

# 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 Illinois Hospital & Health Sciences |                     | Medicare Provider Number:<br>14-0150 |
| Street:<br>1740 W. Taylor Street                                       |                     | Medicaid Provider Number:<br>3098    |
| City:<br>Chicago                                                       | State:<br>Illinois  | Zip:<br>60612                        |
| 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"/> Corporation     | <input type="checkbox"/> Partnership | <input type="checkbox"/> City              |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Corporation | <input type="checkbox"/> County            |
|                                          |                                      | <input type="checkbox"/> Township          |
|                                          |                                      | <input type="checkbox"/> Hospital District |
|                                          |                                      | <input type="checkbox"/> Other (Specify)   |

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) University of Illinois Hospital , 3098 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: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| 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  | 312                  | 113,880                  |                         | 65,548                                           | 57.56%                                              |                                        | 20,549                                                  | 4.76                                                |
| 2.       | Psych                  | 53                   | 19,345                   |                         | 12,746                                           | 65.89%                                              |                                        | 1,078                                                   | 11.82                                               |
| 3.       | Rehab                  | 18                   | 6,570                    |                         | 3,753                                            | 57.12%                                              |                                        | 323                                                     | 11.62                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 45                   | 16,425                   |                         | 11,863                                           | 72.23%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     | 19                   | 6,935                    |                         | 4,946                                            | 71.32%                                              |                                        |                                                         |                                                     |
| 7.       | Pediatric ICU          | 18                   | 6,570                    |                         | 2,793                                            | 42.51%                                              |                                        |                                                         |                                                     |
| 8.       | Neonatal ICU           | 52                   | 18,980                   |                         | 12,618                                           | 66.48%                                              |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        | 25                   | 9,125                    |                         | 3,937                                            | 43.15%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>542</b>           | <b>197,830</b>           |                         | <b>118,204</b>                                   | <b>59.75%</b>                                       |                                        | <b>21,950</b>                                           | <b>5.21</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 5,849                                            |                                                     |                                        |                                                         |                                                     |

|                          | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
|--------------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
| <b>Part II-Program</b>   |     |     |     |               |               |     |              |             |
| 1. Adults and Pediatrics |     |     |     | 13,582        |               |     | 4,855        | 5.01        |
| 2. Psych                 |     |     |     |               |               |     |              |             |
| 3. Rehab                 |     |     |     |               |               |     |              |             |
| 4. Other (Sub)           |     |     |     |               |               |     |              |             |
| 5. Intensive Care Unit   |     |     |     | 1,222         |               |     |              |             |
| 6. Coronary Care Unit    |     |     |     | 923           |               |     |              |             |
| 7. Pediatric ICU         |     |     |     | 1,767         |               |     |              |             |
| 8. Neonatal ICU          |     |     |     | 6,826         |               |     |              |             |
| 9. Other                 |     |     |     |               |               |     |              |             |
| 10. Other                |     |     |     |               |               |     |              |             |
| 11. Other                |     |     |     |               |               |     |              |             |
| 12. Other                |     |     |     |               |               |     |              |             |
| 13. Other                |     |     |     |               |               |     |              |             |
| 14. Other                |     |     |     |               |               |     |              |             |
| 16. Other                |     |     |     |               |               |     |              |             |
| 17. Other                |     |     |     |               |               |     |              |             |
| 18. Other                |     |     |     |               |               |     |              |             |
| 19. Other                |     |     |     |               |               |     |              |             |
| 20. Other                |     |     |     |               |               |     |              |             |
| 21. Newborn Nursery      |     |     |     | 1,531         |               |     |              |             |
| 22. <b>Total</b>         |     |     |     | <b>25,851</b> | <b>21.87%</b> |     | <b>4,855</b> | <b>5.01</b> |

| Line No. | Part III - Outpatient Statistics - Occasions of Service | Program | Total Hospital |
|----------|---------------------------------------------------------|---------|----------------|
| 1.       | Total Outpatient Occasions of Service                   | 126,080 | 471,598        |

