

# Hospital Statement of Cost

BHF Page 1

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

## General Information PRELIMINARY

|                                                                        |                     |                                      |
|------------------------------------------------------------------------|---------------------|--------------------------------------|
| Name of Hospital:<br>University of Illinois Hospital & Health Sciences |                     | Medicare Provider Number:<br>14-0150 |
| Street:<br>1740 W. Taylor Street                                       |                     | Medicaid Provider Number:<br>3098    |
| City:<br>Chicago                                                       | State:<br>Illinois  | Zip:<br>60612                        |
| Period Covered by Statement:                                           | From:<br>07/01/2012 | To:<br>06/30/2013                    |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) University of Illinois Hospital , 3098 for the cost report beginning 07/01/2012 and ending 06/30/2013 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

Signed (Officer or Administrator of Provider(s)):

Name (Typewritten)

|                  |      |
|------------------|------|
| Title            | Date |
| Firm             |      |
| Telephone Number |      |
| Email Address    |      |

Name (Typewritten)

|                  |      |
|------------------|------|
| Title            | Date |
| Telephone Number |      |
| Email Address    |      |

This State Agency is requesting disclosure of information that is necessary to accomplish statutory purposes as found in Section 5 of the (305 ILCS 5/) Healthcare and Family Services Code (from Ch. 23, Par. 5). Failure to provide any information on or before the due date will result in cessation of program payments. This form has been approved by the Forms Mgt. Center.

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

**PRELIMINARY**

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150                 | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| 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  | 337                  | 114,610                  |                         | 67,684                                           | 59.06%                                              |                                        | 19,523                                                  | 4.88                                                |
| 2.       | Psych                  | 53                   | 19,345                   |                         | 13,753                                           | 71.09%                                              |                                        | 1,225                                                   | 11.23                                               |
| 3.       | Rehab                  | 18                   | 6,570                    |                         | 4,409                                            | 67.11%                                              |                                        | 320                                                     | 13.78                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 34                   | 12,410                   |                         | 8,864                                            | 71.43%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     | 19                   | 6,935                    |                         | 4,720                                            | 68.06%                                              |                                        |                                                         |                                                     |
| 7.       | Pediatric ICU          | 12                   | 4,380                    |                         | 1,640                                            | 37.44%                                              |                                        |                                                         |                                                     |
| 8.       | Neonatal ICU           | 52                   | 18,980                   |                         | 12,306                                           | 64.84%                                              |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        |                      |                          |                         | 3,887                                            |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>525</b>           | <b>183,230</b>           |                         | <b>117,263</b>                                   | <b>64.00%</b>                                       |                                        | <b>21,068</b>                                           | <b>5.38</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 5,337                                            |                                                     |                                        |                                                         |                                                     |

|                          | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)        | (8)          |
|--------------------------|-----|-----|-----|--------------|--------------|-----|------------|--------------|
| <b>Part II-Program</b>   |     |     |     |              |              |     |            |              |
| 1. Adults and Pediatrics |     |     |     |              |              |     |            |              |
| 2. Psych                 |     |     |     |              |              |     |            |              |
| 3. Rehab                 |     |     |     | 1,405        |              |     | 113        | 12.43        |
| 4. Other (Sub)           |     |     |     |              |              |     |            |              |
| 5. Intensive Care Unit   |     |     |     |              |              |     |            |              |
| 6. Coronary Care Unit    |     |     |     |              |              |     |            |              |
| 7. Pediatric ICU         |     |     |     |              |              |     |            |              |
| 8. Neonatal ICU          |     |     |     |              |              |     |            |              |
| 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>1,405</b> | <b>1.20%</b> |     | <b>113</b> | <b>12.43</b> |

| Line No. | Part III - Outpatient Statistics - Occasions of Service | Program | Total Hospital |
|----------|---------------------------------------------------------|---------|----------------|
| 1.       | Total Outpatient Occasions of Service                   |         | 496,893        |

