

# Hospital Statement of Cost

BHF Page 1

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

## General Information Preliminary

|                                             |                     |                                      |  |
|---------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>Barnes-Jewish Hospital |                     | Medicare Provider Number:<br>26-0032 |  |
| Street:<br>One Barnes-Jewish Hospital Plaza |                     | Medicaid Provider Number:<br>19014   |  |
| City:<br>St. Louis                          | State:<br>Missouri  | Zip:<br>63110                        |  |
| Period Covered by Statement:                | From:<br>01/01/2015 | To:<br>12/31/2015                    |  |

## 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 type="checkbox"/> Corporation                  | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   | <input type="checkbox"/> Hospital District |
| <input type="checkbox"/> XXXX<br>XXXX Other (Specify) | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other (Specify)   |

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Barnes-Jewish Hospital 19014 for the cost report beginning 01/01/2015 and ending 12/31/2015 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

Name (Typewritten)

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

Name (Typewritten)

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032           | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 1,061                | 387,535                  |                         | 254,797                                          | 65.75%                                              |                                        | 52,728                                                  | 5.62                                                |
| 2.                     | Psych                 | 96                   | 35,136                   |                         | 21,735                                           | 61.86%                                              |                                        | 2,258                                                   | 9.63                                                |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 44                   | 15,908                   |                         | 11,041                                           | 69.41%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 15                   | 5,475                    |                         | 4,521                                            | 82.58%                                              |                                        |                                                         |                                                     |
| 7.                     | SICU                  | 36                   | 13,140                   |                         | 11,202                                           | 85.25%                                              |                                        |                                                         |                                                     |
| 8.                     | Neuro-ICU             | 20                   | 7,300                    |                         | 6,451                                            | 88.37%                                              |                                        |                                                         |                                                     |
| 9.                     | Cardio-Thoracic ICU   | 30                   | 10,950                   |                         | 8,187                                            | 74.77%                                              |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       | 24                   | 8,760                    |                         | 6,506                                            | 74.27%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>1,326</b>         | <b>484,204</b>           |                         | <b>324,440</b>                                   | <b>67.00%</b>                                       |                                        | <b>54,986</b>                                           | <b>5.78</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 6,500                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |              |              |     |              |             |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 8,067        |              |     | 1,460        | 6.38        |
| 2.                     | Psych                 |     |     |     |              |              |     |              |             |
| 3.                     | Rehab                 |     |     |     |              |              |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |              |              |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 113          |              |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     | 92           |              |     |              |             |
| 7.                     | SICU                  |     |     |     | 585          |              |     |              |             |
| 8.                     | Neuro-ICU             |     |     |     | 245          |              |     |              |             |
| 9.                     | Cardio-Thoracic ICU   |     |     |     | 219          |              |     |              |             |
| 10.                    | Other                 |     |     |     |              |              |     |              |             |
| 11.                    | Other                 |     |     |     |              |              |     |              |             |
| 12.                    | Other                 |     |     |     |              |              |     |              |             |
| 13.                    | Other                 |     |     |     |              |              |     |              |             |
| 14.                    | Other                 |     |     |     |              |              |     |              |             |
| 16.                    | Other                 |     |     |     |              |              |     |              |             |
| 17.                    | Other                 |     |     |     |              |              |     |              |             |
| 18.                    | Other                 |     |     |     |              |              |     |              |             |
| 19.                    | Other                 |     |     |     |              |              |     |              |             |
| 20.                    | Other                 |     |     |     |              |              |     |              |             |
| 21.                    | Newborn Nursery       |     |     |     | 163          |              |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>9,484</b> | <b>2.92%</b> |     | <b>1,460</b> | <b>6.38</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:    |            |                |
| 26-0032                   |  |  | 19014                        |            |                |
| Program:                  |  |  | Period Covered by Statement: |            |                |
| Medicaid Hospital         |  |  | From:                        | 01/01/2015 | To: 12/31/2015 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 119,158,522                                              | 420,948,240                                                 | 0.283072                                 | 7,441,183                                                            |                                                                      | 2,106,391                                                      |                                                                |
| 2.                                     | Recovery Room                  | 24,729,414                                               | 92,437,629                                                  | 0.267525                                 | 879,659                                                              |                                                                      | 235,331                                                        |                                                                |
| 3.                                     | Delivery and Labor Room        | 12,686,777                                               | 15,982,236                                                  | 0.793805                                 | 394,419                                                              |                                                                      | 313,092                                                        |                                                                |
| 4.                                     | Anesthesiology                 | 13,870,981                                               | 190,515,567                                                 | 0.072808                                 | 2,899,845                                                            |                                                                      | 211,132                                                        |                                                                |
| 5.                                     | Radiology - Diagnostic         | 50,382,234                                               | 282,342,654                                                 | 0.178444                                 | 3,343,123                                                            |                                                                      | 596,560                                                        |                                                                |
| 6.                                     | Radiology - Therapeutic        | 43,322,935                                               | 277,789,610                                                 | 0.155956                                 | 520,038                                                              |                                                                      | 81,103                                                         |                                                                |
| 7.                                     | Nuclear Medicine               | 6,305,323                                                | 18,120,024                                                  | 0.347975                                 | 74,158                                                               |                                                                      | 25,805                                                         |                                                                |
| 8.                                     | Laboratory                     | 77,358,964                                               | 639,002,706                                                 | 0.121062                                 | 10,596,263                                                           |                                                                      | 1,282,805                                                      |                                                                |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 49,536,546                                               | 212,351,497                                                 | 0.233276                                 | 3,982,881                                                            |                                                                      | 929,111                                                        |                                                                |
| 11.                                    | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 12.                                    | Respiratory Therapy            | 19,965,932                                               | 59,863,487                                                  | 0.333524                                 | 1,387,469                                                            |                                                                      | 462,754                                                        |                                                                |
| 13.                                    | Physical Therapy               | 8,641,956                                                | 22,461,155                                                  | 0.384751                                 | 370,929                                                              |                                                                      | 142,715                                                        |                                                                |
