

# Hospital Statement of Cost

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

**General Information** PRELIMINARY-Revised 09/02/2011

Name of Hospital: University of Illinois Medical Center at Chicago		Medicare Provider Number: 14-0150	
Street: 1740 W. Taylor Street		Medicaid Provider Number: 3098	
City: Chicago	State: Illinois	Zip: 60612	
Period Covered by Statement:	From: 07/01/2008	To: 06/30/2009	

**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"/> Other (Specify) _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other (Specify) _____

**Type of Hospital**

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

**Health Care Program**

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) University of Illinois Medical C 3098 for the cost report beginning 07/01/2008 and ending 06/30/2009 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 \_\_\_\_\_

\_\_\_\_\_  
 Name (Typewritten)  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

This State Agency is requesting disclosure of information that is necessary to accomplish statutory purposes as found in Sections 5-5 and 5-7 of the Healthcare and Family Services Code (Ill. Rev. Stat. Ch. 23, Par. 5/5, 5/7. 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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number:	14-0150	Medicaid Provider Number:	3098
Program:	Medicaid-Hospital	Period Covered by Statement:	From: 07/01/2008 To: 06/30/2009

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
Part I-Hospital		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics	294	107,395		72,812	67.80%		20,502	5.11
2.	Psych	46	16,934		13,705	80.93%		1,131	12.12
3.	Rehab	17	6,205		4,171	67.22%		367	11.37
4.	Sub III								
5.	Intensive Care Unit	22	8,030		6,655	82.88%			
6.	Coronary Care Unit	19	6,916		5,223	75.52%			
7.	Pediatric ICU	21	7,665		4,461	58.20%			
8.	Neonatal ICU	65	23,551		15,565	66.09%			
9.	Other								
10.	Other								
11.	Other								
12.	Other								
13.	Other								
14.	Other								
16.	Other								
17.	Other								
18.	Other								
19.	Other								
20.	Other								
21.	Newborn Nursery	25	9,125		4,784	52.43%			
22.	<b>Total</b>	<b>509</b>	<b>185,821</b>		<b>127,376</b>	<b>68.55%</b>		<b>22,000</b>	<b>5.57</b>
23.	Observation Bed Days				3,622				

Part II-Program		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Adults and Pediatrics				29,734			4,265	11.12
2.	Psych								
3.	Rehab								
4.	Sub III								
5.	Intensive Care Unit				2,270				
6.	Coronary Care Unit				1,629				
7.	Pediatric ICU				3,152				
8.	Neonatal ICU				10,633				
9.	Other								
10.	Other								
11.	Other								
12.	Other								
13.	Other								
14.	Other								
16.	Other								
17.	Other								
18.	Other								
19.	Other								
20.	Other								
21.	Newborn Nursery				3,325				
22.	<b>Total</b>				<b>50,743</b>	<b>39.84%</b>		<b>4,265</b>	<b>11.12</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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number:	14-0150	Medicaid Provider Number:	3098
Program:	Medicaid-Hospital	Period Covered by Statement:	From: 07/01/2008 To: 06/30/2009

