

# 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>Good Samaritan Regional Health Center |                     | Medicare Provider Number:<br>14-0046 |
| Street:<br>605 North 12th Street                           |                     | Medicaid Provider Number:<br>13014   |
| City:<br>Mt. Vernon                                        | State:<br>Illinois  | Zip:<br>62864                        |
| Period Covered by Statement:                               | From:<br>01/01/2010 | To:<br>12/31/2010                    |

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

## Type of Hospital

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

## Health Care Program

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

|                                                                     |                                           |                                                                             |
|---------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid Hospital                          | <input type="checkbox"/> Medicaid Sub II  | <input type="checkbox"/> DHS - Office of Rehabilitation Services            |
| <input type="checkbox"/> XXXX Medicaid Sub I<br>XXXX Rehabilitation | <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)) Good Samaritan Regional He 13014 for the cost report beginning 01/01/2010 and ending 12/31/2010 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**

BHF Page 2

**PRELIMINARY**

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| 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 | 123                  | 43,778                   | 533                     | 22,716                                           | 51.89%                                              |                                        | 6,776                                                   | 3.82                                                |
| 2.                     | Rehabilitation Unit   | 19                   | 6,935                    |                         | 1,791                                            | 25.83%                                              |                                        | 142                                                     | 12.61                                               |
| 3.                     | Sub II                |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Sub III               |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 12                   | 4,380                    |                         | 3,149                                            | 71.89%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 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       | 10                   | 3,650                    |                         | 1,461                                            | 40.03%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>164</b>           | <b>58,743</b>            | <b>533</b>              | <b>29,117</b>                                    | <b>49.57%</b>                                       |                                        | <b>6,918</b>                                            | <b>4.00</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 551                                              |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |           |              |     |          |              |
|------------------------|-----------------------|-----|-----|-----|-----------|--------------|-----|----------|--------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)       | (5)          | (6) | (7)      | (8)          |
| 1.                     | Adults and Pediatrics |     |     |     |           |              |     |          |              |
| 2.                     | Rehabilitation Unit   |     |     |     | 85        |              |     | 7        | 12.14        |
| 3.                     | Sub II                |     |     |     |           |              |     |          |              |
| 4.                     | Sub III               |     |     |     |           |              |     |          |              |
| 5.                     | Intensive Care Unit   |     |     |     |           |              |     |          |              |
| 6.                     | Coronary Care Unit    |     |     |     |           |              |     |          |              |
| 7.                     | Other                 |     |     |     |           |              |     |          |              |
| 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>85</b> | <b>0.29%</b> |     | <b>7</b> | <b>12.14</b> |