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

BHF Page 3

**PRELIMINARY**

|                           |  |  |                              |            |                |
|---------------------------|--|--|------------------------------|------------|----------------|
| Medicare Provider Number: |  |  | Medicaid Provider Number:    |            |                |
| 14-0150                   |  |  | 3098                         |            |                |
| Program:                  |  |  | Period Covered by Statement: |            |                |
| Medicaid-Rehabilitation   |  |  | From:                        | 07/01/2012 | To: 06/30/2013 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|----------------------------------------|--------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                                     | Operating Room                 | 43,870,237                                                      | 111,713,450                                                        | 0.392703                                        | 49,846                                                                      |                                                                             | 19,575                                                                |                                                                       |
| 2.                                     | Recovery Room                  | 4,528,976                                                       | 8,030,182                                                          | 0.563994                                        | 3,321                                                                       |                                                                             | 1,873                                                                 |                                                                       |
| 3.                                     | Delivery and Labor Room        | 11,170,010                                                      | 19,307,448                                                         | 0.578534                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                                     | Anesthesiology                 | 3,528,815                                                       | 44,583,315                                                         | 0.079151                                        | 18,414                                                                      |                                                                             | 1,457                                                                 |                                                                       |
| 5.                                     | Radiology - Diagnostic         | 6,807,085                                                       | 28,188,733                                                         | 0.241482                                        | 17,272                                                                      |                                                                             | 4,171                                                                 |                                                                       |
| 6.                                     | Radiology - Therapeutic        | 10,414,782                                                      | 27,414,820                                                         | 0.379896                                        | 76,409                                                                      |                                                                             | 29,027                                                                |                                                                       |
| 7.                                     | Nuclear Medicine               | 1,641,308                                                       | 5,022,508                                                          | 0.326791                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                                     | Laboratory                     | 38,384,051                                                      | 245,386,497                                                        | 0.156423                                        | 244,969                                                                     |                                                                             | 38,319                                                                |                                                                       |
| 9.                                     | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration         | 7,543,515                                                       | 28,755,520                                                         | 0.262333                                        | 34,957                                                                      |                                                                             | 9,170                                                                 |                                                                       |
| 11.                                    | Intravenous Therapy            | 2,648,833                                                       | 5,162                                                              | 513.140837                                      |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                                    | Respiratory Therapy            | 5,788,530                                                       | 25,730,008                                                         | 0.224972                                        | 98,898                                                                      |                                                                             | 22,249                                                                |                                                                       |
| 13.                                    | Physical Therapy               | 7,536,811                                                       | 15,902,170                                                         | 0.473949                                        | 593,530                                                                     |                                                                             | 281,303                                                               |                                                                       |
| 14.                                    | Occupational Therapy           | 3,141,939                                                       | 5,815,671                                                          | 0.540254                                        | 595,546                                                                     |                                                                             | 321,746                                                               |                                                                       |
| 15.                                    | Speech Pathology               | 924,669                                                         | 1,940,576                                                          | 0.476492                                        | 109,814                                                                     |                                                                             | 52,325                                                                |                                                                       |
| 16.                                    | EKG                            | 534,440                                                         | 4,385,804                                                          | 0.121857                                        | 2,998                                                                       |                                                                             | 365                                                                   |                                                                       |
| 17.                                    | EEG                            | 778,638                                                         | 5,357,688                                                          | 0.145331                                        | 15,897                                                                      |                                                                             | 2,310                                                                 |                                                                       |
| 18.                                    | Med. / Surg. Supplies          | 57,610,584                                                      | 202,493,993                                                        | 0.284505                                        | 256,471                                                                     |                                                                             | 72,967                                                                |                                                                       |
| 19.                                    | Drugs Charged to Patients      | 60,495,381                                                      | 234,392,415                                                        | 0.258094                                        | 580,054                                                                     |                                                                             | 149,708                                                               |                                                                       |
