      | Premature ICU                                                               |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 11.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 12.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 13.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 14.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 15.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 16.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 17.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 18.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 19.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 20.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 21.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 22.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 23.      | Nursery                                                                     |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                    |                                                                   |                                                 |                                                         | 25,555,423                               |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                                    |                                                                   |                                                 |                                                         | <b>46,539,868</b>                        |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

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

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

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

| 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                           | 185,252                                                 | 112,977,934                                              | 0.001640                                                     | 7,892,859                                      |                                                 | 12,944                                                 |                                                         |
| 5.       | Radiology - Diagnostic                   | 1,608,104                                               | 292,490,716                                              | 0.005498                                                     | 10,805,085                                     |                                                 | 59,406                                                 |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         | 810,216                                                 | 51,794,768                                               | 0.015643                                                     | 2,038,050                                      |                                                 | 31,881                                                 |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         | 5,200                                                   | 4,507,255                                                | 0.001154                                                     | 267,806                                        |                                                 | 309                                                    |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | MRI                                      | 213                                                     | 109,359,649                                              | 0.000002                                                     | 2,716,410                                      |                                                 | 5                                                      |                                                         |
| 24.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Sisters Clinic                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Implantable Devices                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Digestive Diseases                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Enterostomal                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Diabetic Service                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Wound Care                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Psychology                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Neuro Diagnostic Ctr.                    | 710,255                                                 | 3,729,994                                                | 0.190417                                                     | 184,501                                        |                                                 | 35,132                                                 |                                                         |
| 33.      | Eating Disorder                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Urological                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Sleep Disorders                          | 788,657                                                 | 18,854,038                                               | 0.041830                                                     | 7,226                                          |                                                 | 302                                                    |                                                         |
| 36.      | Pain Program                             | 556,269                                                 | 5,861,192                                                | 0.094907                                                     | 539                                            |                                                 | 51                                                     |                                                         |
| 37.      | Comp Epilepsy                            | 1,154,639                                               | 7,722,048                                                | 0.149525                                                     | 106,571                                        |                                                 | 15,935                                                 |                                                         |
| 38.      | Cardiac Rehab                            | 115,300                                                 | 1,327,332                                                | 0.086866                                                     |                                                |                                                 |                                                        |                                                         |
| 39.      | Lithotripsy                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | St. Judes Clinic                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Special Clinics                          | 360,948                                                 | 2,295,521                                                | 0.157240                                                     | 76,532                                         |                                                 | 12,034                                                 |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 12,778,187                                              | 123,256,546                                              | 0.103671                                                     | 4,661,238                                      |                                                 | 483,235                                                |                                                         |
| 45.      | Observation                              | 5,699                                                   | 4,066,759                                                | 0.001401                                                     | 125,173                                        |                                                 | 175                                                    |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>651,409</b>                                         |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

| 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                 | 987,630                                                          | 123,417                                                                          | 8.00                                                                  | 17,877                                                                   |                                                                | 143,016                                                               |                                                                        |
| 48.      | Psych                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 127,720                                                          | 16,097                                                                           | 7.93                                                                  | 2,753                                                                    |                                                                | 21,831                                                                |                                                                        |
| 52.      | Coronary Care Unit                    |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Premature ICU                         |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                | 164,847                                                               |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                | 651,409                                                               |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                                  |                                                                                  |                                                                       |                                                                          |                                                                | 816,256                                                               |                                                                        |

