

# Hospital Statement of Cost

BHF Page 1

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

## General Information Preliminary

|                                          |                     |                                      |  |
|------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>St. Luke's Hospital |                     | Medicare Provider Number:<br>26-0179 |  |
| Street:<br>232 S. Woods Mill Road        |                     | Medicaid Provider Number:<br>19036   |  |
| City:<br>Chesterfield                    | State:<br>MO        | Zip:<br>63017                        |  |
| Period Covered by Statement:             | From:<br>07/01/2012 | To:<br>06/30/2013                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) St. Luke's Hospital 19036 for the cost report beginning 07/01/2012 and ending 06/30/2013 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

Name (Typewritten)

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

Name (Typewritten)

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| 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  | 369                  | 128,415                  | 22,813                  | 58,906                                           | 45.87%                                              |                                        | 15,140                                                  | 4.34                                                |
| 2.       | Psych                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 18                   | 6,570                    |                         | 3,480                                            | 52.97%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     | 16                   | 5,840                    |                         | 3,338                                            | 57.16%                                              |                                        |                                                         |                                                     |
| 7.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        | 40                   | 14,600                   |                         | 5,663                                            | 38.79%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>443</b>           | <b>155,425</b>           | <b>22,813</b>           | <b>71,387</b>                                    | <b>45.93%</b>                                       |                                        | <b>15,140</b>                                           | <b>4.34</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 2,727                                            |                                                     |                                        |                                                         |                                                     |

|                          | (1) | (2) | (3) | (4)       | (5)          | (6) | (7)       | (8)         |
|--------------------------|-----|-----|-----|-----------|--------------|-----|-----------|-------------|
| <b>Part II-Program</b>   |     |     |     |           |              |     |           |             |
| 1. Adults and Pediatrics |     |     |     | 35        |              |     | 10        | 5.30        |
| 2. Psych                 |     |     |     |           |              |     |           |             |
| 3. Rehab                 |     |     |     |           |              |     |           |             |
| 4. Other (Sub)           |     |     |     |           |              |     |           |             |
| 5. Intensive Care Unit   |     |     |     | 12        |              |     |           |             |
| 6. Coronary Care Unit    |     |     |     | 6         |              |     |           |             |
| 7. Other                 |     |     |     |           |              |     |           |             |
| 8. Other                 |     |     |     |           |              |     |           |             |
| 9. Other                 |     |     |     |           |              |     |           |             |
| 10. Other                |     |     |     |           |              |     |           |             |
| 11. Other                |     |     |     |           |              |     |           |             |
| 12. Other                |     |     |     |           |              |     |           |             |
| 13. Other                |     |     |     |           |              |     |           |             |
| 14. Other                |     |     |     |           |              |     |           |             |
| 16. Other                |     |     |     |           |              |     |           |             |
| 17. Other                |     |     |     |           |              |     |           |             |
| 18. Other                |     |     |     |           |              |     |           |             |
| 19. Other                |     |     |     |           |              |     |           |             |
| 20. Other                |     |     |     |           |              |     |           |             |
| 21. Newborn Nursery      |     |     |     | 2         |              |     |           |             |
| 22. <b>Total</b>         |     |     |     | <b>55</b> | <b>0.08%</b> |     | <b>10</b> | <b>5.30</b> |

| Line No. | Part III - Outpatient Statistics - Occasions of Service | Program | Total Hospital |
|----------|---------------------------------------------------------|---------|----------------|
| 1.       | Total Outpatient Occasions of Service                   |         |                |

Hospital Statement of Cost / Apportionment of Ancillary Services to Health Care Programs