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

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

BHF Page 3

## PRELIMINARY

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| 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                 | 22,411,082                                         | 61,392,302                                            | 0.365047                              |                                                                   |                                                                   |                                                             |                                                             |
| 2.                                     | Recovery Room                  |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 3.                                     | Delivery and Labor Room        | 1,123,251                                          | 6,208,550                                             | 0.180920                              |                                                                   |                                                                   |                                                             |                                                             |
| 4.                                     | Anesthesiology                 | 897,478                                            | 8,234,437                                             | 0.108991                              |                                                                   |                                                                   |                                                             |                                                             |
| 5.                                     | Radiology - Diagnostic         | 5,343,763                                          | 27,855,640                                            | 0.191838                              | 1,796                                                             |                                                                   | 345                                                         |                                                             |
| 6.                                     | Radiology - Therapeutic        |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 7.                                     | Nuclear Medicine               |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 8.                                     | Laboratory                     | 7,903,362                                          | 40,359,119                                            | 0.195826                              | 4,569                                                             |                                                                   | 895                                                         |                                                             |
| 9.                                     | Blood                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 10.                                    | Blood - Administration         |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 11.                                    | Intravenous Therapy            | 469,228                                            | 1,244,335                                             | 0.377091                              |                                                                   |                                                                   |                                                             |                                                             |
| 12.                                    | Respiratory Therapy            | 2,092,477                                          | 3,427,400                                             | 0.610514                              | 886                                                               |                                                                   | 541                                                         |                                                             |
| 13.                                    | Physical Therapy               | 1,628,824                                          | 2,791,601                                             | 0.583473                              | 32,710                                                            |                                                                   | 19,085                                                      |                                                             |
| 14.                                    | Occupational Therapy           | 728,176                                            | 1,389,370                                             | 0.524105                              | 33,248                                                            |                                                                   | 17,425                                                      |                                                             |
| 15.                                    | Speech Pathology               | 389,044                                            | 396,785                                               | 0.980491                              | 6,032                                                             |                                                                   | 5,914                                                       |                                                             |
| 16.                                    | EKG                            | 1,644,275                                          | 8,041,469                                             | 0.204474                              | 214                                                               |                                                                   | 44                                                          |                                                             |
| 17.                                    | EEG                            |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 18.                                    | Med. / Surg. Supplies          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 19.                                    | Drugs Charged to Patients      | 9,628,828                                          | 32,937,852                                            | 0.292333                              | 8,575                                                             |                                                                   | 2,507                                                       |                                                             |
| 20.                                    | Renal Dialysis                 | 777,105                                            | 551,033                                               | 1.410269                              |                                                                   |                                                                   |                                                             |                                                             |
| 21.                                    | Ambulance                      |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 22.                                    | Cath Lab                       | 6,669,481                                          | 27,308,194                                            | 0.244230                              |                                                                   |                                                                   |                                                             |                                                             |
| 23.                                    | Neurology                      | 76,201                                             | 216,220                                               | 0.352423                              |                                                                   |                                                                   |                                                             |                                                             |
| 24.                                    | CAT Scan                       | 1,494,474                                          | 34,917,292                                            | 0.042800                              |                                                                   |                                                                   |                                                             |                                                             |
| 25.                                    | MRI                            | 905,309                                            | 8,446,507                                             | 0.107181                              |                                                                   |                                                                   |                                                             |                                                             |
| 26.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 27.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 28.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 29.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 30.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 31.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 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                         | 284,564                                            | 76,509                                                | 3.719353                              |                                                                   |                                                                   |                                                             |                                                             |
| 44.                                    | Emergency                      | 5,130,763                                          | 15,065,983                                            | 0.340553                              |                                                                   |                                                                   |                                                             |                                                             |
| 45.                                    | Observation                    | 482,929                                            | 706,295                                               | 0.683750                              |                                                                   |                                                                   |                                                             |                                                             |
| 46.                                    | <b>Total</b>                   |                                                    |                                                       |                                       | <b>88,030</b>                                                     |                                                                   | <b>46,756</b>                                               |                                                             |

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

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

BHF Page 4

**PRELIMINARY**

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0046 | Medicaid Provider Number:<br>13014                              |
| Program:<br>Medicaid-Rehabilitation  | Period Covered by Statement:<br>From: 01/01/2010 To: 12/31/2010 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Rehabilitation Unit | Sub II Sub II | Sub III Sub III |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|---------------|-----------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 20,392,597            | 1,768,963                 |               |                 |
| b)       | Total inpatient days including private room days (CMS 2552, W/S S-3, Part 1, Col. 6)                                     | 23,267                | 1,791                     |               |                 |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 876.46                | 987.70                    |               |                 |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 85                        |               |                 |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 83,955                    |               |                 |
| 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)                                                           |                       | 83,955                    |               |                 |