| 14.                                    | Occupational Therapy           | 3,078,682                                                | 7,031,119                                                   | 0.437865                                 | 166,200                                                              |                                                                      | 72,773                                                         |                                                                |
| 15.                                    | Speech Pathology               | 1,141,254                                                | 3,244,472                                                   | 0.351753                                 | 95,307                                                               |                                                                      | 33,525                                                         |                                                                |
| 16.                                    | EKG                            | 9,931,795                                                | 143,716,478                                                 | 0.069107                                 | 1,597,248                                                            |                                                                      | 110,381                                                        |                                                                |
| 17.                                    | EEG                            | 1,767,171                                                | 12,826,060                                                  | 0.137780                                 | 193,472                                                              |                                                                      | 26,657                                                         |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 94,159,211                                               | 211,256,393                                                 | 0.445711                                 | 3,742,993                                                            |                                                                      | 1,668,293                                                      |                                                                |
| 19.                                    | Drugs Charged to Patients      | 172,660,794                                              | 429,944,876                                                 | 0.401588                                 | 8,993,057                                                            |                                                                      | 3,611,504                                                      |                                                                |
| 20.                                    | Renal Dialysis                 | 6,000,530                                                | 24,941,247                                                  | 0.240587                                 | 462,642                                                              |                                                                      | 111,306                                                        |                                                                |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Ultrasound                     | 5,490,376                                                | 49,028,143                                                  | 0.111984                                 | 388,251                                                              |                                                                      | 43,478                                                         |                                                                |
| 23.                                    | CT Scan                        | 10,208,094                                               | 233,320,172                                                 | 0.043751                                 | 2,716,819                                                            |                                                                      | 118,864                                                        |                                                                |
| 24.                                    | MRI                            | 15,334,306                                               | 170,281,761                                                 | 0.090053                                 | 1,298,283                                                            |                                                                      | 116,914                                                        |                                                                |
| 25.                                    | Cardiac Cath                   | 14,532,682                                               | 70,643,195                                                  | 0.205719                                 | 458,701                                                              |                                                                      | 94,364                                                         |                                                                |
| 26.                                    | HLA Lab                        | 5,666,650                                                | 36,101,220                                                  | 0.156966                                 | 95,546                                                               |                                                                      | 14,997                                                         |                                                                |
| 27.                                    | Endoscopy                      | 11,736,089                                               | 48,440,429                                                  | 0.242279                                 | 545,702                                                              |                                                                      | 132,212                                                        |                                                                |
| 28.                                    | OB/GYN In Vitro                | 3,428,515                                                | 5,171,274                                                   | 0.662992                                 |                                                                      |                                                                      |                                                                |                                                                |
| 29.                                    | Electroshock Therapy           | 703,597                                                  | 2,385,217                                                   | 0.294982                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Corneal Tissue Acquis.         | 803,466                                                  | 1,602,730                                                   | 0.501311                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | Outpatient Psych               | 2,161,447                                                | 2,491,432                                                   | 0.867552                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | Kidney Acquisition             | 14,458,157                                               | 15,636,515                                                  | 0.924641                                 |                                                                      |                                                                      |                                                                |                                                                |
| 33.                                    | Heart Acquisition              | 2,759,851                                                | 1,579,482                                                   | 1.747314                                 |                                                                      |                                                                      |                                                                |                                                                |
| 34.                                    | Liver Acquisition              | 5,967,631                                                | 6,992,246                                                   | 0.853464                                 | 363,600                                                              |                                                                      | 310,320                                                        |                                                                |
| 35.                                    | Lung Acquisition               | 5,387,457                                                | 5,815,349                                                   | 0.926420                                 |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Pancreas Acquisition           | 646,006                                                  | 598,668                                                     | 1.079072                                 |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Bone Marrow                    | 6,123,043                                                | 4,535,735                                                   | 1.349956                                 | 93,732                                                               |                                                                      | 126,534                                                        |                                                                |
| 38.                                    | Implantable Devices            | 137,048,647                                              | 270,964,976                                                 | 0.505780                                 | 2,396,205                                                            |                                                                      | 1,211,953                                                      |                                                                |
| 39.                                    | Hyperbatic Ox. Therapy         | 457,750                                                  | 2,219,610                                                   | 0.206230                                 |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 41.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 30,204,938                                               | 62,801,699                                                  | 0.480957                                 | 52,501                                                               |                                                                      | 25,251                                                         |                                                                |
| 44.                                    | Emergency                      | 38,774,214                                               | 203,471,510                                                 | 0.190563                                 | 2,106,163                                                            |                                                                      | 401,357                                                        |                                                                |
| 45.                                    | Observation                    | 6,696,885                                                | 4,493,086                                                   | 1.490487                                 | 2,125                                                                |                                                                      | 3,167                                                          |                                                                |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>57,658,514</b>                                                    |                                                                      | <b>14,620,649</b>                                              |                                                                |