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

BHF Page 7

Preliminary

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0067</b> | Medicaid Provider Number:<br><b>16007</b>                                     |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>10/01/2011</b> To: <b>09/30/2012</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)                                                    |                 | 46,539,868        |                    |
| 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)                                  |                 | 816,256           |                    |
| 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)                             |                 | 3,717,380         |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>51,073,504</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)                                                               |                   | 165,961,978        |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                    |                    |
| A. Adults and Pediatrics                                                                                  |                   | 22,893,939         |                    |
| B. Psych                                                                                                  |                   |                    |                    |
| C. Rehab                                                                                                  |                   |                    |                    |
| D. Other (Sub)                                                                                            |                   |                    |                    |
| E. Intensive Care Unit                                                                                    |                   | 10,705,721         |                    |
| F. Coronary Care Unit                                                                                     |                   |                    |                    |
| G. Premature ICU                                                                                          |                   |                    |                    |
| H. Other                                                                                                  |                   |                    |                    |
| I. Other                                                                                                  |                   |                    |                    |
| J. Other                                                                                                  |                   |                    |                    |
| K. Other                                                                                                  |                   |                    |                    |
| L. Other                                                                                                  |                   |                    |                    |
| M. Other                                                                                                  |                   |                    |                    |
| N. Other                                                                                                  |                   |                    |                    |
| O. Other                                                                                                  |                   |                    |                    |
| P. Other                                                                                                  |                   |                    |                    |
| Q. Other                                                                                                  |                   |                    |                    |
| R. Other                                                                                                  |                   |                    |                    |
| S. Other                                                                                                  |                   |                    |                    |
| T. Nursery                                                                                                |                   |                    |                    |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                    |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>199,561,638</b> |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                    | 148,488,134        |
| 14. Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                   |                    |                    |
| 15. Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                   |                    |                    |

# Hospital Statement of Cost / Computation of Allowable Cost

BHF Page 8

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0067 | Medicaid Provider Number:<br>16007                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 10/01/2011 To: 09/30/2012 |

| 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)                                        | 51,073,504        |                    |
| 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)                                                     | 51,073,504        |                    |
| 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>51,073,504</b> |                    |

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

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

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

BHF Page 9

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

**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)                                                                                  | 148,488,134 |
| 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>14-0067 | Medicaid Provider Number:<br>16007                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 10/01/2011 To: 09/30/2012 |

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

**Part A. Cost of Physicians Direct Medical and Surgical Services**

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

**Part B. Program Data**

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

**Part C. Program Cost**

|                                                                                 | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|---------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 6. Program inpatient cost (Line 4 X Line 3)<br>(to BHF Page 7, Col. 1, Line 5)  |                 |             |              |                     |
| 7. Program outpatient cost (Line 5 X Line 3)<br>(to BHF Page 7, Col. 2, Line 5) |                 |             |              |                     |

**Part II - Routine Services Questionnaire**

| 1.  | Gross Routine Revenues                                                                                                                      | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| (A) | General inpatient routine service charges (Excluding swing bed charges) (CMS 2552-10, W/S D - 1, Part I, Line 28)                           |                       |             |              |                     |
| (B) | Routine general care semi-private room charges (Excluding swing bed charges)(CMS 2552-10, W/S D - 1, Part I, Line 30)                       |                       |             |              |                     |
| (C) | Private room charges<br>(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)                                                              |                       |             |              |                     |
| 2.  | Routine Days                                                                                                                                |                       |             |              |                     |
| (A) | Semi-private general care days<br>(CMS 2552-10, W/S D - 1, Part I, Line 4)                                                                  |                       |             |              |                     |
| (B) | Private room days<br>(CMS 2552-10, W/S D - 1, Part I, Line 3)                                                                               |                       |             |              |                     |
| 3.  | Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)                                               |                       |             |              |                     |
| 4.  | Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)                                          |                       |             |              |                     |
| 5.  | Private room charge differential per diem<br>(Line 3 Minus Line 4) or (CMS 2552-10, W/S D-1, Part 1, Line 34)                               |                       |             |              |                     |
| 6.  | Private room cost differential (To BHF Page 4, Line 4)<br>((Line 5 X (CMS 2552-10, W/S D-1, Part I, Line 27)<br>Divided by (Line 1A Above)) |                       |             |              |                     |
| 7.  | Private room cost differential adjustment<br>(Line 2B X Line 6)                                                                             |                       |             |              |                     |
| 8.  | General inpatient routine service cost (net of swing bed and private room cost differential)<br>(CMS 2552-10, W/S D-1, Part I, Line 37)     |                       |             |              |                     |
| 9.  | Adjusted general inpatient routine service cost per diem (Line 8<br>Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)           |                       |             |              |                     |

# Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                               | <b>(2)</b>                                                              | <b>(3)</b>                                                      | <b>(4)</b>                                                    | <b>(5)</b>                                                     | <b>(6)</b>                                                            | <b>(7)</b>                                                             |
| 1.       | Operating Room                      | 6,716,010                                                | 209,142,395                                                             | 0.032112                                                        | 12,661,309                                                    |                                                                | 406,580                                                               |                                                                        |
| 2.       | Recovery Room                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      | 401,080                                                  | 112,977,934                                                             | 0.003550                                                        | 7,892,859                                                     |                                                                | 28,020                                                                |                                                                        |
| 5.       | Radiology - Diagnostic              | 6,005,360                                                | 292,490,716                                                             | 0.020532                                                        | 10,805,085                                                    |                                                                | 221,850                                                               |                                                                        |
| 6.       | Radiology - Therapeutic             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 8.       | Laboratory                          | 22,877                                                   | 393,998,408                                                             | 0.000058                                                        | 21,932,254                                                    |                                                                | 1,272                                                                 |                                                                        |
| 9.       | Blood                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 11.      | Intravenous Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 13.      | Physical Therapy                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 14.      | Occupational Therapy                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 16.      | EKG                                 | 11,505                                                   | 55,612,956                                                              | 0.000207                                                        | 1,563,841                                                     |                                                                | 324                                                                   |                                                                        |
| 17.      | EEG                                 | 137,528                                                  | 9,666,027                                                               | 0.014228                                                        | 1,560,427                                                     |                                                                | 22,202                                                                |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 21.      | Ambulance                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | CT Scan                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | MRI                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | Cardiac Catheterization             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Sisters Clinic                      | 1,663,431                                                | 4,618,576                                                               | 0.360161                                                        | 8,205                                                         |                                                                | 2,955                                                                 |                                                                        |
| 26.      | Implantable Devices                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Digestive Diseases                  |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Enterostomal                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Diabetic Service                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Wound Care                          |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Psychology                          |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Neuro Diagnostic Ctr.               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Eating Disorder                     |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Urological                          |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Sleep Disorders                     |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Pain Program                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Comp Epilepsy                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Cardiac Rehab                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Lithotripsy                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Kidney Acquisition                  |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | St. Judes Clinic                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Special Clinics                     |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 44.      | Emergency                           | 7,094,214                                                | 123,256,546                                                             | 0.057556                                                        | 4,661,238                                                     |                                                                | 268,282                                                               |                                                                        |
| 45.      | Observation                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                         |                                                                 |                                                               |                                                                | <b>951,485</b>                                                        |                                                                        |

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

**Hospital Statement of Cost / Graduate Medical Education Expense**

BHF Supplement No. 2(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2011 To: 09/30/2012 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Days<br>Including<br>Private<br>(CMS 2552-10,<br>W/S S-3, Pt. 1,<br>Col. 8) | GME<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                      | (2)                                                                               | (3)                                             | (4)                                                                      | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 | 16,031,336                                               | 123,417                                                                           | 129.90                                          | 17,877                                                                   |                                                                | 2,322,222                                                             |                                                                        |
| 48.      | Psych                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 | 1,231,936                                                | 9,039                                                                             | 136.29                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 2,594,200                                                | 16,097                                                                            | 161.16                                          | 2,753                                                                    |                                                                | 443,673                                                               |                                                                        |
| 52.      | Coronary Care Unit                    |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Premature ICU                         |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>2,765,895</b>                                                      |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>951,485</b>                                                        |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>3,717,380</b>                                                      |                                                                        |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0067 | Medicaid Provider Number:<br>16007                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 10/01/2011 To: 09/30/2012 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 20,630                |             | 20,630                 |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 199,564,638           | (3,000)     | 199,561,638            |
| Ancillary Revenue                  | 165,964,978           | (3,000)     | 165,961,978            |
| Routine Revenue                    | 33,599,660            |             | 33,599,660             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

BHF Page 2 - Adults & Peds days were adjusted to remove the Labor Room days which were included on the "as filed" report.

BHF Page 3 - Total costs agree with as filed W/S C Part 1, column 1 with the exception of PBP Clinical Lab, Voice Clinic, Lung Clinic and Palliative Care Clinic, Observation Rm and Pancreas Acquisition.

BHF Page 3 - Total charges agree with as filed W/S C Part 1, column 8 with the following exceptions:

Radiology=Diag., Physical Therapy, Special Clinics, Sister's Clinic, Neuro Diagnostic, Sleep Disorders, Pain Program, Comp Epilepsy, EEG

Respiratory Therapy, Psychology, and Emergency Rm

Spread costs between Acute and Children's Hospitals.