| 20.                                    | Renal Dialysis                 | 10,200,967                                                      | 37,213,277                                                         | 0.274122                                        | 28,236                                                                      |                                                                             | 7,740                                                                 |                                                                       |
| 21.                                    | Ambulance                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | Ultrasound                     | 2,109,841                                                       | 9,876,403                                                          | 0.213624                                        | 6,789                                                                       |                                                                             | 1,450                                                                 |                                                                       |
| 23.                                    | Radiology Angiography          | 7,791,080                                                       | 49,359,392                                                         | 0.157844                                        | 13,268                                                                      |                                                                             | 2,094                                                                 |                                                                       |
| 24.                                    | Radiology W. Harrison          | 2,344,860                                                       | 10,078,384                                                         | 0.232662                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                                    | CT Scan                        | 4,762,317                                                       | 50,633,915                                                         | 0.094054                                        | 47,606                                                                      |                                                                             | 4,478                                                                 |                                                                       |
| 26.                                    | MRI                            | 3,987,478                                                       | 35,473,634                                                         | 0.112407                                        | 6,393                                                                       |                                                                             | 719                                                                   |                                                                       |
| 27.                                    | Cardiac Catheterization        | 2,986,326                                                       | 11,524,726                                                         | 0.259123                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                                    | Lab Tissue Typing              | 2,297,051                                                       | 5,268,837                                                          | 0.435969                                        | 5,516                                                                       |                                                                             | 2,405                                                                 |                                                                       |
| 29.                                    | Lab Outreach                   | 12,758,363                                                      | 107,263,494                                                        | 0.118944                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                                    | Gastroenterology               | 4,650,477                                                       | 20,605,584                                                         | 0.225690                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                                    | Bone Marrow Transplant         | 1,581,236                                                       | 812,759                                                            | 1.945516                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                                    | Cardiac Services               | 4,970,702                                                       | 20,567,488                                                         | 0.241678                                        | 23,118                                                                      |                                                                             | 5,587                                                                 |                                                                       |
| 33.                                    | Kidney Acquisition             | 7,387,583                                                       | 12,988,780                                                         | 0.568767                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                                    | Liver Acquisition              | 1,864,741                                                       | 2,603,275                                                          | 0.716306                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | Pancreas Acquisition           | 1,463,694                                                       | 2,395,013                                                          | 0.611142                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                                    | Islet & Other Acquisition      | 453,427                                                         | 174,674                                                            | 2.595847                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                         | 78,573,937                                                      | 108,100,293                                                        | 0.726861                                        | 1,124                                                                       |                                                                             | 817                                                                   |                                                                       |
| 44.                                    | Emergency                      | 17,581,393                                                      | 68,473,553                                                         | 0.256762                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 45.                                    | Observation                    | 7,957,414                                                       | 13,143,805                                                         | 0.605412                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                                    | <b>Total</b>                   |                                                                 |                                                                    |                                                 | <b>2,830,446</b>                                                            |                                                                             | <b>1,031,855</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><b>14-0150</b> | Medicaid Provider Number:<br><b>3098</b>                                      |
| Program:<br><b>Medicaid-Rehabilitation</b>  | Period Covered by Statement:<br>From: <b>07/01/2012</b> To: <b>06/30/2013</b> |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 108,873,480           | 16,561,418  | 5,561,673    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 73,021                | 13,753      | 4,409        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,490.99              | 1,204.20    | 1,261.44     |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       |             | 1,405        |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       |             | 1,772,323    |                     |
| 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)                                                           |                       |             | 1,772,323    |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 24,159,822                                            | 8,864                                             | 2,725.61                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          | 13,302,613                                            | 4,720                                             | 2,818.35                           |                                            |                                |
| 10.      | Pediatric ICU                                                               | 5,997,807                                             | 1,640                                             | 3,657.20                           |                                            |                                |
| 11.      | Neonatal ICU                                                                | 24,117,063                                            | 12,306                                            | 1,959.78                           |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 3,672,544                                             | 3,887                                             | 944.83                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 1,031,855                      |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>2,804,178</b>               |

