

# 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>University of Chicago Medical Center |                     | Medicare Provider Number:<br>14-0088 |
| Street:<br>5841 South Maryland Avenue                     |                     | Medicaid Provider Number:<br>3023    |
| City:<br>Chicago                                          | State:<br>Illinois  | Zip:<br>60637-1424                   |
| Period Covered by Statement:                              | From:<br>07/01/2014 | To:<br>06/30/2015                    |

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

## Type of Hospital

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

## Health Care Program

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

|                                                               |                                                    |                                                                                |
|---------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Medicaid Hospital<br>XXXX | <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)) University of Chicago Medica 3023 for the cost report beginning 07/01/2014 and ending 06/30/2015 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: | 14-0088           | Medicaid Provider Number:    | 3023                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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  | 383                  | 139,795                  |                         | 112,370                                          | 80.38%                                              |                                        | 23,340                                                  | 5.84                                                |
| 2.       | Psych                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.       | Rehab                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 62                   | 22,630                   |                         | 19,777                                           | 87.39%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     | 9                    | 3,285                    |                         | 2,615                                            | 79.60%                                              |                                        |                                                         |                                                     |
| 7.       | Burn ICU               | 5                    | 1,825                    |                         | 1,550                                            | 84.93%                                              |                                        |                                                         |                                                     |
| 8.       | Nursery Special Care   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Nursery ICU            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        | 19                   | 6,935                    |                         | 1,260                                            | 18.17%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>478</b>           | <b>174,470</b>           |                         | <b>137,572</b>                                   | <b>78.85%</b>                                       |                                        | <b>23,340</b>                                           | <b>5.84</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 6,294                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |               |               |     |              |             |
|-----|------------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 16,959        |               |     | 3,872        | 5.26        |
| 2.  | Psych                  |     |     |     |               |               |     |              |             |
| 3.  | Rehab                  |     |     |     |               |               |     |              |             |
| 4.  | Other (Sub)            |     |     |     |               |               |     |              |             |
| 5.  | Intensive Care Unit    |     |     |     | 2,602         |               |     |              |             |
| 6.  | Coronary Care Unit     |     |     |     | 501           |               |     |              |             |
| 7.  | Burn ICU               |     |     |     | 288           |               |     |              |             |
| 8.  | Nursery Special Care   |     |     |     |               |               |     |              |             |
| 9.  | Nursery ICU            |     |     |     |               |               |     |              |             |
| 10. | Other                  |     |     |     |               |               |     |              |             |
| 11. | Other                  |     |     |     |               |               |     |              |             |
| 12. | Other                  |     |     |     |               |               |     |              |             |
| 13. | Other                  |     |     |     |               |               |     |              |             |
| 14. | Other                  |     |     |     |               |               |     |              |             |
| 16. | Other                  |     |     |     |               |               |     |              |             |
| 17. | Other                  |     |     |     |               |               |     |              |             |
| 18. | Other                  |     |     |     |               |               |     |              |             |
| 19. | Other                  |     |     |     |               |               |     |              |             |
| 20. | Other                  |     |     |     |               |               |     |              |             |
| 21. | Newborn Nursery        |     |     |     | 782           |               |     |              |             |
| 22. | <b>Total</b>           |     |     |     | <b>21,132</b> | <b>15.36%</b> |     | <b>3,872</b> | <b>5.26</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: | 14-0088           | Medicaid Provider Number:    | 3023                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| Line No.                        | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|---------------------------------|--------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                              | Operating Room                 | 132,079,143                                                     | 482,956,706                                                        | 0.273480                                        | 26,315,512                                                                  |                                                                             | 7,196,766                                                             |                                                                       |
| 2.                              | Recovery Room                  |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 3.                              | Delivery and Labor Room        | 11,036,649                                                      | 23,262,712                                                         | 0.474435                                        | 7,783,449                                                                   |                                                                             | 3,692,741                                                             |                                                                       |
| 4.                              | Anesthesiology                 | 12,709,004                                                      | 165,760,364                                                        | 0.076671                                        | 9,139,875                                                                   |                                                                             | 700,763                                                               |                                                                       |
| 5.                              | Radiology - Diagnostic         | 56,726,285                                                      | 204,330,630                                                        | 0.277620                                        | 9,318,714                                                                   |                                                                             | 2,587,061                                                             |                                                                       |
| 6.                              | Radiology - Therapeutic        | 13,742,369                                                      | 128,466,070                                                        | 0.106973                                        | 4,253,050                                                                   |                                                                             | 454,962                                                               |                                                                       |
| 7.                              | Nuclear Medicine               |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                              | Laboratory                     | 57,121,202                                                      | 609,513,300                                                        | 0.093716                                        | 39,559,301                                                                  |                                                                             | 3,707,339                                                             |                                                                       |
| 9.                              | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         | 18,419,942                                                      | 117,851,543                                                        | 0.156298                                        | 11,409,874                                                                  |                                                                             | 1,783,340                                                             |                                                                       |
| 11.                             | Intravenous Therapy            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            | 20,611,772                                                      | 127,382,002                                                        | 0.161811                                        | 11,822,738                                                                  |                                                                             | 1,913,049                                                             |                                                                       |