Line No.	Ancillary Service Cost Centers	Total Dept. Costs (CMS 2552, W/S C, Pt. 1, Col. 1)	Total Dept. Charges (CMS 2552, W/S C, Pt. 1, Col. 8)*	Ratio of Cost to Charges (Col. 1 / 2)	Total Billed I/P Charges (Gross) for Health Care Program Patients	Total Billed O/P Charges (Gross) for Health Care Program Patients	I/P Expenses Applicable to Health Care Program (Col. 3 X 4)	O/P Expenses Applicable to Health Care Program (Col. 3 X 5)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Operating Room	44,818,570	144,813,078	0.309493	21,122,080	17,357,343	6,537,136	5,371,976
2.	Recovery Room	2,242,661	7,022,107	0.319372	754,952	1,494,197	241,111	477,205
3.	Delivery and Labor Room	10,783,305	24,825,896	0.434357	12,856,674	2,999,627	5,584,386	1,302,909
4.	Anesthesiology	3,613,176	39,456,563	0.091574	9,019,967	4,942,412	825,994	452,596
5.	Radiology - Diagnostic	26,457,853	182,716,774	0.144803	23,048,227	20,394,046	3,337,452	2,953,119
6.	Radiology - Therapeutic	6,844,250	16,438,023	0.416367	259,391	2,998,894	108,002	1,248,640
7.	Nuclear Medicine	2,770,018	7,344,905	0.377135	437,409	972,537	164,962	366,778
8.	Laboratory	46,926,615	296,002,557	0.158534	28,985,761	25,495,090	4,595,229	4,041,839
9.	Blood							
10.	Blood - Administration	8,080,138	26,118,207	0.309368	5,923,452	1,566,009	1,832,526	484,473
11.	Intravenous Therapy							
12.	Respiratory Therapy	5,126,129	48,165,044	0.106428	17,334,108	962,106	1,844,834	102,395
13.	Physical Therapy	4,414,064	9,336,467	0.472777	767,036	1,674,737	362,637	791,777
14.	Occupational Therapy	2,262,651	3,962,819	0.570970	316,145	317,750	180,509	181,426
15.	Speech Pathology	1,355,295	2,244,383	0.603861	299,744	480,201	181,004	289,975
16.	EKG	408,347	3,259,311	0.125286	571,863	278,304	71,646	34,868
17.	EEG	1,362,824	5,358,798	0.254315	1,068,143	265,659	271,645	67,561
18.	Med. / Surg. Supplies	27,745,540	39,421,949	0.703809	10,481,082	277,526	7,376,680	195,325
19.	Drugs Charged to Patients	51,376,719	163,632,741	0.313976	50,309,325	3,719,204	15,795,921	1,167,741
20.	Renal Dialysis	8,128,310	32,602,164	0.249318	1,897,846	3,547,639	473,167	884,490
21.	Ambulance							
22.	Heart Cath Lab	9,320,592	40,971,563	0.227489	6,025,909	4,057,278	1,370,828	922,986
23.	Prosthetics	1,914,329	1,273,241	1.503509	3,913	308,303	5,883	463,536
24.	Other Transplant	1,531,459	498,480	3.072258	115,111	36,525	353,651	112,214
25.	Eye Clinic	6,767,672	8,489,363	0.797194	865	1,408,517	690	1,122,861
26.	Primary Care Clinic	5,055,961	8,945,064	0.565224	57,486	4,747,107	32,492	2,683,179
27.	Child & Adol Clinic	4,460,015	9,117,465	0.489173	41,214	7,164,913	20,161	3,504,882
28.	Neuropsych Clinic	6,367,889	6,383,940	0.997486	573	2,340,345	572	2,334,461
29.	Kidney Acquisition	6,455,671	6,162,568	1.047562	1,018,640		1,067,089	
30.	Liver Acquisition	2,610,755	2,611,887	0.999567	790,226		789,884	
31.	Pancreas Acquisition	750,714	752,317	0.997869	264,810		264,246	
32.	Other							
33.	Other							
34.	Other							
35.	Other							
36.	Other							
37.	Other							
38.	Other							
39.	Other							
40.	Other							
41.	Other							
42.	Other							
<b>Outpatient Service Cost Centers</b>								
43.	Clinic	43,788,736	91,900,283	0.476481	1,741,451	12,685,209	829,768	6,044,261
44.	Emergency	13,132,974	53,578,068	0.245118	6,277,212	13,776,158	1,538,658	3,376,784
45.	Observation	4,006,222	6,137,800	0.652713	227,022	2,150,181	148,180	1,403,451
46.	<b>Total</b>				<b>202,017,637</b>	<b>138,417,817</b>	<b>56,206,943</b>	<b>42,383,708</b>

