

# 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>Mercy Hospital & Medical Center |                     | Medicare Provider Number:<br>14-0158 |  |
| Street:<br>2525 S. Michigan                          |                     | Medicaid Provider Number:<br>3042    |  |
| City:<br>Chicago                                     | State:<br>Illinois  | Zip:<br>60616                        |  |
| Period Covered by Statement:                         | From:<br>07/01/2009 | To:<br>06/30/2010                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Mercy Hospital & Medical Cer 3042 for the cost report beginning 07/01/2009 and ending 06/30/2010 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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

| 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  | 210                  | 76,550                   |                         | 48,894                                           | 63.87%                                              |                                        | 14,869                                                  | 3.88                                                |
| 2.       | Psych                  | 29                   | 10,585                   |                         | 8,620                                            | 81.44%                                              |                                        | 1,277                                                   | 6.75                                                |
| 3.       | Rehab                  | 16                   | 5,962                    |                         | 1,808                                            | 30.33%                                              |                                        | 358                                                     | 5.05                                                |
| 4.       | Sub III                |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 14                   | 5,110                    |                         | 4,281                                            | 83.78%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     | 6                    | 2,190                    |                         | 1,482                                            | 67.67%                                              |                                        |                                                         |                                                     |
| 7.       | NICU                   | 15                   | 5,475                    |                         | 3,026                                            | 55.27%                                              |                                        |                                                         |                                                     |
| 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        | 15                   | 5,475                    |                         | 4,689                                            | 85.64%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>305</b>           | <b>111,347</b>           |                         | <b>72,800</b>                                    | <b>65.38%</b>                                       |                                        | <b>16,504</b>                                           | <b>4.13</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 2,632                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |            |              |     |           |             |
|-----|------------------------|-----|-----|-----|------------|--------------|-----|-----------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)       | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     |            |              |     |           |             |
| 2.  | Psych                  |     |     |     |            |              |     |           |             |
| 3.  | Rehab                  |     |     |     | 209        |              |     | 25        | 8.36        |
| 4.  | Sub III                |     |     |     |            |              |     |           |             |
| 5.  | Intensive Care Unit    |     |     |     |            |              |     |           |             |
| 6.  | Coronary Care Unit     |     |     |     |            |              |     |           |             |
| 7.  | NICU                   |     |     |     |            |              |     |           |             |
| 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>209</b> | <b>0.29%</b> |     | <b>25</b> | <b>8.36</b> |

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

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

BHF Page 3

## PRELIMINARY

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 14-0158                   |  | 3042                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid-Rehab            |  | From: 07/01/2009             | To: 06/30/2010 |

