

# 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. Marys Medical Center |                     | Medicare Provider Number:<br>15-0100 |  |
| Street:<br>3700 Washington Ave.               |                     | Medicaid Provider Number:<br>5038    |  |
| City:<br>Evansville                           | State:<br>Indiana   | Zip:<br>47714-0541                   |  |
| 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"/> Church                      | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  | <input type="checkbox"/> Township          |
| <input checked="" type="checkbox"/> XXXX 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> XXXX Medicaid Hospital | <input type="checkbox"/> Medicaid Sub II Rehab  | <input type="checkbox"/> DHS - Office of Rehabilitation Services            |
| <input type="checkbox"/> Medicaid Sub I Psych              | <input type="checkbox"/> Medicaid Sub III Other | <input type="checkbox"/> U of I - Division of Specialized Care for Children |

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) St. Marys Medical Center 5038 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: | 15-0100           | Medicaid Provider Number:    | 5038                            |
| 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 | 294                  | 105,020                  |                         | 50,525                                           | 48.11%                                              | 17,674                                 | 16,257                                                  | 4.46                                                |
| 2.                     | Psych                 | 14                   | 5,110                    |                         | 2,948                                            | 57.69%                                              | 507                                    | 576                                                     | 5.12                                                |
| 3.                     | Rehab                 | 24                   | 8,760                    |                         | 5,246                                            | 59.89%                                              | 403                                    | 385                                                     | 13.63                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 62                   | 22,630                   |                         | 14,224                                           | 62.85%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 9                    | 3,285                    |                         | 1,449                                            | 44.11%                                              |                                        |                                                         |                                                     |
| 7.                     | NICU                  | 40                   | 14,600                   |                         | 6,347                                            | 43.47%                                              |                                        |                                                         |                                                     |
| 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       |                      |                          |                         | 3,166                                            |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>443</b>           | <b>159,405</b>           |                         | <b>83,905</b>                                    | <b>52.64%</b>                                       | <b>18,584</b>                          | <b>17,218</b>                                           | <b>4.69</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 12,531                                           |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |              |              |     |     |     |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|-----|-----|-----|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6) | (7) | (8) |
| 1.                     | Adults and Pediatrics |     |     |     | 741          |              |     |     |     |
| 2.                     | Psych                 |     |     |     |              |              |     |     |     |
| 3.                     | Rehab                 |     |     |     |              |              |     |     |     |
| 4.                     | Other (Sub)           |     |     |     |              |              |     |     |     |
| 5.                     | Intensive Care Unit   |     |     |     | 79           |              |     |     |     |
| 6.                     | Coronary Care Unit    |     |     |     | 4            |              |     |     |     |
| 7.                     | NICU                  |     |     |     | 651          |              |     |     |     |
| 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       |     |     |     | 187          |              |     |     |     |
| 22.                    | <b>Total</b>          |     |     |     | <b>1,662</b> | <b>1.98%</b> |     |     |     |

