

# 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>Sinai Children's Hospital |                     | Medicare Provider Number:<br>14-0018 |  |
| Street:<br>California Ave at 15th St.          |                     | Medicaid Provider Number:<br>3006    |  |
| City:<br>Chicago                               | State:<br>Illinois  | Zip:<br>60608                        |  |
| Period Covered by Statement:                   | From:<br>07/01/2016 | To:<br>06/30/2017                    |  |

## Type of Control

| Voluntary Nonprofit                                   | Proprietary                          | Government (Non-Federal)        |                                            |
|-------------------------------------------------------|--------------------------------------|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> Church                       | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  | <input type="checkbox"/> Township          |
| <input type="checkbox"/> Corporation                  | <input type="checkbox"/> Partnership | <input type="checkbox"/> City   | <input type="checkbox"/> Hospital District |
| <input type="checkbox"/> XXXX<br>XXXX Other (Specify) | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other (Specify)   |

## Type of Hospital

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

## Health Care Program

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

|                                                         |                                                    |                          |
|---------------------------------------------------------|----------------------------------------------------|--------------------------|
| <input type="checkbox"/> XXXX<br>XXXX Medicaid Hospital | <input type="checkbox"/> Medicaid Sub II<br>Rehab  | <input type="checkbox"/> |
| <input type="checkbox"/> Medicaid Sub I<br>Psych        | <input type="checkbox"/> Medicaid Sub III<br>Other | <input type="checkbox"/> |

**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)) Sinai Children's Hospital 3006 for the cost report beginning 07/01/2016 and ending 06/30/2017 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**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0018</b>           | <b>Medicaid Provider Number:</b>    | <b>3006</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2016 To: 06/30/2017</b> |

| 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 | 18                   | 6,570                    |                         | 902                                              | 13.73%                                              |                                        | 1,888                                                   | 3.85                                                |
| 2.                     | Psych                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 9                    | 3,285                    |                         | 1,017                                            | 30.96%                                              |                                        |                                                         |                                                     |
| 7.                     | NICU                  | 21                   | 7,665                    |                         | 5,346                                            | 69.75%                                              |                                        |                                                         |                                                     |
| 8.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>48</b>            | <b>17,520</b>            |                         | <b>7,265</b>                                     | <b>41.47%</b>                                       |                                        | <b>1,888</b>                                            | <b>3.85</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 841                                              |                                                     |                                        |                                                         |                                                     |

| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)           | (6) | (7)        | (8)         |
|------------------------|-----------------------|-----|-----|-----|--------------|---------------|-----|------------|-------------|
| 1.                     | Adults and Pediatrics |     |     |     | 350          |               |     | 736        | 3.46        |
| 2.                     | Psych                 |     |     |     |              |               |     |            |             |
| 3.                     | Rehab                 |     |     |     |              |               |     |            |             |
| 4.                     | Other (Sub)           |     |     |     |              |               |     |            |             |
| 5.                     | Intensive Care Unit   |     |     |     |              |               |     |            |             |
| 6.                     | Coronary Care Unit    |     |     |     | 20           |               |     |            |             |
| 7.                     | NICU                  |     |     |     | 2,179        |               |     |            |             |
| 8.                     | Other                 |     |     |     |              |               |     |            |             |
| 9.                     | Other                 |     |     |     |              |               |     |            |             |
| 10.                    | Other                 |     |     |     |              |               |     |            |             |
| 11.                    | Other                 |     |     |     |              |               |     |            |             |
| 12.                    | Other                 |     |     |     |              |               |     |            |             |
| 13.                    | Other                 |     |     |     |              |               |     |            |             |
| 14.                    | Other                 |     |     |     |              |               |     |            |             |
| 16.                    | Other                 |     |     |     |              |               |     |            |             |
| 17.                    | Other                 |     |     |     |              |               |     |            |             |
| 18.                    | Other                 |     |     |     |              |               |     |            |             |
| 19.                    | Other                 |     |     |     |              |               |     |            |             |
| 20.                    | Other                 |     |     |     |              |               |     |            |             |
| 21.                    | Newborn Nursery       |     |     |     |              |               |     |            |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>2,549</b> | <b>35.09%</b> |     | <b>736</b> | <b>3.46</b> |