BHF Page 3

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|----------------------------------------|--------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                                     | Operating Room                 | 32,633,384                                                      | 104,587,028                                                        | 0.312021                                        | 26,552                                                                      |                                                                             | 8,285                                                                 |                                                                       |
| 2.                                     | Recovery Room                  | 2,020,466                                                       | 8,045,697                                                          | 0.251124                                        | 1,861                                                                       |                                                                             | 467                                                                   |                                                                       |
| 3.                                     | Delivery and Labor Room        | 2,273,834                                                       | 7,973,454                                                          | 0.285176                                        | 48                                                                          |                                                                             | 14                                                                    |                                                                       |
| 4.                                     | Anesthesiology                 | 806,845                                                         | 10,556,976                                                         | 0.076428                                        | 5,097                                                                       |                                                                             | 390                                                                   |                                                                       |
| 5.                                     | Radiology - Diagnostic         | 25,225,158                                                      | 123,209,351                                                        | 0.204734                                        | 10,852                                                                      |                                                                             | 2,222                                                                 |                                                                       |
| 6.                                     | Radiology - Therapeutic        |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                                     | Nuclear Medicine               |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                                     | Laboratory                     | 16,340,216                                                      | 150,299,946                                                        | 0.108717                                        | 82,164                                                                      |                                                                             | 8,933                                                                 |                                                                       |
| 9.                                     | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration         |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 11.                                    | Intravenous Therapy            | 18,355,692                                                      | 69,152,599                                                         | 0.265437                                        | 4,759                                                                       |                                                                             | 1,263                                                                 |                                                                       |
| 12.                                    | Respiratory Therapy            | 3,075,795                                                       | 13,700,258                                                         | 0.224506                                        | 36,126                                                                      |                                                                             | 8,111                                                                 |                                                                       |
| 13.                                    | Physical Therapy               | 8,866,689                                                       | 27,810,084                                                         | 0.318830                                        | 2,801                                                                       |                                                                             | 893                                                                   |                                                                       |
| 14.                                    | Occupational Therapy           | 726,297                                                         | 2,995,345                                                          | 0.242475                                        | 2,375                                                                       |                                                                             | 576                                                                   |                                                                       |
| 15.                                    | Speech Pathology               | 303,156                                                         | 1,119,919                                                          | 0.270695                                        | 929                                                                         |                                                                             | 251                                                                   |                                                                       |
| 16.                                    | EKG                            | 3,953,555                                                       | 43,849,419                                                         | 0.090162                                        | 13,475                                                                      |                                                                             | 1,215                                                                 |                                                                       |
| 17.                                    | EEG                            | 4,273,484                                                       | 8,707,481                                                          | 0.490783                                        | 1,309                                                                       |                                                                             | 642                                                                   |                                                                       |
| 18.                                    | Med. / Surg. Supplies          | 18,880,366                                                      | 47,974,349                                                         | 0.393551                                        | 25,295                                                                      |                                                                             | 9,955                                                                 |                                                                       |
| 19.                                    | Drugs Charged to Patients      | 20,947,379                                                      | 119,508,633                                                        | 0.175279                                        | 124,052                                                                     |                                                                             | 21,744                                                                |                                                                       |
| 20.                                    | Renal Dialysis                 | 860,739                                                         | 2,480,358                                                          | 0.347022                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                                    | Ambulance                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | CT Scan                        | 1,948,891                                                       | 66,820,120                                                         | 0.029166                                        | 14,327                                                                      |                                                                             | 418                                                                   |                                                                       |
| 23.                                    | MRI                            | 1,577,644                                                       | 30,798,827                                                         | 0.051224                                        | 8,028                                                                       |                                                                             | 411                                                                   |                                                                       |
| 24.                                    | Cardiac Catheterization        | 2,964,498                                                       | 24,810,441                                                         | 0.119486                                        | 18,329                                                                      |                                                                             | 2,190                                                                 |                                                                       |
| 25.                                    | Nutrition/Diabetes Educ.       | 849,097                                                         | 2,500,022                                                          | 0.339636                                        | 3,185                                                                       |                                                                             | 1,082                                                                 |                                                                       |
| 26.                                    | Cardiac Rehab                  | 3,143,841                                                       | 3,381,258                                                          | 0.929784                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                                    | Hyperbaric Oxygen Ther.        | 578,717                                                         | 2,673,102                                                          | 0.216496                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                                    | Adult Down Syndrome            | 259,180                                                         | 10,451                                                             | 24.799541                                       |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                                    | Implant Devices Charged        | 27,009,332                                                      | 47,612,088                                                         | 0.567279                                        | 2,214                                                                       |                                                                             | 1,256                                                                 |                                                                       |
| 30.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                         | 1,445                                                           | 3,067                                                              | 0.471144                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                                    | Emergency                      | 17,732,463                                                      | 65,931,004                                                         | 0.268955                                        | 7,549                                                                       |                                                                             | 2,030                                                                 |                                                                       |
| 45.                                    | Observation                    | 2,270,582                                                       | 8,395,300                                                          | 0.270459                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                                    | <b>Total</b>                   |                                                                 |                                                                    |                                                 | <b>391,327</b>                                                              |                                                                             | <b>72,348</b>                                                         |                                                                       |