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

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

BHF Page 3

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 15-0100                   |  | 5038                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | 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) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 55,369,827                                               | 194,001,176                                                 | 0.285410                                 | 474,871                                                              |                                                                      | 135,533                                                        |                                                                |
| 2.                                     | Recovery Room                  | 3,406,209                                                | 19,348,302                                                  | 0.176047                                 | 51,170                                                               |                                                                      | 9,008                                                          |                                                                |
| 3.                                     | Delivery and Labor Room        | 5,449,808                                                | 13,211,003                                                  | 0.412520                                 | 871,265                                                              |                                                                      | 359,414                                                        |                                                                |
| 4.                                     | Anesthesiology                 | 470,962                                                  | 15,389,761                                                  | 0.030602                                 | 53,068                                                               |                                                                      | 1,624                                                          |                                                                |
| 5.                                     | Radiology - Diagnostic         | 8,505,269                                                | 60,793,320                                                  | 0.139905                                 | 136,130                                                              |                                                                      | 19,045                                                         |                                                                |
| 6.                                     | Radiology - Therapeutic        |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 7.                                     | Nuclear Medicine               | 2,699,411                                                | 29,484,318                                                  | 0.091554                                 | 21,019                                                               |                                                                      | 1,924                                                          |                                                                |
| 8.                                     | Laboratory                     | 16,179,400                                               | 85,900,555                                                  | 0.188350                                 | 458,361                                                              |                                                                      | 86,332                                                         |                                                                |
| 9.                                     | Blood                          | 3,777,463                                                | 8,626,140                                                   | 0.437909                                 | 63,178                                                               |                                                                      | 27,666                                                         |                                                                |
| 10.                                    | Blood - Administration         |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 11.                                    | Intravenous Therapy            | 4,128,489                                                | 14,848,384                                                  | 0.278043                                 | 146,949                                                              |                                                                      | 40,858                                                         |                                                                |
| 12.                                    | Respiratory Therapy            | 5,604,778                                                | 29,865,374                                                  | 0.187668                                 | 598,883                                                              |                                                                      | 112,391                                                        |                                                                |
| 13.                                    | Physical Therapy               | 4,871,774                                                | 19,699,512                                                  | 0.247304                                 | 27,928                                                               |                                                                      | 6,907                                                          |                                                                |
| 14.                                    | Occupational Therapy           | 2,077,962                                                | 9,900,762                                                   | 0.209879                                 | 22,114                                                               |                                                                      | 4,641                                                          |                                                                |
| 15.                                    | Speech Pathology               | 669,621                                                  | 4,522,652                                                   | 0.148059                                 | 7,942                                                                |                                                                      | 1,176                                                          |                                                                |
| 16.                                    | EKG                            | 2,445,428                                                | 34,025,243                                                  | 0.071871                                 | 117,744                                                              |                                                                      | 8,462                                                          |                                                                |
| 17.                                    | EEG                            | 1,688,732                                                | 7,723,221                                                   | 0.218656                                 | 11,490                                                               |                                                                      | 2,512                                                          |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 17,521,155                                               | 85,358,827                                                  | 0.205265                                 | 168,835                                                              |                                                                      | 34,656                                                         |                                                                |
| 19.                                    | Drugs Charged to Patients      | 26,691,467                                               | 118,507,784                                                 | 0.225230                                 | 703,436                                                              |                                                                      | 158,435                                                        |                                                                |
| 20.                                    | Renal Dialysis                 | 1,925,234                                                | 4,240,492                                                   | 0.454012                                 | 13,991                                                               |                                                                      | 6,352                                                          |                                                                |
| 21.                                    | Ambulance                      | 4,022,481                                                | 8,214,898                                                   | 0.489657                                 |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Cat Scan                       | 3,018,805                                                | 63,173,364                                                  | 0.047786                                 | 160,379                                                              |                                                                      | 7,664                                                          |                                                                |
| 23.                                    | Diagnostic Ultrasound          | 1,396,027                                                | 17,502,345                                                  | 0.079762                                 | 79,387                                                               |                                                                      | 6,332                                                          |                                                                |