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

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

BHF Page 3

PRELIMINARY

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 14-0018                   |  | 3006                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid-Hospital         |  | From: 07/01/2016             | To: 06/30/2017 |

| Line No.                        | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|---------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                 |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                              | Operating Room                 | 20,594,137                                               | 91,836,638                                                  | 0.224248                                 | 556,488                                                              |                                                                      | 124,791                                                        |                                                                |
| 2.                              | Recovery Room                  | 3,155,430                                                | 36,277,257                                                  | 0.086981                                 | 91,410                                                               |                                                                      | 7,951                                                          |                                                                |
| 3.                              | Delivery and Labor Room        | 9,060,447                                                | 49,673,074                                                  | 0.182402                                 | 41,937                                                               |                                                                      | 7,649                                                          |                                                                |
| 4.                              | Anesthesiology                 | 4,784,299                                                | 37,340,600                                                  | 0.128126                                 | 174,602                                                              |                                                                      | 22,371                                                         |                                                                |
| 5.                              | Radiology - Diagnostic         | 14,005,193                                               | 61,697,561                                                  | 0.226998                                 | 304,566                                                              |                                                                      | 69,136                                                         |                                                                |
| 6.                              | Radiology - Therapeutic        | 1,834,786                                                | 9,785,129                                                   | 0.187508                                 |                                                                      |                                                                      |                                                                |                                                                |
| 7.                              | Nuclear Medicine               | 1,185,840                                                | 6,098,891                                                   | 0.194435                                 |                                                                      |                                                                      |                                                                |                                                                |
| 8.                              | Laboratory                     | 20,353,783                                               | 159,866,910                                                 | 0.127317                                 | 1,023,786                                                            |                                                                      | 130,345                                                        |                                                                |
| 9.                              | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                             | Blood - Administration         | 3,238,137                                                | 5,995,759                                                   | 0.540071                                 | 34,249                                                               |                                                                      | 18,497                                                         |                                                                |
| 11.                             | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 12.                             | Respiratory Therapy            | 4,507,813                                                | 44,154,645                                                  | 0.102091                                 | 1,184,445                                                            |                                                                      | 120,921                                                        |                                                                |
| 13.                             | Physical Therapy               | 921,583                                                  | 2,655,455                                                   | 0.347053                                 | 83,577                                                               |                                                                      | 29,006                                                         |                                                                |
| 14.                             | Occupational Therapy           | 822,862                                                  | 3,164,826                                                   | 0.260002                                 | 40,216                                                               |                                                                      | 10,456                                                         |                                                                |
| 15.                             | Speech Pathology               | 664,969                                                  | 2,685,734                                                   | 0.247593                                 | 189,040                                                              |                                                                      | 46,805                                                         |                                                                |
| 16.                             | EKG                            | 2,790,242                                                | 32,291,787                                                  | 0.086407                                 | 385,169                                                              |                                                                      | 33,281                                                         |                                                                |
| 17.                             | EEG                            | 737,661                                                  | 3,568,797                                                   | 0.206697                                 |                                                                      |                                                                      |                                                                |                                                                |
| 18.                             | Med. / Surg. Supplies          | 16,144,798                                               | 71,808,885                                                  | 0.224830                                 | 1,177,239                                                            |                                                                      | 264,679                                                        |                                                                |
| 19.                             | Drugs Charged to Patients      | 21,020,433                                               | 109,153,109                                                 | 0.192578                                 | 1,126,572                                                            |                                                                      | 216,953                                                        |                                                                |
| 20.                             | Renal Dialysis                 | 4,314,742                                                | 20,509,514                                                  | 0.210378                                 |                                                                      |                                                                      |                                                                |                                                                |
| 21.                             | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                             | MRI                            | 1,107,681                                                | 13,660,116                                                  | 0.081089                                 | 26,000                                                               |                                                                      | 2,108                                                          |                                                                |
| 23.                             | O/P Chemotherapy               | 1,914,188                                                | 6,846,938                                                   | 0.279568                                 |                                                                      |                                                                      |                                                                |                                                                |
| 24.                             | Ear, Nose, Throat              |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 25.                             | Pulmonary Function             | 555,825                                                  | 10,809,812                                                  | 0.051419                                 |                                                                      |                                                                      |                                                                |                                                                |
| 26.                             | Under The Rainbow              | 3,330,952                                                | 872,620                                                     | 3.817185                                 |                                                                      |                                                                      |                                                                |                                                                |
| 27.                             | CT Scan                        | 2,935,558                                                | 65,119,379                                                  | 0.045080                                 | 98,165                                                               |                                                                      | 4,425                                                          |                                                                |
| 28.                             | Cardiac Catheterization        | 1,703,259                                                | 23,465,013                                                  | 0.072587                                 |                                                                      |                                                                      |                                                                |                                                                |
| 29.                             | SPASTICITY CLINIC              | 111,671                                                  | 723,806                                                     | 0.154283                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                             | HEM/ONC Clinic                 | 196,584                                                  | 600,968                                                     | 0.327112                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                             | MSH Specialty Clinic           | 681,701                                                  | 6,693,957                                                   | 0.101838                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                             | MSH Spec@Schwab                | 321,099                                                  | 267,254                                                     | 1.201475                                 |                                                                      |                                                                      |                                                                |                                                                |
| 33.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 34.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 35.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 36.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 37.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 38.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 39.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 40.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 41.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                             | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| Outpatient Service Cost Centers |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                             | Clinic                         |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 44.                             | Emergency                      | 14,993,526                                               | 115,423,453                                                 | 0.129900                                 | 17,696                                                               |                                                                      | 2,299                                                          |                                                                |
| 45.                             | Observation                    | 7,902,693                                                | 13,852,136                                                  | 0.570504                                 |                                                                      |                                                                      |                                                                |                                                                |
| 46.                             | Total                          |                                                          |                                                             |                                          | 6,555,157                                                            |                                                                      | 1,111,673                                                      |                                                                |