| 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                 | 19,934,576                                         | 45,241,487                                            | 0.440626                              | 637                                                               |                                                                   | 281                                                         |                                                             |
| 2.                                     | Recovery Room                  | 1,385,234                                          | 4,702,374                                             | 0.294582                              | 101                                                               |                                                                   | 30                                                          |                                                             |
| 3.                                     | Delivery and Labor Room        | 6,142,717                                          | 19,766,793                                            | 0.310759                              |                                                                   |                                                                   |                                                             |                                                             |
| 4.                                     | Anesthesiology                 | 798,376                                            | 5,139,078                                             | 0.155354                              |                                                                   |                                                                   |                                                             |                                                             |
| 5.                                     | Radiology - Diagnostic         | 9,656,543                                          | 53,002,314                                            | 0.182191                              | 8,011                                                             |                                                                   | 1,460                                                       |                                                             |
| 6.                                     | Radiology - Therapeutic        | 1,109,365                                          | 5,373,681                                             | 0.206444                              | 1,038                                                             |                                                                   | 214                                                         |                                                             |
| 7.                                     | Nuclear Medicine               | 1,620,433                                          | 8,554,414                                             | 0.189427                              | 212                                                               |                                                                   | 40                                                          |                                                             |
| 8.                                     | Laboratory                     | 14,507,132                                         | 91,187,343                                            | 0.159092                              | 28,843                                                            |                                                                   | 4,589                                                       |                                                             |
| 9.                                     | Blood                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 10.                                    | Blood - Administration         |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 11.                                    | Intravenous Therapy            |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 12.                                    | Respiratory Therapy            | 2,861,288                                          | 14,082,515                                            | 0.203180                              | 4,141                                                             |                                                                   | 841                                                         |                                                             |
| 13.                                    | Physical Therapy               | 1,803,768                                          | 3,051,917                                             | 0.591028                              | 55,915                                                            |                                                                   | 33,047                                                      |                                                             |
| 14.                                    | Occupational Therapy           | 1,352,536                                          | 1,782,285                                             | 0.758878                              | 57,332                                                            |                                                                   | 43,508                                                      |                                                             |
| 15.                                    | Speech Pathology               | 546,084                                            | 1,239,009                                             | 0.440743                              | 18,308                                                            |                                                                   | 8,069                                                       |                                                             |
| 16.                                    | EKG                            |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 17.                                    | EEG                            | 148,994                                            | 395,945                                               | 0.376300                              |                                                                   |                                                                   |                                                             |                                                             |
| 18.                                    | Med. / Surg. Supplies          | 316,221                                            | 1,428,945                                             | 0.221297                              | 6,525                                                             |                                                                   | 1,444                                                       |                                                             |
| 19.                                    | Drugs Charged to Patients      | 19,209,356                                         | 51,948,514                                            | 0.369777                              | 50,191                                                            |                                                                   | 18,559                                                      |                                                             |
| 20.                                    | Renal Dialysis                 | 1,013,504                                          | 5,200,027                                             | 0.194904                              | 9,346                                                             |                                                                   | 1,822                                                       |                                                             |
| 21.                                    | Ambulance                      |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 22.                                    | GI Lab                         | 1,871,198                                          | 7,297,566                                             | 0.256414                              | 236                                                               |                                                                   | 61                                                          |                                                             |
| 23.                                    | MRI Center                     | 2,788,445                                          | 11,060,538                                            | 0.252108                              |                                                                   |                                                                   |                                                             |                                                             |
| 24.                                    | EMG                            | 93,113                                             | 744,906                                               | 0.125000                              | 64                                                                |                                                                   | 8                                                           |                                                             |
| 25.                                    | Cardiovascular Lab             | 12,829,280                                         | 57,285,842                                            | 0.223952                              | 1,662                                                             |                                                                   | 372                                                         |                                                             |
| 26.                                    | Mercy Eye Center               | 792,220                                            | 1,350,379                                             | 0.586665                              |                                                                   |                                                                   |                                                             |                                                             |
| 27.                                    | Wound Care Center              | 562,428                                            | 722,419                                               | 0.778534                              |                                                                   |                                                                   |                                                             |                                                             |
| 28.                                    | Pre-Birth Center               | 407,106                                            | 989,816                                               | 0.411295                              |                                                                   |                                                                   |                                                             |                                                             |
| 29.                                    | Sleep Lab                      | 351,524                                            | 1,689,507                                             | 0.208063                              |                                                                   |                                                                   |                                                             |                                                             |
| 30.                                    | Urology                        | 140,574                                            | 155,793                                               | 0.902313                              |                                                                   |                                                                   |                                                             |                                                             |
| 31.                                    | Psych Partial Hospital         | 803,698                                            | 1,811,066                                             | 0.443771                              |                                                                   |                                                                   |                                                             |                                                             |
| 32.                                    | Diabetes Treatment             | 179,880                                            | 108,426                                               | 1.659012                              |                                                                   |                                                                   |                                                             |                                                             |
| 33.                                    | Mental Health Center           | 1,329,786                                          | 948,780                                               | 1.401575                              |                                                                   |                                                                   |                                                             |                                                             |
| 34.                                    | Vein Clinic                    | 36,557                                             | 102,545                                               | 0.356497                              |                                                                   |                                                                   |                                                             |                                                             |
| 35.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 36.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 37.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 38.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 39.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 40.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 41.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 42.                                    | Other                          |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| <b>Outpatient Service Cost Centers</b> |                                |                                                    |                                                       |                                       |                                                                   |                                                                   |                                                             |                                                             |
| 43.                                    | Clinic                         | 7,051,282                                          | 5,761,151                                             | 1.223936                              |                                                                   |                                                                   |                                                             |                                                             |
| 44.                                    | Emergency                      | 8,566,254                                          | 41,121,957                                            | 0.208313                              |                                                                   |                                                                   |                                                             |                                                             |
| 45.                                    | Observation                    | 1,958,366                                          | 3,524,078                                             | 0.555710                              |                                                                   |                                                                   |                                                             |                                                             |
| 46.                                    | <b>Total</b>                   |                                                    |                                                       |                                       | <b>242,562</b>                                                    |                                                                   | <b>114,345</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>14-0158 | Medicaid Provider Number:<br>3042                               |
| Program:<br>Medicaid-Rehab           | Period Covered by Statement:<br>From: 07/01/2009 To: 06/30/2010 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Sub III |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|-----------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 38,334,915            | 5,429,412   | 2,224,238    |                 |
| b)       | Total inpatient days including private room days (CMS 2552, W/S S-3, Part 1, Col. 6)                                     | 51,526                | 8,620       | 1,808        |                 |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 743.99                | 629.86      | 1,230.22     |                 |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       |             | 209          |                 |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       |             | 257,116      |                 |
| 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)                                                           |                       |             | 257,116      |                 |