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

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

BHF Page 4

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>26-0179 | <b>Medicaid Provider Number:</b><br>19036                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2012 To: 06/30/2013 |

**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) | 50,960,406            |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 61,633                |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 826.84                |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 35                    |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 28,939                |             |              |                     |
| 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)                                                           | 28,939                |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 5,415,377                                             | 3,480                                             | 1,556.14                           | 12                                         | 18,674                         |
| 9.       | Coronary Care Unit                                                          | 5,703,979                                             | 3,338                                             | 1,708.80                           | 6                                          | 10,253                         |
| 10.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 11.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 8,248,641                                             | 5,663                                             | 1,456.59                           | 2                                          | 2,913                          |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 72,348                         |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>133,127</b>                 |

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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| 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.       | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 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) |                    | Program Expenses (Col. 4 X Cols. 5A-B) |                    |
|----------|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------|----------------------------------------|--------------------|
|          |                                                      |                                                                  |                                                          |                                                                    |                                                   | Inpatient<br>(5A)                                    | Outpatient<br>(5B) | Inpatient<br>(6A)                      | Outpatient<br>(6B) |
| 23.      | Clinic                                               |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 24.      | Emergency                                            |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 25.      | Observation                                          |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| 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                           | 863,074                                                 | 104,587,028                                              | 0.008252                                                     | 26,552                                         |                                                 | 219                                                    |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           | 467,235                                                 | 10,556,976                                               | 0.044258                                                     | 5,097                                          |                                                 | 226                                                    |                                                         |
| 5.       | Radiology - Diagnostic                   | 21,750                                                  | 123,209,351                                              | 0.000177                                                     | 10,852                                         |                                                 | 2                                                      |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      | 231,838                                                 | 69,152,599                                               | 0.003353                                                     | 4,759                                          |                                                 | 16                                                     |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 260                                                     | 43,849,419                                               | 0.000006                                                     | 13,475                                         |                                                 |                                                        |                                                         |
| 17.      | EEG                                      | 753,236                                                 | 8,707,481                                                | 0.086504                                                     | 1,309                                          |                                                 | 113                                                    |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | CT Scan                                  | 5,355                                                   | 66,820,120                                               | 0.000080                                                     | 14,327                                         |                                                 | 1                                                      |                                                         |
| 23.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Nutrition/Diabetes Educ.                 |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Cardiac Rehab                            | 87,448                                                  | 3,381,258                                                | 0.025863                                                     |                                                |                                                 |                                                        |                                                         |
| 27.      | Hyperbaric Oxygen Ther.                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Adult Down Syndrome                      | 4,548                                                   | 10,451                                                   | 0.435174                                                     |                                                |                                                 |                                                        |                                                         |
| 29.      | Implant Devices Charged                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 8,067,383                                               | 65,931,004                                               | 0.122361                                                     | 7,549                                          |                                                 | 924                                                    |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>1,501</b>                                           |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 | 6,150,244                                               | 61,633                                                            | 99.79                                                  | 35                                                        |                                                 | 3,493                                                  |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   | 1,434,749                                               | 3,480                                                             | 412.28                                                 | 12                                                        |                                                 | 4,947                                                  |                                                         |
| 52.      | Coronary Care Unit                    | 1,102,177                                               | 3,338                                                             | 330.19                                                 | 6                                                         |                                                 | 1,981                                                  |                                                         |
| 53.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               | 50,000                                                  | 5,663                                                             | 8.83                                                   | 2                                                         |                                                 | 18                                                     |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>10,439</b>                                          |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>1,501</b>                                           |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>11,940</b>                                          |                                                         |