\* 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>14-0018 | <b>Medicaid Provider Number:</b><br>3006                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

**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) | 2,155,593             |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 1,743                 |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,236.71              |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 350                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 432,849               |             |              |                     |
| 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)                                                           | 432,849               |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1)<br>(A) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8)<br>(B) | Average<br>Per Diem<br>(Col. A / Col. B)<br>(C) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4)<br>(D) | Program Cost<br>(Col. C x Col. D)<br>(E) |
|----------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 8.       | Intensive Care Unit                                                         |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 9.       | Coronary Care Unit                                                          | 1,530,754                                                          | 1,017                                                             | 1,505.17                                        | 20                                                      | 30,103                                   |
| 10.      | NICU                                                                        | 5,990,125                                                          | 5,346                                                             | 1,120.49                                        | 2,179                                                   | 2,441,548                                |
| 11.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 12.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 13.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 14.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 15.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 16.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 17.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 18.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 19.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 20.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 21.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 22.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 23.      | Nursery                                                                     |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                    |                                                                   |                                                 |                                                         | 1,111,673                                |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                                    |                                                                   |                                                 |                                                         | <b>4,016,173</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: | 14-0018           | Medicaid Provider Number:    | 3006                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

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

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

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

BHF Page 6(a)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0018           | Medicaid Provider Number:    | 3006                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| 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.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | O/P Chemotherapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Ear, Nose, Throat                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Pulmonary Function                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Under The Rainbow                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | SPASTICITY CLINIC                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | HEM/ONC Clinic                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | MSH Specialty Clinic                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | MSH Spec@Schwab                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0018           | Medicaid Provider Number:    | 3006                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | NICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

**PRELIMINARY**

| <b>Medicare Provider Number:</b><br>14-0018 |                                                                                                          | <b>Medicaid Provider Number:</b><br>3006                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid-Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        |                           |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 4,016,173                                                              |                           |
| 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)                             | 270,401                                                                |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>4,286,574</b>                                                       |                           |
| 8.                                          | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 100.00%                                                                |                           |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 6,555,157                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 2,972,529                |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 | 88,348                   |                           |
|          | G. NICU                                                                                               | 6,470,583                |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>16,086,617</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 11,800,043                |
| 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>14-0018 | <b>Medicaid Provider Number:</b><br>3006                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

| 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)                                        | 4,286,574         |                    |
| 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)                                                     | 4,286,574         |                    |
| 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>4,286,574</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>14-0018</b>           | <b>Medicaid Provider Number:</b>    | <b>3006</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2016 To: 06/30/2017</b> |

**Part I - Computation of Recovery of Excess Reasonable Cost Under Lower of Cost or Charges**

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)                                                                               | 11,800,043 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |            |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |            |

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

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

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

| Line No. | Description                          | Total<br>(Part II,<br>Cols. 1-3,<br>Line 2) | Inpatient |                       | Outpatient |                       |
|----------|--------------------------------------|---------------------------------------------|-----------|-----------------------|------------|-----------------------|
|          |                                      |                                             | Ratio     | Amount<br>(Col. 1x2A) | Ratio      | Amount<br>(Col. 1x3A) |
|          |                                      |                                             | (1)       | (2A)                  | (3A)       | (3B)                  |
| 1.       | Cost Report Period ended             |                                             |           |                       |            |                       |
| 2.       | Cost Report Period ended             |                                             |           |                       |            |                       |
| 3.       | Cost Report Period ended             |                                             |           |                       |            |                       |
| 4.       | <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>14-0018 | <b>Medicaid Provider Number:</b><br>3006                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