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

BHF Page 3

**PRELIMINARY**

|                           |  |  |  |                              |            |     |            |
|---------------------------|--|--|--|------------------------------|------------|-----|------------|
| Medicare Provider Number: |  |  |  | Medicaid Provider Number:    |            |     |            |
| 14-0150                   |  |  |  | 3098                         |            |     |            |
| Program:                  |  |  |  | Period Covered by Statement: |            |     |            |
| Medicaid-Hospital         |  |  |  | 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) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         | (3)                                      | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 40,323,596                                               | 149,496,274                                                 | 0.269730                                 | 14,548,300                                                           | 13,330,532                                                           | 3,924,113                                                      | 3,595,644                                                      |
| 2.                                     | Recovery Room                  | 7,895,424                                                | 12,576,946                                                  | 0.627770                                 | 741,529                                                              | 1,337,343                                                            | 465,510                                                        | 839,544                                                        |
| 3.                                     | Delivery and Labor Room        | 12,323,081                                               | 23,838,814                                                  | 0.516933                                 | 6,802,515                                                            | 1,334,869                                                            | 3,516,444                                                      | 690,038                                                        |
| 4.                                     | Anesthesiology                 | 3,645,663                                                | 62,802,180                                                  | 0.058050                                 | 7,465,283                                                            | 5,197,552                                                            | 433,360                                                        | 301,718                                                        |
| 5.                                     | Radiology - Diagnostic         | 6,606,586                                                | 29,740,898                                                  | 0.222138                                 | 1,503,633                                                            | 2,858,875                                                            | 334,014                                                        | 635,065                                                        |
| 6.                                     | Radiology - Therapeutic        | 8,699,879                                                | 22,575,578                                                  | 0.385367                                 | 383,293                                                              | 3,167,782                                                            | 147,708                                                        | 1,220,759                                                      |
| 7.                                     | Nuclear Medicine               | 1,740,279                                                | 7,410,870                                                   | 0.234828                                 | 261,066                                                              | 636,893                                                              | 61,306                                                         | 149,560                                                        |
| 8.                                     | Laboratory                     | 39,995,708                                               | 284,837,963                                                 | 0.140416                                 | 19,517,072                                                           | 28,814,955                                                           | 2,740,509                                                      | 4,046,081                                                      |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 7,697,361                                                | 28,865,041                                                  | 0.266667                                 | 3,796,227                                                            | 1,079,506                                                            | 1,012,328                                                      | 287,869                                                        |
| 11.                                    | Intravenous Therapy            | 545,914                                                  | 1,492,955                                                   | 0.365660                                 | 146,948                                                              | 6                                                                    | 53,733                                                         | 2                                                              |
| 12.                                    | Respiratory Therapy            | 6,335,663                                                | 37,796,658                                                  | 0.167625                                 | 10,491,201                                                           | 446,263                                                              | 1,758,588                                                      | 74,805                                                         |
| 13.                                    | Physical Therapy               | 9,471,785                                                | 21,233,392                                                  | 0.446080                                 | 766,622                                                              | 2,832,888                                                            | 341,975                                                        | 1,263,695                                                      |
| 14.                                    | Occupational Therapy           | 3,215,820                                                | 6,470,816                                                   | 0.496973                                 | 535,184                                                              | 431,326                                                              | 265,972                                                        | 214,357                                                        |
| 15.                                    | Speech Pathology               | 915,065                                                  | 1,746,218                                                   | 0.524027                                 | 277,513                                                              | 229,228                                                              | 145,424                                                        | 120,122                                                        |
| 16.                                    | EKG                            | 530,552                                                  | 4,674,610                                                   | 0.113497                                 | 399,796                                                              | 256,179                                                              | 45,376                                                         | 29,076                                                         |
| 17.                                    | EEG                            | 663,859                                                  | 6,313,737                                                   | 0.105145                                 | 1,056,168                                                            | 88,971                                                               | 111,051                                                        | 9,355                                                          |
| 18.                                    | Med. / Surg. Supplies          | 68,302,954                                               | 196,211,083                                                 | 0.348110                                 | 19,317,366                                                           | 9,128,388                                                            | 6,724,568                                                      | 3,177,683                                                      |
| 19.                                    | Drugs Charged to Patients      | 72,682,520                                               | 265,093,975                                                 | 0.274176                                 | 31,080,470                                                           | 5,890,667                                                            | 8,521,519                                                      | 1,615,080                                                      |