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

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

BHF Page 4

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>26-0032 | <b>Medicaid Provider Number:</b><br>19014                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2015 To: 12/31/2015 |

**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) | 269,212,475           | 18,699,027  |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 261,297               | 21,735      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,030.29              | 860.32      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 8,067                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 8,311,349             |             |              |                     |
| 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)                                                           | 8,311,349             |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8) | Average<br>Per Diem<br>(Col. A / Col. B) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4) | Program Cost<br>(Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------|
|          |                                                                             | (A)                                                         | (B)                                                        | (C)                                      | (D)                                              | (E)                               |
| 8.       | Intensive Care Unit                                                         | 22,097,896                                                  | 11,041                                                     | 2,001.44                                 | 113                                              | 226,163                           |
| 9.       | Coronary Care Unit                                                          | 7,726,239                                                   | 4,521                                                      | 1,708.97                                 | 92                                               | 157,225                           |
| 10.      | SICU                                                                        | 22,160,378                                                  | 11,202                                                     | 1,978.25                                 | 585                                              | 1,157,276                         |
| 11.      | Neuro-ICU                                                                   | 10,851,136                                                  | 6,451                                                      | 1,682.09                                 | 245                                              | 412,112                           |
| 12.      | Cardio-Thoracic ICU                                                         | 18,173,665                                                  | 8,187                                                      | 2,219.82                                 | 219                                              | 486,141                           |
| 13.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 14.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 15.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 16.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 17.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 18.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 19.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 20.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 21.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 22.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 23.      | Nursery                                                                     | 2,768,221                                                   | 6,506                                                      | 425.49                                   | 163                                              | 69,355                            |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 14,620,649                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>25,440,270</b>                 |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032           | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

