

# 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>Methodist Hospital |                     | Medicare Provider Number:<br>15-0002 |  |
| Street:<br>600 Grant Street             |                     | Medicaid Provider Number:<br>7031    |  |
| City:<br>Gary                           | State:<br>IN        | Zip:<br>46402                        |  |
| Period Covered by Statement:            | From:<br>01/01/2014 | To:<br>12/31/2014                    |  |

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Methodist Hospital 7031 for the cost report beginning 01/01/2014 and ending 12/31/2014 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: | 15-0002                                                         | Medicaid Provider Number: | 7031 |
| Program:                  | Period Covered by Statement:<br>From: 01/01/2014 To: 12/31/2014 |                           |      |

| 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 | 371                  | 135,415                  |                         | 80,933                                           | 59.77%                                              |                                        | 18,096                                                  | 5.12                                                |
| 2.                     | Psych                 | 14                   | 5,110                    |                         | 1,330                                            | 26.03%                                              |                                        | 285                                                     | 4.67                                                |
| 3.                     | Rehab                 | 39                   | 14,235                   |                         | 11,263                                           | 79.12%                                              |                                        | 786                                                     | 14.33                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 33                   | 12,045                   |                         | 8,385                                            | 69.61%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | NICU                  | 35                   | 12,775                   |                         | 3,353                                            | 26.25%                                              |                                        |                                                         |                                                     |
| 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       |                      |                          |                         | 3,192                                            |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>492</b>           | <b>179,580</b>           |                         | <b>108,456</b>                                   | <b>60.39%</b>                                       |                                        | <b>19,167</b>                                           | <b>5.49</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 15,491                                           |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |            |              |     |            |             |
|------------------------|-----------------------|-----|-----|-----|------------|--------------|-----|------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)        | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 294        |              |     | 156        | 2.42        |
| 2.                     | Psych                 |     |     |     |            |              |     |            |             |
| 3.                     | Rehab                 |     |     |     |            |              |     |            |             |
| 4.                     | Other (Sub)           |     |     |     |            |              |     |            |             |
| 5.                     | Intensive Care Unit   |     |     |     | 54         |              |     |            |             |
| 6.                     | Coronary Care Unit    |     |     |     |            |              |     |            |             |
| 7.                     | NICU                  |     |     |     | 29         |              |     |            |             |
| 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       |     |     |     | 31         |              |     |            |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>408</b> | <b>0.38%</b> |     | <b>156</b> | <b>2.42</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:    |                |
| 15-0002                   |  | 7031                         |                |
| Program:                  |  | Period Covered by Statement: |                |
|                           |  | From: 01/01/2014             | To: 12/31/2014 |