| 20.                                    | Renal Dialysis                 | 9,321,809                                                | 31,150,963                                                  | 0.299246                                 | 612,521                                                              | 2,427,695                                                            | 183,294                                                        | 726,478                                                        |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Ultrasound                     | 2,340,259                                                | 12,390,979                                                  | 0.188868                                 | 896,739                                                              | 1,156,008                                                            | 169,365                                                        | 218,333                                                        |
| 23.                                    | Radiology Angiography          | 6,312,221                                                | 57,754,270                                                  | 0.109294                                 | 4,954,752                                                            | 1,955,912                                                            | 541,525                                                        | 213,769                                                        |
| 24.                                    | Radiology W. Harrison          | 2,775,662                                                | 14,387,888                                                  | 0.192917                                 | 1,337                                                                | 1,900,426                                                            | 258                                                            | 366,624                                                        |
| 25.                                    | CT Scan                        | 4,783,047                                                | 65,662,623                                                  | 0.072843                                 | 4,180,399                                                            | 4,991,874                                                            | 304,513                                                        | 363,623                                                        |
| 26.                                    | MRI                            | 4,882,771                                                | 47,026,721                                                  | 0.103830                                 | 2,700,138                                                            | 4,636,938                                                            | 280,355                                                        | 481,453                                                        |
| 27.                                    | Cardiac Catheterization        | 2,724,133                                                | 16,643,814                                                  | 0.163672                                 | 967,315                                                              | 480,849                                                              | 158,322                                                        | 78,702                                                         |
| 28.                                    | Lab Tissue Typing              | 1,437,421                                                | 4,162,271                                                   | 0.345345                                 | 34,387                                                               | 197,774                                                              | 11,875                                                         | 68,300                                                         |
| 29.                                    | Lab Outreach                   | 12,676,742                                               | 146,422,457                                                 | 0.086576                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Gastroenterology               | 4,600,488                                                | 24,627,495                                                  | 0.186803                                 | 737,723                                                              | 1,653,210                                                            | 137,809                                                        | 308,825                                                        |
| 31.                                    | Bone Marrow Transplant         | 3,493,463                                                | 3,605,036                                                   | 0.969051                                 | 162,347                                                              | 20,160                                                               | 157,323                                                        | 19,536                                                         |
| 32.                                    | Cardiac Services               | 4,311,812                                                | 22,309,230                                                  | 0.193275                                 | 2,044,112                                                            | 1,005,878                                                            | 395,076                                                        | 194,411                                                        |
| 33.                                    | Kidney Acquisition             | 6,311,506                                                | 7,554,816                                                   | 0.835428                                 | 314,784                                                              |                                                                      | 262,979                                                        |                                                                |
| 34.                                    | Liver Acquisition              | 1,496,080                                                | 2,077,422                                                   | 0.720162                                 | 218,676                                                              |                                                                      | 157,482                                                        |                                                                |
| 35.                                    | Pancreas Acquisition           | 779,898                                                  | 1,093,380                                                   | 0.713291                                 |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Other Organ Acquisition        | 448,893                                                  | 79,542                                                      | 5.643471                                 |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Radio Mile Square              | 531,886                                                  | 1,661,378                                                   | 0.320147                                 |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Telemedicine Prgm              | 2,275,244                                                | 1,486,292                                                   | 1.530819                                 |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Sleep Lab West Harr            | 1,457,925                                                | 4,103,681                                                   | 0.355272                                 |                                                                      | 671,958                                                              |                                                                | 238,728                                                        |
| 40.                                    | Sickle Cell Clinic             | 665,125                                                  | 3,376,313                                                   | 0.196997                                 | 68,221                                                               | 306,818                                                              | 13,439                                                         | 60,442                                                         |
| 41.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 85,153,218                                               | 135,493,419                                                 | 0.628468                                 | 13,068                                                               | 23,646,782                                                           | 8,213                                                          | 14,861,246                                                     |
| 44.                                    | Emergency                      | 17,388,355                                               | 84,928,285                                                  | 0.204742                                 | 5,073,708                                                            | 12,924,513                                                           | 1,038,801                                                      | 2,646,191                                                      |
| 45.                                    | Observation                    | 8,819,883                                                | 12,369,113                                                  | 0.713057                                 | 69,921                                                               | 2,539,444                                                            | 49,858                                                         | 1,810,768                                                      |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>142,140,334</b>                                                   | <b>137,578,462</b>                                                   | <b>34,473,985</b>                                              | <b>40,927,882</b>                                              |