| 13.                             | Physical Therapy               | 10,992,352                                                      | 39,962,309                                                         | 0.275068                                        | 2,209,704                                                                   |                                                                             | 607,819                                                               |                                                                       |
| 14.                             | Occupational Therapy           |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 15.                             | Speech Pathology               |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 16.                             | EKG                            | 23,065,244                                                      | 134,277,924                                                        | 0.171772                                        | 10,222,506                                                                  |                                                                             | 1,755,940                                                             |                                                                       |
| 17.                             | EEG                            | 5,658,390                                                       | 32,949,689                                                         | 0.171728                                        | 1,966,071                                                                   |                                                                             | 337,629                                                               |                                                                       |
| 18.                             | Med. / Surg. Supplies          | 24,269,103                                                      | 92,152,375                                                         | 0.263358                                        | 5,405,748                                                                   |                                                                             | 1,423,647                                                             |                                                                       |
| 19.                             | Drugs Charged to Patients      | 112,634,062                                                     | 772,716,910                                                        | 0.145764                                        | 44,112,965                                                                  |                                                                             | 6,430,082                                                             |                                                                       |
| 20.                             | Renal Dialysis                 | 5,577,947                                                       | 25,159,556                                                         | 0.221703                                        | 3,604,644                                                                   |                                                                             | 799,160                                                               |                                                                       |
| 21.                             | Ambulance                      | 1,124,468                                                       | 4,814                                                              | 233.582883                                      | 549                                                                         |                                                                             | 128,237                                                               |                                                                       |
| 22.                             | Brace and Plaster Rm           | 451,609                                                         | 1,098,839                                                          | 0.410987                                        | 5,405                                                                       |                                                                             | 2,221                                                                 |                                                                       |
| 23.                             | Kidney Acquisition             | 4,907,077                                                       | 5,707,147                                                          | 0.859813                                        | 326,498                                                                     |                                                                             | 280,727                                                               |                                                                       |
| 24.                             | Liver Acquisition              | 3,558,742                                                       | 3,787,873                                                          | 0.939509                                        | 428,583                                                                     |                                                                             | 402,658                                                               |                                                                       |
| 25.                             | Heart Acquisition              | 2,942,466                                                       | 4,318,238                                                          | 0.681404                                        | 378,690                                                                     |                                                                             | 258,041                                                               |                                                                       |
| 26.                             | Pancreas Acquisition           | 1,268,305                                                       |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                             | Implants Dev. Charged          | 45,475,839                                                      | 197,339,283                                                        | 0.230445                                        | 14,674,887                                                                  |                                                                             | 3,381,754                                                             |                                                                       |
| 28.                             | Lung Acquisition               | 2,743,572                                                       | 2,907,821                                                          | 0.943515                                        | 141,115                                                                     |                                                                             | 133,144                                                               |                                                                       |
| 29.                             | Cardiac Rehab                  | 195,332                                                         | 1,110,571                                                          | 0.175884                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                             | CT Scan                        | 8,434,571                                                       | 253,211,743                                                        | 0.033310                                        | 11,617,548                                                                  |                                                                             | 386,981                                                               |                                                                       |
| 31.                             | MRI                            | 7,792,162                                                       | 116,973,103                                                        | 0.066615                                        | 4,212,188                                                                   |                                                                             | 280,595                                                               |                                                                       |
| 32.                             | Cardiac Cath                   | 6,781,345                                                       | 77,834,341                                                         | 0.087125                                        | 4,489,505                                                                   |                                                                             | 391,148                                                               |                                                                       |
| 33.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| Outpatient Service Cost Centers |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                             | Clinic                         | 170,320,189                                                     | 358,165,081                                                        | 0.475535                                        | 5,693,581                                                                   |                                                                             | 2,707,497                                                             |                                                                       |
| 44.                             | Emergency                      | 33,872,272                                                      | 213,646,200                                                        | 0.158544                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 45.                             | Observation                    | 13,038,597                                                      | 33,351,489                                                         | 0.390945                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                             | Total                          |                                                                 |                                                                    |                                                 | 229,092,700                                                                 |                                                                             | 41,743,301                                                            |                                                                       |