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

Hospital Statement of Cost / Computation of Inpatient Operating Cost

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: 14-0150	Medicaid Provider Number: 3098
Program: Medicaid-Hospital	Period Covered by Statement: From: 07/01/2008 To: 06/30/2009

Program Inpatient Operating Cost

Line No.	Description	Adults and Pediatrics	Sub I Psych	Sub II Rehab	Sub III Sub III
1. a)	Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions)	84,541,807	11,576,135	3,340,968	
b)	Total inpatient days including private room days (CMS 2552, W/S S-3, Part 1, Col. 6)	76,434	13,705	4,171	
c)	Adjusted general inpatient routine service cost per diem (Line 1a / 1b)	1,106.08	844.67	801.00	
2.	Program general inpatient routine days (BHF Page 2, Part II, Col. 4)	29,734			
3.	Program general inpatient routine cost (Line 1c X Line 2)	32,888,183			
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)	32,888,183			

Line No.	Description	Total Dept. Costs (CMS 2552, W/S C Part 1, Col. 1)	Total Days (CMS 2552, W/S S-3, Part 1, Col. 6)	Average Per Diem (Col. A / Col. B)	Program Days (BHF Page 2, Part II, Col. 4)	Program Cost (Col. C x Col. D)
		(A)	(B)	(C)	(D)	(E)
8.	Intensive Care Unit	12,929,282	6,655	1,942.79	2,270	4,410,133
9.	Coronary Care Unit	11,614,428	5,223	2,223.71	1,629	3,622,424
10.	Pediatric ICU	8,484,099	4,461	1,901.84	3,152	5,994,600
11.	Neonatal ICU	21,561,082	15,565	1,385.23	10,633	14,729,151
12.	Other					
13.	Other					
14.	Other					
15.	Other					
16.	Other					
17.	Other					
18.	Other					
19.	Other					
20.	Other					
21.	Other					
22.	Other					
23.	Nursery	2,353,363	4,784	491.92	3,325	1,635,634
24.	Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46)					56,206,943
25.	<b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>					<b>119,487,068</b>

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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: <b>14-0150</b>	Medicaid Provider Number: <b>3098</b>
Program: <b>Medicaid-Hospital</b>	Period Covered by Statement: From: <b>07/01/2008</b> To: <b>06/30/2009</b>

Line No.	Hospital Inpatient Services	Percent of Assignable Time (CMS 2552, W/S D-2, Col. 1)	Expense Allocation (CMS 2552, W/S D-2, Col. 2)	Total Days Including Private (CMS 2552, W/S S-3 Pt. 1, Col. 6)	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.	Sub III						
6.	Intensive Care Unit						
7.	Coronary Care Unit						
8.	Pediatric ICU						
9.	Neonatal ICU						
10.	Other						
11.	Other						
12.	Other						
13.	Other						
14.	Other						
15.	Other						
16.	Other						
17.	Other						
18.	Other						
19.	Other						
20.	Other						
21.	Nursery						
22.	Subtotal Inpatient Care Svcs. (Lines 2 through 21)						

Line No.	Hospital Outpatient Services	Percent of Assignable Time (CMS 2552, W/S D-2, Col. 1)	Expense Allocation (CMS 2552, W/S D-2, Col. 2)	Total Dept. Charges (CMS 2552, W/S C, Pt. 1, Lines 60-63)	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)	
						Inpatient (5A)	Outpatient (5B)	Inpatient (6A)	Outpatient (6B)
		(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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number:	14-0150	Medicaid Provider Number:	3098
Program:	Medicaid-Hospital	Period Covered by Statement:	From: 07/01/2008 To: 06/30/2009