| 24.                                    | Cardiac Cath Lab               | 6,832,101                                                | 56,658,914                                                  | 0.120583                                 | 133,404                                                              |                                                                      | 16,086                                                         |                                                                |
| 25.                                    | Cardiac Rehab                  | 1,599,924                                                | 1,055,094                                                   | 1.516381                                 |                                                                      |                                                                      |                                                                |                                                                |
| 26.                                    | Diabetes Center                | 876,522                                                  | 251,223                                                     | 3.489020                                 |                                                                      |                                                                      |                                                                |                                                                |
| 27.                                    | Impl. Devices                  | 25,666,015                                               | 102,102,467                                                 | 0.251375                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                                    | Other Ancillary                | 230,346                                                  | 1,221,934                                                   | 0.188509                                 |                                                                      |                                                                      |                                                                |                                                                |
| 29.                                    | Mobile Clinic                  | 1,121,131                                                | 732,204                                                     | 1.531173                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Outpatient Psych               | 654,126                                                  | 434,761                                                     | 1.504565                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | Bariatrics                     | 364,438                                                  | 220,035                                                     | 1.656273                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | Diagnostic Treatm. Center      | 3,569,730                                                | 18,688,157                                                  | 0.191016                                 | 64,165                                                               |                                                                      | 12,257                                                         |                                                                |
| 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                         | 810,213                                                  | 1,256,635                                                   | 0.644748                                 |                                                                      |                                                                      |                                                                |                                                                |
| 44.                                    | Emergency                      | 18,864,229                                               | 95,456,218                                                  | 0.197622                                 | 218,364                                                              |                                                                      | 43,154                                                         |                                                                |
| 45.                                    | Observation                    | 8,303,918                                                | 7,985,755                                                   | 1.039841                                 |                                                                      |                                                                      |                                                                |                                                                |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>4,604,073</b>                                                     |                                                                      | <b>1,102,429</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>15-0100 | <b>Medicaid Provider Number:</b><br>5038                               |
| <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) | 41,785,184            | 2,678,825   | 5,082,091    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 63,056                | 2,948       | 5,246        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 662.67                | 908.69      | 968.76       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 741                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 491,038               |             |              |                     |
| 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)                                                           | 491,038               |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1)<br>(A) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8)<br>(B) | Average<br>Per Diem<br>(Col. A / Col. B)<br>(C) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4)<br>(D) | Program Cost<br>(Col. C x Col. D)<br>(E) |
|----------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 8.       | Intensive Care Unit                                                         | 15,692,512                                                         | 14,224                                                            | 1,103.24                                        | 79                                                      | 87,156                                   |
| 9.       | Coronary Care Unit                                                          | 2,775,765                                                          | 1,449                                                             | 1,915.64                                        | 4                                                       | 7,663                                    |
| 10.      | NICU                                                                        | 6,564,988                                                          | 6,347                                                             | 1,034.35                                        | 651                                                     | 673,362                                  |
| 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                                                                     | 1,617,319                                                          | 3,166                                                             | 510.84                                          | 187                                                     | 95,527                                   |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                    |                                                                   |                                                 |                                                         | 1,102,429                                |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                                    |                                                                   |                                                 |                                                         | <b>2,457,175</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: | 15-0100           | Medicaid Provider Number:    | 5038                            |
| 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) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Average Cost Per Day (Col. 2 / Col. 3) | Program Inpatient Days (BHF Page 2, Part II, Column 4) | Program Inpatient Expenses (Col. 4 X Col. 5) |
|----------|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------|
|          |                                                    | (1)                                                       | (2)                                               | (3)                                                               | (4)                                    | (5)                                                    | (6)                                          |
| 1.       | Total Cost of Svcs. Rendered                       | 100%                                                      |                                                   |                                                                   |                                        |                                                        |                                              |
| 2.       | Adults and Pediatrics (General Service Care)       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 3.       | Psych                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 4.       | Rehab                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 5.       | Other (Sub)                                        |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 6.       | Intensive Care Unit                                |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 7.       | Coronary Care Unit                                 |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 8.       | NICU                                               |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |

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

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0100           | Medicaid Provider Number:    | 5038                            |
| 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                           | 1,271,346                                               | 194,001,176                                              | 0.006553                                                     | 474,871                                        |                                                 | 3,112                                                  |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  | 334,010                                                 | 13,211,003                                               | 0.025283                                                     | 871,265                                        |                                                 | 22,028                                                 |                                                         |
| 4.       | Anesthesiology                           | 3,235,668                                               | 15,389,761                                               | 0.210248                                                     | 53,068                                         |                                                 | 11,157                                                 |                                                         |
| 5.       | Radiology - Diagnostic                   | 26,171                                                  | 60,793,320                                               | 0.000430                                                     | 136,130                                        |                                                 | 59                                                     |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         | 13,156                                                  | 29,484,318                                               | 0.000446                                                     | 21,019                                         |                                                 | 9                                                      |                                                         |
| 8.       | Laboratory                               | 330,884                                                 | 85,900,555                                               | 0.003852                                                     | 458,361                                        |                                                 | 1,766                                                  |                                                         |
| 9.       | Blood                                    | 2,860                                                   | 8,626,140                                                | 0.000332                                                     | 63,178                                         |                                                 | 21                                                     |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      | 429                                                     | 14,848,384                                               | 0.000029                                                     | 146,949                                        |                                                 | 4                                                      |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 106,519                                                 | 34,025,243                                               | 0.003131                                                     | 117,744                                        |                                                 | 369                                                    |                                                         |
| 17.      | EEG                                      | 55,650                                                  | 7,723,221                                                | 0.007206                                                     | 11,490                                         |                                                 | 83                                                     |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Cat Scan                                 | 8,358                                                   | 63,173,364                                               | 0.000132                                                     | 160,379                                        |                                                 | 21                                                     |                                                         |
| 23.      | Diagnostic Ultrasound                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Cardiac Cath Lab                         | 3,289                                                   | 56,658,914                                               | 0.000058                                                     | 133,404                                        |                                                 | 8                                                      |                                                         |
| 25.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Diabetes Center                          | 5,538                                                   | 251,223                                                  | 0.022044                                                     |                                                |                                                 |                                                        |                                                         |
| 27.      | Impl. Devices                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Other Ancillary                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Mobile Clinic                            | 1,414                                                   | 732,204                                                  | 0.001931                                                     |                                                |                                                 |                                                        |                                                         |
| 30.      | Outpatient Psych                         | 5,400                                                   | 434,761                                                  | 0.012421                                                     |                                                |                                                 |                                                        |                                                         |
| 31.      | Bariatrics                               | 76,393                                                  | 220,035                                                  | 0.347186                                                     |                                                |                                                 |                                                        |                                                         |
| 32.      | Diagnostic Treatm. Center                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 2,400                                                   | 95,456,218                                               | 0.000025                                                     | 218,364                                        |                                                 | 5                                                      |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>38,642</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: | 15-0100           | Medicaid Provider Number:    | 5038                            |
| 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                 | 3,000                                                   | 63,056                                                            | 0.05                                                   | 741                                                       |                                                 | 37                                                     |                                                         |
| 48.      | Psych                                 | 461,658                                                 | 2,948                                                             | 156.60                                                 |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   | 663,576                                                 | 14,224                                                            | 46.65                                                  | 79                                                        |                                                 | 3,685                                                  |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | NICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>3,722</b>                                           |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>38,642</b>                                          |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>42,364</b>                                          |                                                         |

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

BHF Page 7

Preliminary

| Medicare Provider Number:<br>15-0100 |                                                                                                          | Medicaid Provider Number:<br>5038                               |                           |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| 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)                                                    | 2,457,175                                                       |                           |
| 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)                                  | 42,364                                                          |                           |
| 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)                             | 4,483                                                           |                           |
| 7.                                   | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>2,504,022</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)                                                              | 4,604,073                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 409,884                  |                           |
|          | B. Psych                                                                                              | 1,898                    |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 126,300                  |                           |
|          | F. Coronary Care Unit                                                                                 | 7,168                    |                           |
|          | G. NICU                                                                                               | 993,695                  |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>6,143,018</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 3,638,996                 |
| 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>15-0100</b> | <b>Medicaid Provider Number:</b><br><b>5038</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)                                        | 2,504,022         |                    |
| 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)                                                     | 2,504,022         |                    |
| 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>2,504,022</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>15-0100</b> | Medicaid Provider Number:<br><b>5038</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)                                                                               | 3,638,996 |
| 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) | Inpatient |                       | Outpatient |                       |
|----------|-------------------------------|---------------------------------------------|-----------|-----------------------|------------|-----------------------|
|          |                               |                                             | Ratio     | Amount<br>(Col. 1x2A) | Ratio      | Amount<br>(Col. 1x3A) |
|          |                               |                                             | (1)       | (2A)                  | (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>15-0100 | <b>Medicaid Provider Number:</b><br>5038                               |
| <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**