| 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                                                         | 6,982,724                                          | 4,281                                          | 1,631.10                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          | 2,892,203                                          | 1,482                                          | 1,951.55                           |                                            |                                |
| 10.      | NICU                                                                        | 1,966,837                                          | 3,026                                          | 649.98                             |                                            |                                |
| 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                                                                     | 1,632,549                                          | 4,689                                          | 348.17                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                    |                                                |                                    |                                            | 114,345                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                    |                                                |                                    |                                            | <b>371,461</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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

| 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.       | Psych                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 4.       | Rehab                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 5.       | Sub III                                            |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 6.       | Intensive Care Unit                                |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 7.       | Coronary Care Unit                                 |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 8.       | NICU                                               |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 9.       | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 10.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                        |                                                |                                                                |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                        |                                                |                                                                |                                        |                                                        |                                              |

| Line No. | Hospital Outpatient Services                         | Percent of Assignable Time (CMS 2552, 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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

| 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                           |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  | 200,200                                              | 5,373,681                                             | 0.037256                                                     | 1,038                                          |                                                 | 39                                                     |                                                         |
| 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.      | GI Lab                                   |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | MRI Center                               |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | EMG                                      |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiovascular Lab                       | 175,526                                              | 57,285,842                                            | 0.003064                                                     | 1,662                                          |                                                 | 5                                                      |                                                         |
| 26.      | Mercy Eye Center                         |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Wound Care Center                        |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Pre-Birth Center                         |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Sleep Lab                                |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Urology                                  |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Psych Partial Hospital                   | 10,150                                               | 1,811,066                                             | 0.005604                                                     |                                                |                                                 |                                                        |                                                         |
| 32.      | Diabetes Treatment                       |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Mental Health Center                     | 115,977                                              | 948,780                                               | 0.122238                                                     |                                                |                                                 |                                                        |                                                         |
| 34.      | Vein Clinic                              |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 1,191,732                                            | 5,761,151                                             | 0.206857                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 975,148                                              | 41,121,957                                            | 0.023714                                                     |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                      |                                                       |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                      |                                                       |                                                              |                                                |                                                 | <b>44</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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

| Line No. | Cost Centers                          | Professional Component<br>(CMS 2552,<br>W/S A-8-2,<br>Col. 4) | Total Days<br>Including<br>Private<br>(CMS 2552,<br>W/S S-3<br>Pt. 1, Col. 6) | Professional<br>Component<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 H B P<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for H B P<br>(Col. 3 X<br>Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                           | (2)                                                                           | (3)                                                                   | (4)                                                                      | (5)                                                            | (6)                                                                   | (7)                                                                    |
| 47.      | Adults and Pediatrics                 | 589,758                                                       | 51,526                                                                        | 11.45                                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 48.      | Psych                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Sub III                               |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | NICU                                  |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 55.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               | 1,561,888                                                     | 4,689                                                                         | 333.10                                                                |                                                                          |                                                                |                                                                       |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                               |                                                                               |                                                                       |                                                                          |                                                                |                                                                       |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                               |                                                                               |                                                                       |                                                                          |                                                                | 44                                                                    |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                               |                                                                               |                                                                       |                                                                          |                                                                | 44                                                                    |                                                                        |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0158 | <b>Medicaid Provider Number:</b><br>3042                               |
| <b>Program:</b><br>Medicaid-Rehab           | <b>Period Covered by Statement:</b><br>From: 07/01/2009 To: 06/30/2010 |

| 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)                                                    |                 | 371,461           |                    |
| 3. Interns and Residents Not in an Approved Teaching Program<br>(BHF Page 5, Line 27, Cols. 6a and 6b)      |                 |                   |                    |
| 4. Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                 | 44                |                    |
| 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)                             |                 | 19,712            |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>391,217</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)                                                               |                   | 242,562           |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   |                   |                    |
| B. Psych                                                                                                  |                   |                   |                    |
| C. Rehab                                                                                                  |                   | 251,241           |                    |
| D. Sub III                                                                                                |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   |                   |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. NICU                                                                                                   |                   |                   |                    |
| 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>493,803</b>    |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 102,586            |
| 14. Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                   |                   |                    |
| 15. Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                   |                   |                    |

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

BHF Page 8

**PRELIMINARY**

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0158 | Medicaid Provider Number:<br>3042                               |
| Program:<br>Medicaid-Rehab           | Period Covered by Statement:<br>From: 07/01/2009 To: 06/30/2010 |

| 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)                                        | 391,217           |                    |
| 2.       | Excess Reasonable Cost<br>(BHF Page 7, Line 15, Columns 1 & 2)                                                        |                   |                    |
| 3.       | Total Current Cost Reporting Period Cost<br>(Line 1 Minus Line 2)                                                     | 391,217           |                    |
| 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>391,217</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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