Line No.	Cost Centers	Professional Component (CMS 2552, W/S A-8-2, Col. 4)	Total Dept. Charges (CMS 2552, 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)
	Inpatient Ancillary Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
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.	Heart Cath Lab							
23.	Prosthetics							
24.	Other Transplant							
25.	Eye Clinic							
26.	Primary Care Clinic							
27.	Child & Adol Clinic							
28.	Neuropsych Clinic							
29.	Kidney Acquisition							
30.	Liver Acquisition							
31.	Pancreas Acquisition							
32.	Other							
33.	Other							
34.	Other							
35.	Other							
36.	Other							
37.	Other							
38.	Other							
39.	Other							
40.	Other							
41.	Other							
42.	Other							
<b>Outpatient Ancillary Cost Centers</b>								
43.	Clinic							
44.	Emergency							
45.	Observation							
46.	<b>Ancillary Total</b>							

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

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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number:	14-0150	Medicaid Provider Number:	3098
Program:	Medicaid-Hospital	Period Covered by Statement:	From: 07/01/2008 To: 06/30/2009

Line No.	Cost Centers	Professional Component (CMS 2552, W/S A-8-2, Col. 4)	Total Days Including Private (CMS 2552, W/S S-3 Pt. 1, Col. 6)	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.	Sub III							
51.	Intensive Care Unit							
52.	Coronary Care Unit							
53.	Pediatric ICU							
54.	Neonatal ICU							
55.	Other							
56.	Other							
57.	Other							
58.	Other							
59.	Other							
60.	Other							
61.	Other							
62.	Other							
63.	Other							
64.	Other							
65.	Other							
66.	Nursery							
67.	<b>Routine Total (lines 47-66)</b>							
68.	<b>Ancillary Total (from line 46)</b>							
69.	<b>Total (Lines 67-68)</b>							

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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: 14-0150	Medicaid Provider Number: 3098
Program: Medicaid-Hospital	Period Covered by Statement: From: 07/01/2008 To: 06/30/2009

Line No.	Reasonable Cost	Program Inpatient	Program Outpatient
		(1)	(2)
1.	Ancillary Services (BHF Page 3, Line 46, Col. 7)		42,383,708
2.	Inpatient Operating Services (BHF Page 4, Line 25)	119,487,068	
3.	Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)		
4.	Hospital Based Physician Services (BHF Page 6, Line 69, Cols. 6 & 7)		
5.	Services of Teaching Physicians (BHF Supplement No. 1, Part 1C, Lines 7 and 8)		
6.	Graduate Medical Education (BHF Supplement No. 2, Cols. 6 and 7, Line 69)	12,235,332	5,053,245
7.	<b>Total Reasonable Cost of Covered Services (Sum of Lines 1 through 6)</b>	<b>131,722,400</b>	<b>47,436,953</b>
8.	Ratio of Inpatient and Outpatient Cost to Total Cost (Line 7 Divided by Sum of Line 7, Cols. 1 and 2)	74.00%	26.00%

Line No.	Customary Charges	Program Inpatient	Program Outpatient
		(1)	(2)
9.	Ancillary Services (See Instructions)	202,017,637	138,417,817
10.	Inpatient Routine Services (Provider's Records)		
	A. Adults and Pediatrics	35,311,549	
	B. Psych		
	C. Rehab		
	D. Sub III		
	E. Intensive Care Unit	4,549,523	
	F. Coronary Care Unit	3,760,566	
	G. Pediatric ICU	7,665,816	
	H. Neonatal ICU	28,867,917	
	I. Other		
	J. Other		
	K. Other		
	L. Other		
	M. Other		
	N. Other		
	O. Other		
	P. Other		
	Q. Other		
	R. Other		
	S. Other		
	T. Nursery	2,334,970	
11.	Services of Teaching Physicians (Provider's Records)		
12.	<b>Total Charges for Patient Services (Sum of Lines 9 through 11)</b>	<b>284,507,978</b>	<b>138,417,817</b>
13.	Excess of Customary Charges Over Reasonable Cost (Line 12 Minus Line 7, Sum of Cols. 1 through 2)		243,766,442
14.	Excess of Reasonable Cost Over Customary Charges (Line 7, Sum of Cols. 1 through 2, Minus Line 12)		
15.	Excess Reasonable Cost Applicable to Inpatient and Outpatient (Line 8, Each Column X Line 14)		