\* 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>14-0088 | <b>Medicaid Provider Number:</b><br>3023                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2014 To: 06/30/2015 |

**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) | 185,521,879           |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 118,664               |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,563.42              |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 16,959                |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 26,514,040            |             |              |                     |
| 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)                                                           | 26,514,040            |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 48,106,659                                            | 19,777                                            | 2,432.45                           | 2,602                                      | 6,329,235                      |
| 9.       | Coronary Care Unit                                                          | 8,596,925                                             | 2,615                                             | 3,287.54                           | 501                                        | 1,647,058                      |
| 10.      | Burn ICU                                                                    | 3,600,157                                             | 1,550                                             | 2,322.68                           | 288                                        | 668,932                        |
| 11.      | Nursery Special Care                                                        |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Nursery ICU                                                                 |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 1,419,557                                             | 1,260                                             | 1,126.63                           | 782                                        | 881,025                        |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 41,743,301                     |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>77,783,591</b>              |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0088           | Medicaid Provider Number:    | 3023                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)<br>(3) | Average Cost Per Day (Col. 2 / Col. 3)<br>(4) | Program Inpatient Days (BHF Page 2, Part II, Column 4)<br>(5) | Program Inpatient Expenses (Col. 4 X Col. 5)<br>(6) |
|----------|----------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|
| 1.       | Total Cost of Svcs. Rendered                       | 100%                                                             |                                                          |                                                                          |                                               |                                                               |                                                     |
| 2.       | Adults and Pediatrics (General Service Care)       |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 3.       | Psych                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 4.       | Rehab                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 5.       | Other (Sub)                                        |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 6.       | Intensive Care Unit                                |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 7.       | Coronary Care Unit                                 |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 8.       | Burn ICU                                           |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 9.       | Nursery Special Care                               |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 10.      | Nursery 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)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt.1, Lines 88-93)<br>(3) | Ratio of Cost to Charges (Col. 2 / Col. 3)<br>(4) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45) |                    | Program Expenses (Col. 4 X Cols. 5A-B) |                    |
|----------|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------|----------------------------------------|--------------------|
|          |                                                      |                                                                  |                                                          |                                                                    |                                                   | Inpatient<br>(5A)                                    | Outpatient<br>(5B) | Inpatient<br>(6A)                      | Outpatient<br>(6B) |
| 23.      | Clinic                                               |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 24.      | Emergency                                            |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 25.      | Observation                                          |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                                  |                                                          |                                                                    |                                                   |                                                      |                    |                                        |                    |