| 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)                                                         | (3)                                      | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 14,426,944                                               | 126,710,890                                                 | 0.113857                                 | 911,789                                                              |                                                                      | 103,814                                                        |                                                                |
| 2.                                     | Recovery Room                  | 2,150,038                                                | 9,487,499                                                   | 0.226618                                 | 47,138                                                               |                                                                      | 10,682                                                         |                                                                |
| 3.                                     | Delivery and Labor Room        | 5,014,804                                                | 5,286,273                                                   | 0.948646                                 | 29,538                                                               |                                                                      | 28,021                                                         |                                                                |
| 4.                                     | Anesthesiology                 |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 5.                                     | Radiology - Diagnostic         | 7,313,034                                                | 28,910,277                                                  | 0.252956                                 | 29,414                                                               |                                                                      | 7,440                                                          |                                                                |
| 6.                                     | Radiology - Therapeutic        | 2,218,511                                                | 16,246,236                                                  | 0.136555                                 |                                                                      |                                                                      |                                                                |                                                                |
| 7.                                     | Nuclear Medicine               | 2,377,963                                                | 11,776,580                                                  | 0.201923                                 | 22,912                                                               |                                                                      | 4,626                                                          |                                                                |
| 8.                                     | Laboratory                     | 14,597,556                                               | 111,806,730                                                 | 0.130561                                 | 456,683                                                              |                                                                      | 59,625                                                         |                                                                |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 2,113,970                                                | 7,473,801                                                   | 0.282851                                 | 21,916                                                               |                                                                      | 6,199                                                          |                                                                |
| 11.                                    | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 12.                                    | Respiratory Therapy            | 4,720,666                                                | 31,049,842                                                  | 0.152035                                 | 238,732                                                              |                                                                      | 36,296                                                         |                                                                |
| 13.                                    | Physical Therapy               | 2,743,430                                                | 7,101,339                                                   | 0.386326                                 | 16,838                                                               |                                                                      | 6,505                                                          |                                                                |
| 14.                                    | Occupational Therapy           | 2,149,834                                                | 5,461,489                                                   | 0.393635                                 | 11,756                                                               |                                                                      | 4,628                                                          |                                                                |
| 15.                                    | Speech Pathology               | 689,582                                                  | 1,751,777                                                   | 0.393647                                 | 6,791                                                                |                                                                      | 2,673                                                          |                                                                |
| 16.                                    | EKG                            | 1,228,816                                                | 17,077,309                                                  | 0.071956                                 | 57,130                                                               |                                                                      | 4,111                                                          |                                                                |
| 17.                                    | EEG                            | 2,100,103                                                | 27,341,317                                                  | 0.076811                                 | 18,753                                                               |                                                                      | 1,440                                                          |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 14,238,901                                               | 40,647,245                                                  | 0.350304                                 | 135,571                                                              |                                                                      | 47,491                                                         |                                                                |
| 19.                                    | Drugs Charged to Patients      | 20,204,890                                               | 81,629,741                                                  | 0.247519                                 | 431,292                                                              |                                                                      | 106,753                                                        |                                                                |
| 20.                                    | Renal Dialysis                 | 2,059,726                                                | 5,917,052                                                   | 0.348100                                 |                                                                      |                                                                      |                                                                |                                                                |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Endoscopy                      | 4,097,213                                                | 17,527,131                                                  | 0.233764                                 | 28,776                                                               |                                                                      | 6,727                                                          |                                                                |
| 23.                                    | Ultrasound                     | 2,577,741                                                | 14,253,936                                                  | 0.180844                                 | 36,224                                                               |                                                                      | 6,551                                                          |                                                                |
| 24.                                    | CT Scan                        | 3,260,258                                                | 85,148,037                                                  | 0.038289                                 | 279,105                                                              |                                                                      | 10,687                                                         |                                                                |
| 25.                                    | MRI                            | 1,148,114                                                | 22,489,614                                                  | 0.051051                                 | 58,058                                                               |                                                                      | 2,964                                                          |                                                                |
| 26.                                    | Cardiac Cath                   | 5,740,179                                                | 62,257,174                                                  | 0.092201                                 | 174,191                                                              |                                                                      | 16,061                                                         |                                                                |
| 27.                                    | Cardiac Rehab                  | 870,789                                                  | 454,107                                                     | 1.917586                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                                    | Implants Charged to Pt         | 18,302,619                                               | 30,675,339                                                  | 0.596656                                 | 112,436                                                              |                                                                      | 67,086                                                         |                                                                |
| 29.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 33.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 34.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 35.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 41.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 8,174,035                                                | 17,777,697                                                  | 0.459792                                 | 12,120                                                               |                                                                      | 5,573                                                          |                                                                |
| 44.                                    | Emergency                      | 14,119,024                                               | 62,890,452                                                  | 0.224502                                 | 139,895                                                              |                                                                      | 31,407                                                         |                                                                |
| 45.                                    | Observation                    | 11,333,061                                               | 21,045,795                                                  | 0.538495                                 | 46,461                                                               |                                                                      | 25,019                                                         |                                                                |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>3,323,519</b>                                                     |                                                                      | <b>602,379</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>15-0002 | <b>Medicaid Provider Number:</b><br>7031                               |
| <b>Program:</b>                             | <b>Period Covered by Statement:</b><br>From: 01/01/2014 To: 12/31/2014 |

**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) | 70,542,511            | 1,443,511   | 7,033,985    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 96,424                | 1,330       | 11,263       |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 731.59                | 1,085.35    | 624.52       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 294                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 215,087               |             |              |                     |
| 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)                                                           | 215,087               |             |              |                     |

| 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                                                         | 12,464,925                                                         | 8,385                                                             | 1,486.57                                        | 54                                                      | 80,275                                   |
| 9.       | Coronary Care Unit                                                          |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 10.      | NICU                                                                        | 3,431,565                                                          | 3,353                                                             | 1,023.43                                        | 29                                                      | 29,679                                   |
| 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                                                                     | 2,445,110                                                          | 3,192                                                             | 766.01                                          | 31                                                      | 23,746                                   |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                    |                                                                   |                                                 |                                                         | 602,379                                  |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                                    |                                                                   |                                                 |                                                         | <b>951,166</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: | 15-0002                                                         | Medicaid Provider Number: | 7031 |
| Program:                  | Period Covered by Statement:<br>From: 01/01/2014 To: 12/31/2014 |                           |      |