| 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                                                         | 4,985,373                                          | 3,149                                          | 1,583.16                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          |                                                    |                                                |                                    |                                            |                                |
| 10.      | Other                                                                       |                                                    |                                                |                                    |                                            |                                |
| 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                                                                     | 1,320,658                                          | 1,461                                          | 903.94                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                    |                                                |                                    |                                            | 46,756                         |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                    |                                                |                                    |                                            | <b>130,711</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: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| 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.       | Rehabilitation Unit                                |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 4.       | Sub II                                             |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 5.       | Sub III                                            |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 6.       | Intensive Care Unit                                |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 7.       | Coronary Care Unit                                 |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 8.       | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 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, 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) |                 |
|----------|------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------|----------------------------------------|-----------------|
|          |                                                      | (1)                                                    | (2)                                            | (3)                                                      | (4)                                        | Inpatient (5A)                                       | Outpatient (5B) | Inpatient (6A)                         | Outpatient (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: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| 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                           | 672,895                                              | 8,234,437                                             | 0.081717                                                     |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   | 22,807                                               | 27,855,640                                            | 0.000819                                                     | 1,796                                          |                                                 | 1                                                      |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      | 12,329                                               | 3,427,400                                             | 0.003597                                                     | 886                                            |                                                 | 3                                                      |                                                         |
| 13.      | Physical Therapy                         |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 420,529                                              | 8,041,469                                             | 0.052295                                                     | 214                                            |                                                 | 11                                                     |                                                         |
| 17.      | EEG                                      |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Cath Lab                                 |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Neurology                                |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | CAT Scan                                 |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | MRI                                      |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 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                                | 39,486                                               | 15,065,983                                            | 0.002621                                                     |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                      |                                                       |                                                              |                                                |                                                 | <b>15</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: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| 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                 | 91,659                                               | 23,267                                                         | 3.94                                                   |                                                           |                                                 |                                                        |                                                         |
| 48.      | Rehabilitation Unit                   |                                                      |                                                                |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Sub II                                |                                                      |                                                                |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Sub III                               |                                                      |                                                                |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                      |                                                                |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                      |                                                                |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Other                                 |                                                      |                                                                |                                                        |                                                           |                                                 |                                                        |                                                         |
| 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> |                                                      |                                                                |                                                        |                                                           |                                                 | 15                                                     |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                      |                                                                |                                                        |                                                           |                                                 | 15                                                     |                                                         |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0046 | <b>Medicaid Provider Number:</b><br>13014                              |
| <b>Program:</b><br>Medicaid-Rehabilitation  | <b>Period Covered by Statement:</b><br>From: 01/01/2010 To: 12/31/2010 |

| Line No.                                                                                                    | Reasonable Cost | Program Inpatient | Program Outpatient |
|-------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------|
|                                                                                                             |                 | (1)               | (2)                |
| 1. Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                 |                   |                    |
| 2. Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    |                 | 130,711           |                    |
| 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)                                  |                 | 15                |                    |
| 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)                             |                 |                   |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>130,726</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 | Program Outpatient |
|-----------------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------------|
|                                                                                                           |                   | (1)               | (2)                |
| 9. Ancillary Services<br>(See Instructions)                                                               |                   | 88,030            |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   |                   |                    |
| B. Rehabilitation Unit                                                                                    |                   | 39,552            |                    |
| C. Sub II                                                                                                 |                   |                   |                    |
| D. Sub III                                                                                                |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   |                   |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. Other                                                                                                  |                   |                   |                    |
| 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)                                               |                   |                   |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>127,582</b>    |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   |                    |
| 14. Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                   |                   | (3,144)            |
| 15. Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                   | (3,144)           |                    |

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

BHF Page 8

**PRELIMINARY**

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0046 | Medicaid Provider Number:<br>13014                              |
| Program:<br>Medicaid-Rehabilitation  | Period Covered by Statement:<br>From: 01/01/2010 To: 12/31/2010 |

| 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)                                        | 130,726           |                    |
| 2.       | Excess Reasonable Cost<br>(BHF Page 7, Line 15, Columns 1 & 2)                                                        | (3,144)           |                    |
| 3.       | Total Current Cost Reporting Period Cost<br>(Line 1 Minus Line 2)                                                     | 127,582           |                    |
| 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, Sec. 115.2 (B)                      |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br><b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>                                    | <b>127,582</b>    |                    |