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

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

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032           | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| 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.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | HLA Lab                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Endoscopy                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | OB/GYN In Vitro                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Electroshock Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Corneal Tissue Acquis.                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Outpatient Psych                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Heart Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Lung Acquisition                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Bone Marrow                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Implantable Devices                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Hyperbatic Ox. Therapy                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032           | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| 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.      | SICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Neuro-ICU                             |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Cardio-Thoracic ICU                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

Preliminary

| Medicare Provider Number:<br>26-0032 |                                                                                                          | Medicaid Provider Number:<br>19014                              |                           |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| Program:<br>Medicaid Hospital        |                                                                                                          | Period Covered by Statement:<br>From: 01/01/2015 To: 12/31/2015 |                           |
| 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)                                                    | 25,440,270                                                      |                           |
| 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)                             | 2,486,816                                                       |                           |
| 7.                                   | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>27,927,086</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)                                                              | 57,658,514               |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 11,205,602               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 332,548                  |                           |
|          | F. Coronary Care Unit                                                                                 | 281,249                  |                           |
|          | G. SICU                                                                                               | 1,803,854                |                           |
|          | H. Neuro-ICU                                                                                          | 702,485                  |                           |
|          | I. Cardio-Thoracic ICU                                                                                | 684,800                  |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 129,985                  |                           |
| 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>72,799,037</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 44,871,951                |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

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

BHF Page 8

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2015 To: 12/31/2015 |

| 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)                                        | 27,927,086        |                    |
| 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)                                                     | 27,927,086        |                    |
| 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>27,927,086</b> |                    |

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

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

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

BHF Page 9

Preliminary

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>26-0032</b> | Medicaid Provider Number:<br><b>19014</b>                                     |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>01/01/2015</b> To: <b>12/31/2015</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)                                                                               | 44,871,951 |
| 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>26-0032 | <b>Medicaid Provider Number:</b><br>19014                                            |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br><b>From:</b> 01/01/2015 <b>To:</b> 12/31/2015 |

**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: |  | Medicaid Provider Number:    |                |
| 26-0032                   |  | 19014                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 01/01/2015             | To: 12/31/2015 |