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

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

BHF Page 4

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <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) | 107,661,828           | 16,271,852  | 5,793,549    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 71,397                | 12,746      | 3,753        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,507.93              | 1,276.62    | 1,543.71     |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 13,582                |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 20,480,705            |             |              |                     |
| 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)                                                           | 20,480,705            |             |              |                     |

| 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                                                         | 28,685,095                                            | 11,863                                            | 2,418.03                           | 1,222                                      | 2,954,833                      |
| 9.       | Coronary Care Unit                                                          | 12,948,252                                            | 4,946                                             | 2,617.92                           | 923                                        | 2,416,340                      |
| 10.      | Pediatric ICU                                                               | 8,390,079                                             | 2,793                                             | 3,003.97                           | 1,767                                      | 5,308,015                      |
| 11.      | Neonatal ICU                                                                | 23,982,760                                            | 12,618                                            | 1,900.68                           | 6,826                                      | 12,974,042                     |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 2,711,266                                             | 3,937                                             | 688.66                             | 1,531                                      | 1,054,338                      |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 34,473,985                     |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>79,662,258</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: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| 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.       | Pediatric ICU                                      |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 9.       | Neonatal ICU                                       |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 10.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 11.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 12.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 13.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 14.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 15.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 16.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 17.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 18.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 19.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 20.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 21.      | Nursery                                            |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |

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

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

BHF Page 6(a)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| 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.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Radiology Angiography                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Radiology W. Harrison                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Lab Tissue Typing                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Lab Outreach                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Gastroenterology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Bone Marrow Transplant                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Cardiac Services                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other Organ Acquisition                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Radio Mile Square                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Telemedicine Prgm                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Sleep Lab West Harr                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Sickle Cell Clinic                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 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: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| 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.      | Pediatric ICU                         |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Neonatal ICU                          |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

**PRELIMINARY**

| <b>Medicare Provider Number:</b><br>14-0150 |                                                                                                          | <b>Medicaid Provider Number:</b><br>3098                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid-Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 07/01/2014 To: 06/30/2015 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        | 40,927,882                |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 79,662,258                                                             |                           |
| 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)                             | 8,571,905                                                              | 4,670,427                 |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>88,234,163</b>                                                      | <b>45,598,309</b>         |
| 8.                                          | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 66.00%                                                                 | 34.00%                    |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 142,140,334              | 137,578,462               |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 27,229,912               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 4,414,194                |                           |
|          | F. Coronary Care Unit                                                                                 | 3,618,667                |                           |
|          | G. Pediatric ICU                                                                                      | 6,160,212                |                           |
|          | H. Neonatal ICU                                                                                       | 23,004,255               |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 1,687,256                |                           |
| 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>208,254,830</b>       | <b>137,578,462</b>        |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 212,000,820               |
| 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>14-0150</b> | <b>Medicaid Provider Number:</b><br><b>3098</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)                                        | 88,234,163        | 45,598,309         |
| 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)                                                     | 88,234,163        | 45,598,309         |
| 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>88,234,163</b> | <b>45,598,309</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**

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Medicare Provider Number:</b> | <b>Medicaid Provider Number:</b>    |
| 14-0150                          | 3098                                |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid-Hospital                | 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)                                                                               | 212,000,820 |
| 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.       | <b>Total</b><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>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <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**

|                                  |                          |                                     |                                  |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                      |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> |                                  |
|                                  |                          | <b>From:</b>                        | <b>07/01/2014 To: 06/30/2015</b> |