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

BHF Page 6(a)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0088           | Medicaid Provider Number:    | 3023                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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.      | Brace and Plaster Rm                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Heart Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Implants Dev. Charged                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Lung Acquisition                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0088           | Medicaid Provider Number:    | 3023                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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.      | Burn ICU                              |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Nursery Special Care                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Nursery 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><b>14-0088</b> |                                                                                                          | Medicaid Provider Number:<br><b>3023</b>                                      |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|
| Program:<br><b>Medicaid Hospital</b>        |                                                                                                          | Period Covered by Statement:<br>From: <b>07/01/2014</b> To: <b>06/30/2015</b> |                           |
| 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)                                                    | 77,783,591                                                                    |                           |
| 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)                             | 5,924,125                                                                     |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>83,707,716</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)                                                              | 229,092,700              |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 55,551,347               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 23,097,829               |                           |
|          | F. Coronary Care Unit                                                                                 | 4,344,217                |                           |
|          | G. Burn ICU                                                                                           | 2,286,799                |                           |
|          | H. Nursery Special Care                                                                               |                          |                           |
|          | I. Nursery ICU                                                                                        |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 2,198,404                |                           |
| 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>316,571,296</b>       |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 232,863,580               |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

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

BHF Page 8

Preliminary

|                                                    |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br><b>14-0088</b> | <b>Medicaid Provider Number:</b><br><b>3023</b>                               |
| <b>Program:</b><br><b>Medicaid Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 07/01/2014 To: 06/30/2015</b> |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 83,707,716        |                    |
| 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)                                                     | 83,707,716        |                    |
| 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>83,707,716</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>14-0088 | Medicaid Provider Number:<br>3023                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2014 To: 06/30/2015 |

**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)                                                                               | 232,863,580 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |             |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |             |

**Part II - Computation of Carry Over of Excess Reasonable Cost Under Lower of Cost or Charges**

| Line No. | Description                                                                | Prior Cost Reporting Period Ended |     |     | Current Cost Reporting Period | Sum of Columns 1 - 4 |
|----------|----------------------------------------------------------------------------|-----------------------------------|-----|-----|-------------------------------|----------------------|
|          |                                                                            | to                                | to  | to  |                               |                      |
|          |                                                                            | (1)                               | (2) | (3) | (4)                           | (5)                  |
| 1.       | Carry Over - Beginning of Current Period                                   |                                   |     |     |                               |                      |
| 2.       | Recovery of Excess Reasonable Cost<br>(Part I, Line 3)                     |                                   |     |     |                               |                      |
| 3.       | Excess Reasonable Cost - Current Period (BHF Page 7, Line 14)              |                                   |     |     |                               |                      |
| 4.       | Carry Over - End of Current Period<br>(Line 1 Minus Line 2 or Plus Line 3) |                                   |     |     |                               |                      |

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

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

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

BHF Supplement No. 1

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0088 | <b>Medicaid Provider Number:</b><br>3023                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2014 To: 06/30/2015 |

**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**

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

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

BHF Supplement No. 2(a)

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 14-0088                   |  | 3023                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 07/01/2014             | To: 06/30/2015 |