**Part I - Apportionment of Cost for the Services of Teaching Physicians**

**Part A. Cost of Physicians Direct Medical and Surgical Services**

|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| 1. Physicians on hospital staff average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 1, Line 3)         |  |
| 2. Physicians on medical school faculty average per diem<br>(CMS 2552-10, Supplemental W/S D-5, Part II, Col. 2, Line 3) |  |
| 3. Total Per Diem<br>(Line 1 Plus Line 2)                                                                                |  |

**Part B. Program Data**

|                                                                              | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 4. Program inpatient days<br>(BHF Page 2, Part II, Column 4)                 |                 |             |              |                     |
| 5. Program outpatient occasions of service<br>(BHF Page 2, Part III, Line 1) |                 |             |              |                     |

**Part C. Program Cost**

|                                                                                 | General Service | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|---------------------------------------------------------------------------------|-----------------|-------------|--------------|---------------------|
| 6. Program inpatient cost (Line 4 X Line 3)<br>(to BHF Page 7, Col. 1, Line 5)  |                 |             |              |                     |
| 7. Program outpatient cost (Line 5 X Line 3)<br>(to BHF Page 7, Col. 2, Line 5) |                 |             |              |                     |

**Part II - Routine Services Questionnaire**

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

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0018           | Medicaid Provider Number:    | 3006                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| 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                      | 1,851,107                                          | 91,836,638                                                  | 0.020157                                            | 556,488                                           |                                                    | 11,217                                                    |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      | 151,944                                            | 37,340,600                                                  | 0.004069                                            | 174,602                                           |                                                    | 710                                                       |                                                            |
| 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                                 | 189,522                                            | 32,291,787                                                  | 0.005869                                            | 385,169                                           |                                                    | 2,261                                                     |                                                            |
| 17.      | EEG                                 | 210,761                                            | 3,568,797                                                   | 0.059057                                            |                                                   |                                                    |                                                           |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | O/P Chemotherapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Ear, Nose, Throat                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Pulmonary Function                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Under The Rainbow                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Cardiac Catherization               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | SPASTICITY CLINIC                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | HEM/ONC Clinic                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | MSH Specialty Clinic                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | MSH Spec@Schwab                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 818,539                                            | 115,423,453                                                 | 0.007092                                            | 17,696                                            |                                                    | 126                                                       |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>14,314</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**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0018</b>           | <b>Medicaid Provider Number:</b>    | <b>3006</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2016 To: 06/30/2017</b> |

| 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) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                         | <b>(2)</b>                                                            | <b>(3)</b>                             | <b>(4)</b>                                                   | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 47.      | Adults and Pediatrics                 | 399,833                                            | 1,743                                                                 | 229.39                                 | 350                                                          |                                                    | 80,287                                                    |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit                    | 50,913                                             | 1,017                                                                 | 50.06                                  | 20                                                           |                                                    | 1,001                                                     |                                                            |
| 53.      | NICU                                  | 428,878                                            | 5,346                                                                 | 80.22                                  | 2,179                                                        |                                                    | 174,799                                                   |                                                            |
| 54.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>256,087</b>                                            |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>14,314</b>                                             |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>270,401</b>                                            |                                                            |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0018 | Medicaid Provider Number:<br>3006                               |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2016 To: 06/30/2017 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 2,549                 |             | 2,549                  |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 16,086,617            |             | 16,086,617             |
| Ancillary Revenue                  | 6,555,157             |             | 6,555,157              |
| Routine Revenue                    | 9,531,460             |             | 9,531,460              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

## Reclassified Blood as Blood-Admin

Costs for Adults & Peds, Coronary, and NICU were allocated between Mt. Sinai and Sinai Children's Hospitals.

GME Costs for Adults & Peds, Coronary, and NICU were allocated between Mt. Sinai and Sinai Children's Hospitals from W/S B, Part I, Column 25.

BHF Page 2 - Removed Labor & Delivery days- 2,065 - from filed Adults & Peds days in Part I, Line 1, Column 4.

BHF Page 3-Implant Devices costs & charges are included with Medical Supplies from the Medicare report.

BHF Page 3 - Placed \$112,829 filed Medicaid charges in "Other" with Adults & Peds on BHF Page 7. No "Other" cost center.