| 1. Gross Routine Revenues                                                                                                                      | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| (A) General inpatient routine service charges (Excluding swing bed charges) (CMS 2552-10, W/S D - 1, Part I, Line 28)                          |                       |             |              |                     |
| (B) Routine general care semi-private room charges (Excluding swing bed charges)(CMS 2552-10, W/S D - 1, Part I, Line 30)                      |                       |             |              |                     |
| (C) Private room charges<br>(A Minus B) or (CMS 2552-10, W/S D-1, Part 1, Line 29)                                                             |                       |             |              |                     |
| 2. Routine Days                                                                                                                                |                       |             |              |                     |
| (A) Semi-private general care days<br>(CMS 2552-10, W/S D - 1, Part I, Line 4)                                                                 |                       |             |              |                     |
| (B) Private room days<br>(CMS 2552-10, W/S D - 1, Part I, Line 3)                                                                              |                       |             |              |                     |
| 3. Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552-10, W/S D-1, Part 1, Line 32)                                               |                       |             |              |                     |
| 4. Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552-10, W/S D-1, Part 1, Line 33)                                          |                       |             |              |                     |
| 5. Private room charge differential per diem<br>(Line 3 Minus Line 4) or (CMS 2552-10, W/S D-1, Part 1, Line 34)                               |                       |             |              |                     |
| 6. Private room cost differential (To BHF Page 4, Line 4)<br>((Line 5 X (CMS 2552-10, W/S D-1, Part I, Line 27)<br>Divided by (Line 1A Above)) |                       |             |              |                     |
| 7. Private room cost differential adjustment<br>(Line 2B X Line 6)                                                                             |                       |             |              |                     |
| 8. General inpatient routine service cost (net of swing bed and private room cost differential)<br>(CMS 2552-10, W/S D-1, Part I, Line 37)     |                       |             |              |                     |
| 9. Adjusted general inpatient routine service cost per diem (Line 8 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: | 15-0100           | Medicaid Provider Number:    | 5038                            |
| 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                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 5.       | Radiology - Diagnostic              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 17.      | EEG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Cat Scan                            |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | Diagnostic Ultrasound               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Cardiac Cath Lab                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Diabetes Center                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Impl. Devices                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Other Ancillary                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | Mobile Clinic                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | Outpatient Psych                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Bariatrics                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Diagnostic Treatm. Center           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 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                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |

\* If Medicare claims billed net of professional component, total hospital professional component charges must be added to W/S C charges to recompute the 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: | 15-0100           | Medicaid Provider Number:    | 5038                            |
| 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,<br>W/S B, Pt. 1,<br>Col. 25) | Total Days Including<br>Private<br>(CMS 2552-10,<br>W/S S-3, Pt. 1,<br>Col. 8) | GME Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                      | (2)                                                                            | (3)                                          | (4)                                                                   | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 | 381,725                                                  | 63,056                                                                         | 6.05                                         | 741                                                                   |                                                                | 4,483                                                                 |                                                                        |
| 48.      | Psych                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 53.      | NICU                                  |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 54.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                          |                                                                                |                                              |                                                                       |                                                                | 4,483                                                                 |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                |                                              |                                                                       |                                                                |                                                                       |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                |                                              |                                                                       |                                                                | 4,483                                                                 |                                                                        |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0100 | Medicaid Provider Number:<br>5038                               |
| 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                         | 1,475                 |             | 1,475                  |
| Newborn Days                       | 187                   |             | 187                    |
| Total Inpatient Revenue            | 6,143,018             |             | 6,143,018              |
| Ancillary Revenue                  | 4,604,073             |             | 4,604,073              |
| Routine Revenue                    | 1,538,945             |             | 1,538,945              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]