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

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: 14-0150	Medicaid Provider Number: 3098
Program: Medicaid-Hospital	Period Covered by Statement: From: 07/01/2008 To: 06/30/2009

Line No.	Allowable Cost	Program Inpatient	Program Outpatient
		(1)	(2)
1.	Total Reasonable Cost of Covered Services (BHF Page 7, Line 7, Cols. 1 & 2)	131,722,400	47,436,953
2.	Excess Reasonable Cost (BHF Page 7, Line 15, Columns 1 & 2)		
3.	Total Current Cost Reporting Period Cost (Line 1 Minus Line 2)	131,722,400	47,436,953
4.	Recovery of Excess Reasonable Cost Under Lower of Cost or Charges (BHF Page 9, Part III, Line 4, Cols. 2B & 3B)		
5.	Protested Amounts (Nonallowable Cost Items) In Accordance With CMS Pub. 15-II, Sec. 115.2 (B)		
6.	<b>Total Allowable Cost</b> <b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>	<b>131,722,400</b>	<b>47,436,953</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 (Sum of Lines 7A and 7B)		
9.	<b>Balance Due Provider / (State Agency) *</b> <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**

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: <b>14-0150</b>	Medicaid Provider Number: <b>3098</b>
Program: <b>Medicaid-Hospital</b>	Period Covered by Statement: From: <b>07/01/2008</b> To: <b>06/30/2009</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 Health Insurance Regulation Section 405, 460) (Limitation on Coverage of Costs)	
1.	Excess of Customary Charges Over Reasonable Cost (BHF Page 7, Line 13)	243,766,442
2.	Carry Over of Excess Reasonable Cost (Must Equal Part II, Line 1, Col. 5)	
3.	Recovery of Excess Reasonable Cost (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 (4)	Sum of Columns 1 - 4 (5)
		to	to	to		
		(1)	(2)	(3)		
1.	Carry Over - Beginning of Current Period					
2.	Recovery of Excess Reasonable Cost (Part I, Line 3)					
3.	Excess Reasonable Cost - Current Period (BHF Page 7, Line 14)					
4.	Carry Over - End of Current Period (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 (Part II, Cols. 1-3, Line 2) (1)	Inpatient		Outpatient	
			Ratio (2A)	Amount (Col. 1x2A) (2B)	Ratio (3A)	Amount (Col. 1x3A) (3B)
			1.	Cost Report Period ended		
2.	Cost Report Period ended					
3.	Cost Report Period ended					
4.	<b>Total (Sum of Lines 1 - 3)</b>					

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

BHF Supplement No. 1

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: 14-0150	Medicaid Provider Number: 3098
Program: Medicaid-Hospital	Period Covered by Statement: From: 07/01/2008 To: 06/30/2009

**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 (CMS 2552, Supplemental W/S D-9, Part II, Col. 1, Line 3)	
2. Physicians on medical school faculty average per diem (CMS 2552, Supplemental W/S D-9, Part II, Col. 2, Line 3)	
3. Total Per Diem (Line 1 Plus Line 2)	

**Part B. Program Data**

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

**Part C. Program Cost**

	General Service	Sub I Psych	Sub II Rehab	Sub III Sub III
7. Program inpatient cost (Line 4 X Line 3) (to BHF Page 7, Col. 1, Line 5)				
8. Program outpatient cost (Line 5 X Line 3) (to BHF Page 7, Col. 2, Line 5)				

**Part II - Routine Services Questionnaire**

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

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number:	14-0150	Medicaid Provider Number:	3098
Program:	Medicaid-Hospital	Period Covered by Statement:	From: 07/01/2008 To: 06/30/2009