| 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                      | 8,095,384                                          | 482,956,706                                                 | 0.016762                                            | 26,315,512                                        |                                                    | 441,101                                                   |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             | 2,556,184                                          | 23,262,712                                                  | 0.109883                                            | 7,783,449                                         |                                                    | 855,269                                                   |                                                            |
| 4.       | Anesthesiology                      | 5,409,711                                          | 165,760,364                                                 | 0.032636                                            | 9,139,875                                         |                                                    | 298,289                                                   |                                                            |
| 5.       | Radiology - Diagnostic              | 3,385,865                                          | 204,330,630                                                 | 0.016571                                            | 9,318,714                                         |                                                    | 154,420                                                   |                                                            |
| 6.       | Radiology - Therapeutic             | 800,906                                            | 128,466,070                                                 | 0.006234                                            | 4,253,050                                         |                                                    | 26,514                                                    |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          | 4,436,155                                          | 609,513,300                                                 | 0.007278                                            | 39,559,301                                        |                                                    | 287,913                                                   |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              | 28,775                                             | 117,851,543                                                 | 0.000244                                            | 11,409,874                                        |                                                    | 2,784                                                     |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                                 | 417,238                                            | 134,277,924                                                 | 0.003107                                            | 10,222,506                                        |                                                    | 31,761                                                    |                                                            |
| 17.      | EEG                                 | 594,685                                            | 32,949,689                                                  | 0.018048                                            | 1,966,071                                         |                                                    | 35,484                                                    |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      | 95,917                                             | 25,159,556                                                  | 0.003812                                            | 3,604,644                                         |                                                    | 13,741                                                    |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Brace and Plaster Rm                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | Kidney Acquisition                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Liver Acquisition                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Heart Acquisition                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Pancreas Acquisition                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Implants Dev. Charged               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Lung Acquisition                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | CT Scan                             | 479,584                                            | 253,211,743                                                 | 0.001894                                            | 11,617,548                                        |                                                    | 22,004                                                    |                                                            |
| 31.      | MRI                                 | 100,712                                            | 116,973,103                                                 | 0.000861                                            | 4,212,188                                         |                                                    | 3,627                                                     |                                                            |
| 32.      | Cardiac Cath                        | 508,359                                            | 77,834,341                                                  | 0.006531                                            | 4,489,505                                         |                                                    | 29,321                                                    |                                                            |
| 33.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 7,519,882                                          | 358,165,081                                                 | 0.020996                                            | 5,693,581                                         |                                                    | 119,542                                                   |                                                            |
| 44.      | Emergency                           | 2,349,963                                          | 213,646,200                                                 | 0.010999                                            |                                                   |                                                    |                                                           |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>2,321,770</b>                                          |                                                            |

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

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

BHF Supplement No. 2(b)

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0088           | Medicaid Provider Number:    | 3023                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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                 | 20,311,623                                         | 118,664                                                               | 171.17                                 | 16,959                                                       |                                                    | 2,902,872                                                 |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 3,559,579                                          | 19,777                                                                | 179.99                                 | 2,602                                                        |                                                    | 468,334                                                   |                                                            |
| 52.      | Coronary Care Unit                    | 997,205                                            | 2,615                                                                 | 381.34                                 | 501                                                          |                                                    | 191,051                                                   |                                                            |
| 53.      | Burn ICU                              | 215,813                                            | 1,550                                                                 | 139.23                                 | 288                                                          |                                                    | 40,098                                                    |                                                            |
| 54.      | Nursery Special Care                  |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Nursery 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>3,602,355</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>2,321,770</b>                                          |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>5,924,125</b>                                          |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0088 | Medicaid Provider Number:<br>3023                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2014 To: 06/30/2015 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 20,350                |             | 20,350                 |
| Newborn Days                       | 782                   |             | 782                    |
| Total Inpatient Revenue            | 316,571,296           |             | 316,571,296            |
| Ancillary Revenue                  | 229,092,700           |             | 229,092,700            |
| Routine Revenue                    | 87,478,596            |             | 87,478,596             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

Room & Board costs split between Acute and Children's Hospital.

Observation Bed Days were adjusted by 1 to agree with the as filed W/S S-3 and split between Acute and Children's Hospital

BHF Page 3 - total costs agree with W/S C Part 1, column 1

GME costs were adjusted as filed W/S B Part 1, column 25 and split between Acute and Children's Hospital.

Room & Board and GME costs were split for Adults & Peds, ICU, CCU, Burn ICU, and Nursery.