| 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                      | 8,594,453                                          | 149,496,274                                                 | 0.057489                                            | 14,548,300                                        | 13,330,532                                         | 836,367                                                   | 766,359                                                    |
| 2.       | Recovery Room                       | 120,512                                            | 12,576,946                                                  | 0.009582                                            | 741,529                                           | 1,337,343                                          | 7,105                                                     | 12,814                                                     |
| 3.       | Delivery and Labor Room             | 1,212,851                                          | 23,838,814                                                  | 0.050877                                            | 6,802,515                                         | 1,334,869                                          | 346,092                                                   | 67,914                                                     |
| 4.       | Anesthesiology                      | 2,183,489                                          | 62,802,180                                                  | 0.034768                                            | 7,465,283                                         | 5,197,552                                          | 259,553                                                   | 180,708                                                    |
| 5.       | Radiology - Diagnostic              | 284,977                                            | 29,740,898                                                  | 0.009582                                            | 1,503,633                                         | 2,858,875                                          | 14,408                                                    | 27,394                                                     |
| 6.       | Radiology - Therapeutic             | 2,240,477                                          | 22,575,578                                                  | 0.099243                                            | 383,293                                           | 3,167,782                                          | 38,039                                                    | 314,380                                                    |
| 7.       | Nuclear Medicine                    | 292,230                                            | 7,410,870                                                   | 0.039433                                            | 261,066                                           | 636,893                                            | 10,295                                                    | 25,115                                                     |
| 8.       | Laboratory                          | 9,360,314                                          | 284,837,963                                                 | 0.032862                                            | 19,517,072                                        | 28,814,955                                         | 641,370                                                   | 946,917                                                    |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              | 1,614,963                                          | 28,865,041                                                  | 0.055949                                            | 3,796,227                                         | 1,079,506                                          | 212,395                                                   | 60,397                                                     |
| 11.      | Intravenous Therapy                 | 14,305                                             | 1,492,955                                                   | 0.009582                                            | 146,948                                           | 6                                                  | 1,408                                                     |                                                            |
| 12.      | Respiratory Therapy                 | 1,811,155                                          | 37,796,658                                                  | 0.047918                                            | 10,491,201                                        | 446,263                                            | 502,717                                                   | 21,384                                                     |
| 13.      | Physical Therapy                    | 507,636                                            | 21,233,392                                                  | 0.023907                                            | 766,622                                           | 2,832,888                                          | 18,328                                                    | 67,726                                                     |
| 14.      | Occupational Therapy                | 222,387                                            | 6,470,816                                                   | 0.034368                                            | 535,184                                           | 431,326                                            | 18,393                                                    | 14,824                                                     |
| 15.      | Speech Pathology                    | 171,586                                            | 1,746,218                                                   | 0.098261                                            | 277,513                                           | 229,228                                            | 27,269                                                    | 22,524                                                     |
| 16.      | EKG                                 | 498,292                                            | 4,674,610                                                   | 0.106595                                            | 399,796                                           | 256,179                                            | 42,616                                                    | 27,307                                                     |
| 17.      | EEG                                 | 60,498                                             | 6,313,737                                                   | 0.009582                                            | 1,056,168                                         | 88,971                                             | 10,120                                                    | 853                                                        |
| 18.      | Med. / Surg. Supplies               | 3,799,174                                          | 196,211,083                                                 | 0.019363                                            | 19,317,366                                        | 9,128,388                                          | 374,042                                                   | 176,753                                                    |
| 19.      | Drugs Charged to Patients           | 11,305,950                                         | 265,093,975                                                 | 0.042649                                            | 31,080,470                                        | 5,890,667                                          | 1,325,551                                                 | 251,231                                                    |
| 20.      | Renal Dialysis                      | 1,460,051                                          | 31,150,963                                                  | 0.046870                                            | 612,521                                           | 2,427,695                                          | 28,709                                                    | 113,786                                                    |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Ultrasound                          | 323,358                                            | 12,390,979                                                  | 0.026096                                            | 896,739                                           | 1,156,008                                          | 23,401                                                    | 30,167                                                     |
| 23.      | Radiology Angiography               | 2,195,955                                          | 57,754,270                                                  | 0.038022                                            | 4,954,752                                         | 1,955,912                                          | 188,390                                                   | 74,368                                                     |
| 24.      | Radiology W. Harrison               | 137,865                                            | 14,387,888                                                  | 0.009582                                            | 1,337                                             | 1,900,426                                          | 13                                                        | 18,210                                                     |
| 25.      | CT Scan                             | 1,585,953                                          | 65,662,623                                                  | 0.024153                                            | 4,180,399                                         | 4,991,874                                          | 100,969                                                   | 120,569                                                    |
| 26.      | MRI                                 | 1,385,262                                          | 47,026,721                                                  | 0.029457                                            | 2,700,138                                         | 4,636,938                                          | 79,538                                                    | 136,590                                                    |
| 27.      | Cardiac Catheterization             | 2,172,578                                          | 16,643,814                                                  | 0.130534                                            | 967,315                                           | 480,849                                            | 126,267                                                   | 62,767                                                     |