| 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                      | 24,923,726                                         | 420,948,240                                                 | 0.059209                                            | 7,441,183                                         |                                                    | 440,585                                                   |                                                            |
| 2.       | Recovery Room                       | 166,461                                            | 92,437,629                                                  | 0.001801                                            | 879,659                                           |                                                    | 1,584                                                     |                                                            |
| 3.       | Delivery and Labor Room             | 1,059,296                                          | 15,982,236                                                  | 0.066280                                            | 394,419                                           |                                                    | 26,142                                                    |                                                            |
| 4.       | Anesthesiology                      | 12,060,844                                         | 190,515,567                                                 | 0.063306                                            | 2,899,845                                         |                                                    | 183,578                                                   |                                                            |
| 5.       | Radiology - Diagnostic              | 9,579,064                                          | 282,342,654                                                 | 0.033927                                            | 3,343,123                                         |                                                    | 113,422                                                   |                                                            |
| 6.       | Radiology - Therapeutic             | 2,073,194                                          | 277,789,610                                                 | 0.007463                                            | 520,038                                           |                                                    | 3,881                                                     |                                                            |
| 7.       | Nuclear Medicine                    | 2,088,327                                          | 18,120,024                                                  | 0.115250                                            | 74,158                                            |                                                    | 8,547                                                     |                                                            |
| 8.       | Laboratory                          | 9,367,205                                          | 639,002,706                                                 | 0.014659                                            | 10,596,263                                        |                                                    | 155,331                                                   |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              | 2,496,912                                          | 212,351,497                                                 | 0.011758                                            | 3,982,881                                         |                                                    | 46,831                                                    |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 | 1,013,898                                          | 59,863,487                                                  | 0.016937                                            | 1,387,469                                         |                                                    | 23,500                                                    |                                                            |
| 13.      | Physical Therapy                    | 1,649,475                                          | 22,461,155                                                  | 0.073437                                            | 370,929                                           |                                                    | 27,240                                                    |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                                 | 1,422,483                                          | 143,716,478                                                 | 0.009898                                            | 1,597,248                                         |                                                    | 15,810                                                    |                                                            |
| 17.      | EEG                                 | 4,615,505                                          | 12,826,060                                                  | 0.359854                                            | 193,472                                           |                                                    | 69,622                                                    |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      | 211,859                                            | 24,941,247                                                  | 0.008494                                            | 462,642                                           |                                                    | 3,930                                                     |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Ultrasound                          | 1,301,421                                          | 49,028,143                                                  | 0.026544                                            | 388,251                                           |                                                    | 10,306                                                    |                                                            |
| 23.      | CT Scan                             | 847,437                                            | 233,320,172                                                 | 0.003632                                            | 2,716,819                                         |                                                    | 9,867                                                     |                                                            |
| 24.      | MRI                                 | 3,359,482                                          | 170,281,761                                                 | 0.019729                                            | 1,298,283                                         |                                                    | 25,614                                                    |                                                            |
| 25.      | Cardiac Cath                        | 2,209,389                                          | 70,643,195                                                  | 0.031275                                            | 458,701                                           |                                                    | 14,346                                                    |                                                            |
| 26.      | HLA Lab                             | 30,266                                             | 36,101,220                                                  | 0.000838                                            | 95,546                                            |                                                    | 80                                                        |                                                            |
| 27.      | Endoscopy                           | 2,058,061                                          | 48,440,429                                                  | 0.042486                                            | 545,702                                           |                                                    | 23,185                                                    |                                                            |
| 28.      | OB/GYN In Vitro                     | 181,594                                            | 5,171,274                                                   | 0.035116                                            |                                                   |                                                    |                                                           |                                                            |
| 29.      | Electroshock Therapy                | 211,859                                            | 2,385,217                                                   | 0.088822                                            |                                                   |                                                    |                                                           |                                                            |
| 30.      | Corneal Tissue Acquis.              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Outpatient Psych                    | 2,890,365                                          | 2,491,432                                                   | 1.160122                                            |                                                   |                                                    |                                                           |                                                            |
| 32.      | Kidney Acquisition                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Heart Acquisition                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Liver Acquisition                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Lung Acquisition                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Pancreas Acquisition                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Bone Marrow                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Implantable Devices                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Hyperbatic Ox. Therapy              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 11,516,063                                         | 62,801,699                                                  | 0.183372                                            | 52,501                                            |                                                    | 9,627                                                     |                                                            |
| 44.      | Emergency                           | 8,671,096                                          | 203,471,510                                                 | 0.042616                                            | 2,106,163                                         |                                                    | 89,756                                                    |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>1,302,784</b>                                          |                                                            |

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

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

BHF Supplement No. 2(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032           | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                | (2)                                                                   | (3)                                    | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics                 | 33,897,479                                         | 261,297                                                               | 129.73                                 | 8,067                                                        |                                                    | 1,046,532                                                 |                                                            |
| 48.      | Psych                                 | 2,633,108                                          | 21,735                                                                | 121.15                                 |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 4,751,700                                          | 11,041                                                                | 430.37                                 | 113                                                          |                                                    | 48,632                                                    |                                                            |
| 52.      | Coronary Care Unit                    | 2,587,709                                          | 4,521                                                                 | 572.38                                 | 92                                                           |                                                    | 52,659                                                    |                                                            |
| 53.      | SICU                                  |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Neuro-ICU                             | 953,367                                            | 6,451                                                                 | 147.79                                 | 245                                                          |                                                    | 36,209                                                    |                                                            |
| 55.      | Cardio-Thoracic ICU                   |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>1,184,032</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>1,302,784</b>                                          |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>2,486,816</b>                                          |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2015 To: 12/31/2015 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 9,321                 |             | 9,321                  |
| Newborn Days                       | 163                   |             | 163                    |
| Total Inpatient Revenue            | 72,799,037            |             | 72,799,037             |
| Ancillary Revenue                  | 57,658,514            |             | 57,658,514             |
| Routine Revenue                    | 15,140,523            |             | 15,140,523             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

BHF Page 2 - Adjusted Total Adults & Peds Days to agree with W/S S-3, Line 1, Col. 8.