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

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

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

BHF Page 9

**PRELIMINARY**

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

**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)                                                                                                        |  |
| 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 | 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 (Part I, Line 3)                     |                                   |     |     |                               |                      |
| 3.       | Excess Reasonable Cost - Current Period (BHF Page 7, Line 14)           |                                   |     |     | 3,144                         | 3,144                |
| 4.       | Carry Over - End of Current Period (Line 1 Minus Line 2 or Plus Line 3) |                                   |     |     | 3,144                         | 3,144                |

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

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

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0046</b> | Medicaid Provider Number:<br><b>13014</b>                                     |
| Program:<br><b>Medicaid-Rehabilitation</b>  | Period Covered by Statement:<br>From: <b>01/01/2010</b> To: <b>12/31/2010</b> |

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

**Part B. Program Data**

|                                                                              | General Service | Sub I<br>Rehabilitation Unit | Sub II<br>Sub II | Sub III<br>Sub III |
|------------------------------------------------------------------------------|-----------------|------------------------------|------------------|--------------------|
| 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<br>Rehabilitation Unit | Sub II<br>Sub II | Sub III<br>Sub III |
|---------------------------------------------------------------------------------|-----------------|------------------------------|------------------|--------------------|
| 7. Program inpatient cost (Line 4 X Line 3)<br>(to BHF Page 7, Col. 1, Line 5)  |                 |                              |                  |                    |
| 8. 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<br>Rehabilitation Unit | Sub II<br>Sub II | Sub III<br>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<br>(A Minus B) or (CMS 2552, W/S D-1, Part 1, Line 29)                                                             |                       |                              |                  |                    |
| 2. Routine Days                                                                                                                             |                       |                              |                  |                    |
| (A) Semi-private general care days<br>(CMS 2552, W/S D - 1, Part I, Line 4)                                                                 |                       |                              |                  |                    |
| (B) Private room days<br>(CMS 2552, W/S D - 1, Part I, Line 3)                                                                              |                       |                              |                  |                    |
| 3. Private room charge per diem<br>(1C Divided by 2B) or (CMS 2552, W/S D-1, Part 1, Line 32)                                               |                       |                              |                  |                    |
| 4. Semi-private room charge per diem<br>(1B Divided by 2A) or (CMS 2552, W/S D-1, Part 1, Line 33)                                          |                       |                              |                  |                    |
| 5. Private room charge differential per diem<br>(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)<br>((Line 5 X (CMS 2552, 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, 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 1)         |                       |                              |                  |                    |

# Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

## PRELIMINARY

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552,<br>W/S B, Pt. 1,<br>Col. 26) | Total Dept.<br>Charges<br>(CMS 2552,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>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                      |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 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.      | Cath Lab                            |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | Neurology                           |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | CAT Scan                            |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | MRI                                 |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Other                               |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Other                               |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Other                               |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Other                               |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Other                               |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Other                               |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 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 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 G M E cost to total charge ratio.

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

BHF Supplement No. 2(b)

**PRELIMINARY**

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0046                 | Medicaid Provider Number:    | 13014                           |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 01/01/2010 To: 12/31/2010 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552,<br>W/S B, Pt. 1,<br>Col. 26) | Total Days<br>Including<br>Private<br>(W/S S-3,<br>Part 1,<br>Col. 6) | GME<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                   | (2)                                                                   | (3)                                             | (4)                                                                      | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 48.      | Rehabilitation Unit                   |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Sub II                                |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Sub III                               |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | Other                                 |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 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>            |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0046 | Medicaid Provider Number:<br>13014                              |
| Program:<br>Medicaid-Rehabilitation  | Period Covered by Statement:<br>From: 01/01/2010 To: 12/31/2010 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 85                    |             | 85                     |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 127,582               |             | 127,582                |
| Ancillary Revenue                  | 88,030                |             | 88,030                 |
| Routine Revenue                    | 39,552                |             | 39,552                 |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]