**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<br>(BHF Page 7, Line 13)                                                                                                     | 102,586 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                                                  |         |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                                                 |         |

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

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

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

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

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0158</b> | Medicaid Provider Number:<br><b>3042</b>                                      |
| Program:<br><b>Medicaid-Rehab</b>           | Period Covered by Statement:<br>From: <b>07/01/2009</b> To: <b>06/30/2010</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 Psych | Sub II Rehab | Sub III 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 Psych | Sub II Rehab | Sub III 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 Psych | Sub II Rehab | Sub III Sub III |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|-----------------|
| 1. Gross Routine Revenues                                                                                                                   |                       |             |              |                 |
| (A) General inpatient routine service charges (Excluding swing bed charges) (CMS 2552, W/S D - 1, Part I, Line 28)                          |                       |             |              |                 |
| (B) Routine general care semi-private room charges (Excluding swing bed charges)(CMS 2552, W/S D - 1, Part I, Line 30)                      |                       |             |              |                 |
| (C) Private room charges<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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

| 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                      | 1,102,797                                             | 45,241,487                                                           | 0.024376                                                        | 637                                                           |                                                                | 16                                                                    |                                                                        |
| 2.       | Recovery Room                       |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 3.       | Delivery and Labor Room             |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 4.       | Anesthesiology                      |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 5.       | Radiology - Diagnostic              | 1,688,658                                             | 53,002,314                                                           | 0.031860                                                        | 8,011                                                         |                                                                | 255                                                                   |                                                                        |
| 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.      | GI Lab                              |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 23.      | MRI Center                          |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 24.      | EMG                                 |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | Cardiovascular Lab                  |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | Mercy Eye Center                    |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Wound Care Center                   |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | Pre-Birth Center                    |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Sleep Lab                           |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Urology                             |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Psych Partial Hospital              |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Diabetes Treatment                  |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Mental Health Center                |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Vein Clinic                         |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 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                           | 1,597,678                                             | 41,121,957                                                           | 0.038852                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 45.      | Observation                         |                                                       |                                                                      |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                       |                                                                      |                                                                 |                                                               |                                                                | 271                                                                   |                                                                        |

\* 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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid-Rehab | Period Covered by Statement: | From: 07/01/2009 To: 06/30/2010 |

| 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) |
|----------|---------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                            | <b>(2)</b>                                                            | <b>(3)</b>                                      | <b>(4)</b>                                                               | <b>(5)</b>                                                     | <b>(6)</b>                                                            | <b>(7)</b>                                                             |
| 47.      | Adults and Pediatrics                 | 7,483,860                                             | 51,526                                                                | 145.24                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 48.      | Psych                                 |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 | 168,177                                               | 1,808                                                                 | 93.02                                           | 209                                                                      |                                                                | 19,441                                                                |                                                                        |
| 50.      | Sub III                               |                                                       |                                                                       |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 501,772                                               | 4,281                                                                 | 117.21                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 52.      | Coronary Care Unit                    | 188,854                                               | 1,482                                                                 | 127.43                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 53.      | NICU                                  | 369,437                                               | 3,026                                                                 | 122.09                                          |                                                                          |                                                                |                                                                       |                                                                        |
| 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>    |                                                       |                                                                       |                                                 |                                                                          |                                                                | 19,441                                                                |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                       |                                                                       |                                                 |                                                                          |                                                                | 271                                                                   |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                       |                                                                       |                                                 |                                                                          |                                                                | 19,712                                                                |                                                                        |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0158 | Medicaid Provider Number:<br>3042                               |
| Program:<br>Medicaid-Rehab           | Period Covered by Statement:<br>From: 07/01/2009 To: 06/30/2010 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 209                   |             | 209                    |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 493,803               |             | 493,803                |
| Ancillary Revenue                  | 242,562               |             | 242,562                |
| Routine Revenue                    | 251,241               |             | 251,241                |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

Observation Days were taken from filed S-3.

BHF Page 3 Costs were adjusted to filed W/S C, Pt 1, Col 1.

BHF Page 3 Charges match filed W/S C, Pt 1, Col 8 except Operating Room & Observation.

Operating Room Charges are greater than filed W/S C, Pt 1, Col 8.

Observation Charges were taken from filed W/S C, Pt 1, Col 8.

HBP Costs were adjusted to filed W/S A-8-2, Col 4.

GME Costs were adjusted to filed W/S B, Pt 1, Col 26.