| 28.      | Lab Tissue Typing                   | 39,883                                             | 4,162,271                                                   | 0.009582                                            | 34,387                                            | 197,774                                            | 329                                                       | 1,895                                                      |
| 29.      | Lab Outreach                        | 1,403,020                                          | 146,422,457                                                 | 0.009582                                            |                                                   |                                                    |                                                           |                                                            |
| 30.      | Gastroenterology                    | 235,981                                            | 24,627,495                                                  | 0.009582                                            | 737,723                                           | 1,653,210                                          | 7,069                                                     | 15,841                                                     |
| 31.      | Bone Marrow Transplant              | 34,543                                             | 3,605,036                                                   | 0.009582                                            | 162,347                                           | 20,160                                             | 1,556                                                     | 193                                                        |
| 32.      | Cardiac Services                    | 213,767                                            | 22,309,230                                                  | 0.009582                                            | 2,044,112                                         | 1,005,878                                          | 19,587                                                    | 9,638                                                      |
| 33.      | Kidney Acquisition                  | 337,853                                            | 7,554,816                                                   | 0.044720                                            | 314,784                                           |                                                    | 14,077                                                    |                                                            |
| 34.      | Liver Acquisition                   | 263,247                                            | 2,077,422                                                   | 0.126718                                            | 218,676                                           |                                                    | 27,710                                                    |                                                            |
| 35.      | Pancreas Acquisition                | 10,477                                             | 1,093,380                                                   | 0.009582                                            |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other Organ Acquisition             | 56,067                                             | 79,542                                                      | 0.704873                                            |                                                   |                                                    |                                                           |                                                            |
| 37.      | Radio Mile Square                   | 15,919                                             | 1,661,378                                                   | 0.009582                                            |                                                   |                                                    |                                                           |                                                            |
| 38.      | Telemedicine Prgm                   | 14,242                                             | 1,486,292                                                   | 0.009582                                            |                                                   |                                                    |                                                           |                                                            |
| 39.      | Sleep Lab West Harr                 | 39,321                                             | 4,103,681                                                   | 0.009582                                            |                                                   | 671,958                                            |                                                           | 6,439                                                      |
| 40.      | Sickle Cell Clinic                  | 32,352                                             | 3,376,313                                                   | 0.009582                                            | 68,221                                            | 306,818                                            | 654                                                       | 2,940                                                      |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 4,146,498                                          | 135,493,419                                                 | 0.030603                                            | 13,068                                            | 23,646,782                                         | 400                                                       | 723,662                                                    |
| 44.      | Emergency                           | 2,423,154                                          | 84,928,285                                                  | 0.028532                                            | 5,073,708                                         | 12,924,513                                         | 144,763                                                   | 368,762                                                    |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>5,449,500</b>                                          | <b>4,670,427</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: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| 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                 | 6,782,076                                          | 71,397                                                                | 94.99                                  | 13,582                                                       |                                                    | 1,290,154                                                 |                                                            |
| 48.      | Psych                                 | 962,309                                            | 12,746                                                                | 75.50                                  |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 1,279,362                                          | 11,863                                                                | 107.84                                 | 1,222                                                        |                                                    | 131,780                                                   |                                                            |
| 52.      | Coronary Care Unit                    | 951,566                                            | 4,946                                                                 | 192.39                                 | 923                                                          |                                                    | 177,576                                                   |                                                            |
| 53.      | Pediatric ICU                         | 577,763                                            | 2,793                                                                 | 206.86                                 | 1,767                                                        |                                                    | 365,522                                                   |                                                            |
| 54.      | Neonatal ICU                          | 2,022,081                                          | 12,618                                                                | 160.25                                 | 6,826                                                        |                                                    | 1,093,867                                                 |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               | 163,308                                            | 3,937                                                                 | 41.48                                  | 1,531                                                        |                                                    | 63,506                                                    |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>3,122,405</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>5,449,500</b>                                          | <b>4,670,427</b>                                           |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>8,571,905</b>                                          | <b>4,670,427</b>                                           |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0150 | Medicaid Provider Number:<br>3098                               |
| 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                         | 24,320                |             | 24,320                 |
| Newborn Days                       | 1,531                 |             | 1,531                  |
| Total Inpatient Revenue            | 208,254,831           | (1)         | 208,254,830            |
| Ancillary Revenue                  | 142,140,335           | (1)         | 142,140,334            |
| Routine Revenue                    | 66,114,496            |             | 66,114,496             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    | 126,080               |             | 126,080                |
| Total Outpatient Revenue           | 137,578,462           |             | 137,578,462            |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

Reclassified Blood charges as Blood Admin.

BHF Page 3, Column 1 Costs were adjusted to filed W/S C, Pt 1, Col 1, as directed in the instructions. Not sure where filed numbers came from.

Clinic costs and charges include Medicare lines 93.01, 93.02, and 93.03.

GME Costs were adjusted to filed W/S B, Pt 1, Col 25.

BHF Page 3-Filed report did not list all ancillary cost centers but BHF could trace to Medicare report.

The names of the cost centers may be entered rather than listing all of them as "Other".

\$1.00 adjustment is due to the rounding error.