Line No.	Cost Centers	G M E Cost (CMS 2552, W/S B, Pt. 1, Col. 26)	Total Dept. Charges (CMS 2552, W/S C, Pt. 1, Col. 8)*	Ratio of G M E Cost 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 G M E (Col. 3 X Col. 4)	Outpatient Program Expenses for G M E (Col. 3 X Col. 5)
Inpatient Ancillary Centers		(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Operating Room	6,853,760	144,813,078	0.047328	21,122,080	17,357,343	999,666	821,488
2.	Recovery Room	80,389	7,022,107	0.011448	754,952	1,494,197	8,643	17,106
3.	Delivery and Labor Room	998,398	24,825,896	0.040216	12,856,674	2,999,627	517,044	120,633
4.	Anesthesiology	1,599,219	39,456,563	0.040531	9,019,967	4,942,412	365,588	200,321
5.	Radiology - Diagnostic	5,217,330	182,716,774	0.028554	23,048,227	20,394,046	658,119	582,332
6.	Radiology - Therapeutic	1,243,419	16,438,023	0.075643	259,391	2,998,894	19,621	226,845
7.	Nuclear Medicine	244,576	7,344,905	0.033299	437,409	972,537	14,565	32,385
8.	Laboratory	8,198,701	296,002,557	0.027698	28,985,761	25,495,090	802,848	706,163
9.	Blood							
10.	Blood - Administration	1,269,980	26,118,207	0.048624	5,923,452	1,566,009	288,022	76,146
11.	Intravenous Therapy							
12.	Respiratory Therapy	1,602,619	48,165,044	0.033273	17,334,108	962,106	576,758	32,012
13.	Physical Therapy	327,561	9,336,467	0.035084	767,036	1,674,737	26,911	58,756
14.	Occupational Therapy	161,723	3,962,819	0.040810	316,145	317,750	12,902	12,967
15.	Speech Pathology	138,039	2,244,383	0.061504	299,744	480,201	18,435	29,534
16.	EKG	366,322	3,259,311	0.112392	571,863	278,304	64,273	31,279
17.	EEG	61,348	5,358,798	0.011448	1,068,143	265,659	12,228	3,041
18.	Med. / Surg. Supplies	1,843,573	39,421,949	0.046765	10,481,082	277,526	490,148	12,979
19.	Drugs Charged to Patients	8,232,778	163,632,741	0.050313	50,309,325	3,719,204	2,531,213	187,124
20.	Renal Dialysis	1,756,485	32,602,164	0.053876	1,897,846	3,547,639	102,248	191,133
21.	Ambulance							
22.	Heart Cath Lab	1,929,522	40,971,563	0.047094	6,025,909	4,057,278	283,784	191,073
23.	Prosthetics	14,576	1,273,241	0.011448	3,913	308,303	45	3,529
24.	Other Transplant	45,829	498,480	0.091937	115,111	36,525	10,583	3,358
25.	Eye Clinic	329,900	8,489,363	0.038860	865	1,408,517	34	54,735
26.	Primary Care Clinic	363,203	8,945,064	0.040604	57,486	4,747,107	2,334	192,752
27.	Child & Adol Clinic	517,645	9,117,465	0.056775	41,214	7,164,913	2,340	406,788
28.	Neuropsych Clinic	374,006	6,383,940	0.058585	573	2,340,345	34	137,109
29.	Kidney Acquisition	302,388	6,162,568	0.049069	1,018,640		49,984	
30.	Liver Acquisition	218,883	2,611,887	0.083803	790,226		66,223	
31.	Pancreas Acquisition	11,116	752,317	0.014776	264,810		3,913	
32.	Other							
33.	Other							
34.	Other							
35.	Other							
36.	Other							
37.	Other							
38.	Other							
39.	Other							
40.	Other							
41.	Other							
42.	Other							
Outpatient Ancillary Centers								
43.	Clinic	1,910,708	91,900,283	0.020791	1,741,451	12,685,209	36,207	263,738
44.	Emergency	1,780,944	53,578,068	0.033240	6,277,212	13,776,158	208,655	457,919
45.	Observation							
46.	<b>Ancillary Total</b>						<b>8,173,368</b>	<b>5,053,245</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-Revised 09/02/2011