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

BHF Page 7

Preliminary

| Medicare Provider Number:<br>26-0179 |                                                                                                          | Medicaid Provider Number:<br>19036                              |                           |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| Program:<br>Medicaid Hospital        |                                                                                                          | Period Covered by Statement:<br>From: 07/01/2012 To: 06/30/2013 |                           |
| Line No.                             | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                        | Program Outpatient<br>(2) |
| 1.                                   | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                 |                           |
| 2.                                   | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 133,127                                                         |                           |
| 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)                                  | 11,940                                                          |                           |
| 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)                             | 4,641                                                           |                           |
| 7.                                   | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>149,708</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<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 391,327                  |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 34,004                   |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 31,322                   |                           |
|          | F. Coronary Care Unit                                                                                 | 19,801                   |                           |
|          | G. Other                                                                                              |                          |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 1,482                    |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>477,936</b>           |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 328,228                   |
| 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

|                                                    |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br><b>26-0179</b> | <b>Medicaid Provider Number:</b><br><b>19036</b>                              |
| <b>Program:</b><br><b>Medicaid Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 07/01/2012 To: 06/30/2013</b> |

| 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)                                        | 149,708           |                    |
| 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)                                                     | 149,708           |                    |
| 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>149,708</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:<br><b>26-0179</b> | Medicaid Provider Number:<br><b>19036</b>                                     |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>07/01/2012</b> To: <b>06/30/2013</b> |

**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<br>(BHF Page 7, Line 13)                                                                               | 328,228 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |         |
| 3.       | Recovery of Excess Reasonable Cost<br>(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<br>(Part I, Line 3)                     |                                   |     |     |                               |                      |
| 3.       | Excess Reasonable Cost - Current Period (BHF Page 7, Line 14)              |                                   |     |     |                               |                      |
| 4.       | Carry Over - End of Current Period<br>(Line 1 Minus Line 2 or Plus Line 3) |                                   |     |     |                               |                      |

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

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

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

BHF Supplement No. 1

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>26-0179 | <b>Medicaid Provider Number:</b><br>19036                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2012 To: 06/30/2013 |

**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**

|                                                                                                                                                | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. Gross Routine Revenues                                                                                                                      |                       |             |              |                     |
| (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: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X 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                      | 310,954                                            | 104,587,028                                                 | 0.002973                                            | 26,552                                            |                                                    | 79                                                        |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      | 75,058                                             | 10,556,976                                                  | 0.007110                                            | 5,097                                             |                                                    | 36                                                        |                                                            |
| 5.       | Radiology - Diagnostic              | 53,613                                             | 123,209,351                                                 | 0.000435                                            | 10,852                                            |                                                    | 5                                                         |                                                            |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 | 171,561                                            | 13,700,258                                                  | 0.012522                                            | 36,126                                            |                                                    | 452                                                       |                                                            |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    | 14,297                                             | 1,119,919                                                   | 0.012766                                            | 929                                               |                                                    | 12                                                        |                                                            |
| 16.      | EKG                                 | 60,761                                             | 43,849,419                                                  | 0.001386                                            | 13,475                                            |                                                    | 19                                                        |                                                            |
| 17.      | EEG                                 | 200,154                                            | 8,707,481                                                   | 0.022986                                            | 1,309                                             |                                                    | 30                                                        |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      | 3,575                                              | 2,480,358                                                   | 0.001441                                            |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Cardiac Catheterization             | 35,742                                             | 24,810,441                                                  | 0.001441                                            | 18,329                                            |                                                    | 26                                                        |                                                            |
| 25.      | Nutrition/Diabetes Educ.            |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Hyperbaric Oxygen Ther.             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Adult Down Syndrome                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | Implant Devices Charged             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 386,012                                            | 65,931,004                                                  | 0.005855                                            | 7,549                                             |                                                    | 44                                                        |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>703</b>                                                |                                                            |

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

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

BHF Supplement No. 2(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0179           | Medicaid Provider Number:    | 19036                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                | (2)                                                                   | (3)                                    | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics                 | 3,288,250                                          | 61,633                                                                | 53.35                                  | 35                                                           |                                                    | 1,867                                                     |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 600,463                                            | 3,480                                                                 | 172.55                                 | 12                                                           |                                                    | 2,071                                                     |                                                            |
| 52.      | Coronary Care Unit                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>3,938</b>                                              |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>703</b>                                                |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>4,641</b>                                              |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0179 | Medicaid Provider Number:<br>19036                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2012 To: 06/30/2013 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 53                    |             | 53                     |
| Newborn Days                       | 2                     |             | 2                      |
| Total Inpatient Revenue            | 479,230               | (1,294)     | 477,936                |
| Ancillary Revenue                  | 392,621               | (1,294)     | 391,327                |
| Routine Revenue                    | 86,609                |             | 86,609                 |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]