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

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

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

BHF Page 6(a)

Preliminary

|                           |                              |                           |            |
|---------------------------|------------------------------|---------------------------|------------|
| Medicare Provider Number: | 15-0002                      | Medicaid Provider Number: | 7031       |
| Program:                  | Period Covered by Statement: |                           |            |
|                           | From: 01/01/2014             | To:                       | 12/31/2014 |

| 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) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost 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.      | Endoscopy                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Implants Charged to Pt                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                              |                           |            |
|---------------------------|------------------------------|---------------------------|------------|
| Medicare Provider Number: | 15-0002                      | Medicaid Provider Number: | 7031       |
| Program:                  | Period Covered by Statement: |                           |            |
|                           | From: 01/01/2014             | To:                       | 12/31/2014 |

| 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                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 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>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

Preliminary

| Medicare Provider Number:<br>15-0002 |                                                                                                          | Medicaid Provider Number:<br>7031                               |                           |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| Program:                             |                                                                                                          | Period Covered by Statement:<br>From: 01/01/2014 To: 12/31/2014 |                           |
| 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)                                                    | 951,166                                                         |                           |
| 3.                                   | Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                                                                 |                           |
| 4.                                   | Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                                                                 |                           |
| 5.                                   | Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                                                                 |                           |
| 6.                                   | Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             | 1,093                                                           |                           |
| 7.                                   | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>952,259</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)                                                              | 3,323,519                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 418,120                  |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 123,480                  |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. NICU                                                                                               | 52,339                   |                           |
|          | 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                                                                                            | 3,645                    |                           |
| 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>3,921,103</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 2,968,844                 |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

**Hospital Statement of Cost / Computation of Allowable Cost**

BHF Page 8

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2014 To: 12/31/2014 |

| 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)                                        | 952,259           |                    |
| 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)                                                     | 952,259           |                    |
| 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>952,259</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>15-0002</b> | Medicaid Provider Number:<br><b>7031</b>                                      |
| Program:                                    | Period Covered by Statement:<br>From: <b>01/01/2014</b> To: <b>12/31/2014</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)                                                                               | 2,968,844 |
| 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>15-0002 | <b>Medicaid Provider Number:</b><br>7031                               |
| <b>Program:</b>                             | <b>Period Covered by Statement:</b><br>From: 01/01/2014 To: 12/31/2014 |

**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: | 15-0002                                                         | Medicaid Provider Number: | 7031 |
| Program:                  | Period Covered by Statement:<br>From: 01/01/2014 To: 12/31/2014 |                           |      |

| 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.      | Endoscopy                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | Ultrasound                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Cardiac Cath                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Implants Charged to Pt              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 491,524                                            | 62,890,452                                                  | 0.007816                                            | 139,895                                           |                                                    | 1,093                                                     |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>1,093</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: | 15-0002                      | Medicaid Provider Number: | 7031 |
| Program:                  | Period Covered by Statement: |                           |      |
|                           | From: 01/01/2014             | To: 12/31/2014            |      |

| 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 Program<br>Charges<br>(BHF Page 3,<br>Col. 5) | Inpatient Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                               | <b>(2)</b>                                                                     | <b>(3)</b>                                   | <b>(4)</b>                                                            | <b>(5)</b>                                               | <b>(6)</b>                                                         | <b>(7)</b>                                                          |
| 47.      | Adults and Pediatrics                 |                                                          |                                                                                |                                              |                                                                       |                                                          |                                                                    |                                                                     |
| 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>    |                                                          |                                                                                |                                              |                                                                       |                                                          |                                                                    |                                                                     |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                |                                              |                                                                       |                                                          | 1,093                                                              |                                                                     |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                |                                              |                                                                       |                                                          | 1,093                                                              |                                                                     |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0002 | Medicaid Provider Number:<br>7031                               |
| Program:                             | Period Covered by Statement:<br>From: 01/01/2014 To: 12/31/2014 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 377                   |             | 377                    |
| Newborn Days                       | 31                    |             | 31                     |
| Total Inpatient Revenue            | 3,921,103             |             | 3,921,103              |
| Ancillary Revenue                  | 3,323,519             |             | 3,323,519              |
| Routine Revenue                    | 597,584               |             | 597,584                |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.