Medicare Provider Number:	14-0150	Medicaid Provider Number:	3098
Program:	Medicaid-Hospital	Period Covered by Statement:	From: 07/01/2008 To: 06/30/2009

Line No.	Cost Centers	G M E Cost (CMS 2552, W/S B, Pt. 1, Col. 26)	Total Days Including Private (W/S S-3, Part 1, Col. 6)	GME 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 G M E (Col. 3 X Col. 4)	Outpatient Program Expenses for G M E (Col. 3 X Col. 5)
	Routine Service Cost Centers	(1)	(2)	(3)	(4)	(5)	(6)	(7)
47.	Adults and Pediatrics	5,106,338	76,434	66.81	29,734		1,986,529	
48.	Psych	722,357	13,705	52.71				
49.	Rehab	61,113	4,171	14.65				
50.	Sub Ill							
51.	Intensive Care Unit	835,402	6,655	125.53	2,270		284,953	
52.	Coronary Care Unit	719,318	5,223	137.72	1,629		224,346	
53.	Pediatric ICU	500,981	4,461	112.30	3,152		353,970	
54.	Neonatal ICU	1,632,984	15,565	104.91	10,633		1,115,508	
55.	Other							
56.	Other							
57.	Other							
58.	Other							
59.	Other							
60.	Other							
61.	Other							
62.	Other							
63.	Other							
64.	Other							
65.	Other							
66.	Nursery	139,058	4,784	29.07	3,325		96,658	
67.	<b>Routine Total (lines 47-66)</b>						<b>4,061,964</b>	
68.	<b>Ancillary Total (from line 46)</b>						<b>8,173,368</b>	<b>5,053,245</b>
69.	<b>Total (Lines 67-68)</b>						<b>12,235,332</b>	<b>5,053,245</b>

**Hospital Statement of Cost  
Reconciliation of Patient Days and Revenue**

PRELIMINARY-Revised 09/02/2011

Medicare Provider Number: 14-0150	Medicaid Provider Number: 3098
Program: Medicaid-Hospital	Period Covered by Statement: From: 07/01/2008 To: 06/30/2009

Inpatient Reconciliation	Provider's Records	Adjustments	Audited Cost Report
Adult Days	47,418		47,418
Newborn Days	3,325		3,325
Total Inpatient Revenue	284,507,978		284,507,978
Ancillary Revenue	202,017,637		202,017,637
Routine Revenue	82,490,341		82,490,341
Inpatient Received and Receivable			
Outpatient Reconciliation			
Outpatient Occasions of Service			
Total Outpatient Revenue	138,417,817		138,417,817
Outpatient Received and Receivable			

**Notes:**

- Observation Days were taken from filed S-3.
  - Reclassified Blood charges as Blood Admin.
  - Radiology-Diagnostic Includes 41.03 CT Scan, 41.04 MRI, 41.05 Ultrasound, and 41.06 Vascular Xray.
  - Reclassified Oncology as Radiology-Therapeutic to match filed Cost Report.
  - Laboratory Includes 44.01 Histocompatibility Lab and 44.02 Outreach Lab.
  - Respiratory Therapy Includes 58.06 Pulmonary Lab.
  - Heart Cath Lab Includes 58.02 Cardiovascular Svcs.
  - Clinic Includes 58.04 Gastro Services.
  - BHF Page 3 Costs were adjusted to filed W/S C, Pt 1, Col 1.
  - BHF Page 3 Charges match filed W/S C, Pt 1, Col 8 except Other Organ Transplant.
  - Other Organ Transplant Charges are greater than filed W/S C.
  - Organ Acquisition Costs are from filed W/S B, Pt 1, Col 27.
  - Organ Acquisition Charges are from filed W/S D-6, Line 51.
  - GME Costs were adjusted to filed W/S B, Pt 1, Col 26.
- Revision due to revision of Medicare report-12/21/2010----DW.