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

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150                 | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

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

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

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

BHF Page 6(a)

## PRELIMINARY

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150                 | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                     | (2)                                                      | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Radiology Angiography                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Radiology W. Harrison                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Lab Tissue Typing                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Lab Outreach                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Gastroenterology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Bone Marrow Transplant                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Cardiac Services                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Islet & Other Acquisition                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      |                                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

## PRELIMINARY

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150                 | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

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

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

BHF Page 7

**PRELIMINARY**

| <b>Medicare Provider Number:</b><br>14-0150 |                                                                                                          | <b>Medicaid Provider Number:</b><br>3098                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid-Rehabilitation  |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 07/01/2012 To: 06/30/2013 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        |                           |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 2,804,178                                                              |                           |
| 3.                                          | Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                                                                        |                           |
| 4.                                          | Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                                                                        |                           |
| 5.                                          | Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                                                                        |                           |
| 6.                                          | Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             | 124,322                                                                |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>2,928,500</b>                                                       |                           |
| 8.                                          | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 100.00%                                                                |                           |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 2,830,446                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              | 2,674,068                |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Pediatric ICU                                                                                      |                          |                           |
|          | H. Neonatal ICU                                                                                       |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>5,504,514</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 2,576,014                 |
| 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><b>14-0150</b> | Medicaid Provider Number:<br><b>3098</b>                                      |
| Program:<br><b>Medicaid-Rehabilitation</b>  | Period Covered by Statement:<br>From: <b>07/01/2012</b> To: <b>06/30/2013</b> |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 2,928,500         |                    |
| 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)                                                     | 2,928,500         |                    |
| 4.       | Recovery of Excess Reasonable Cost Under<br>Lower of Cost or Charges<br>(BHF Page 9, Part III, Line 4, Cols. 2B & 3B) |                   |                    |
| 5.       | Protested Amounts (Nonallowable Cost Items)<br>In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2                   |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br><b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>                                    | <b>2,928,500</b>  |                    |

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

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

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

BHF Page 9

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Rehabilitation  | <b>Period Covered by Statement:</b><br>From: 07/01/2012 To: 06/30/2013 |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |           |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1.       | Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)                                                                               | 2,576,014 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |           |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |           |

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

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

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

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

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Rehabilitation  | <b>Period Covered by Statement:</b><br>From: 07/01/2012 To: 06/30/2013 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

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

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

BHF Supplement No. 2(a)

**PRELIMINARY**

|                                  |                                |                                     |                                  |
|----------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0150</b>                 | <b>Medicaid Provider Number:</b>    | <b>3098</b>                      |
| <b>Program:</b>                  | <b>Medicaid-Rehabilitation</b> | <b>Period Covered by Statement:</b> |                                  |
|                                  |                                | <b>From:</b>                        | <b>07/01/2012 To: 06/30/2013</b> |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 1.       | Operating Room                      | 8,796,627                                          | 111,713,450                                                 | 0.078743                                            | 49,846                                            |                                                    | 3,925                                                     |                                                            |
| 2.       | Recovery Room                       | 97,029                                             | 8,030,182                                                   | 0.012083                                            | 3,321                                             |                                                    | 40                                                        |                                                            |
| 3.       | Delivery and Labor Room             | 1,256,867                                          | 19,307,448                                                  | 0.065098                                            |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      | 2,183,320                                          | 44,583,315                                                  | 0.048972                                            | 18,414                                            |                                                    | 902                                                       |                                                            |
| 5.       | Radiology - Diagnostic              | 340,604                                            | 28,188,733                                                  | 0.012083                                            | 17,272                                            |                                                    | 209                                                       |                                                            |
| 6.       | Radiology - Therapeutic             | 2,435,907                                          | 27,414,820                                                  | 0.088854                                            | 76,409                                            |                                                    | 6,789                                                     |                                                            |
| 7.       | Nuclear Medicine                    | 290,704                                            | 5,022,508                                                   | 0.057880                                            |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          | 9,858,843                                          | 245,386,497                                                 | 0.040177                                            | 244,969                                           |                                                    | 9,842                                                     |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              | 1,739,055                                          | 28,755,520                                                  | 0.060477                                            | 34,957                                            |                                                    | 2,114                                                     |                                                            |
| 11.      | Intravenous Therapy                 | 62                                                 | 5,162                                                       | 0.012011                                            |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 | 1,817,506                                          | 25,730,008                                                  | 0.070638                                            | 98,898                                            |                                                    | 6,986                                                     |                                                            |
| 13.      | Physical Therapy                    | 508,419                                            | 15,902,170                                                  | 0.031972                                            | 593,530                                           |                                                    | 18,976                                                    |                                                            |
| 14.      | Occupational Therapy                | 237,033                                            | 5,815,671                                                   | 0.040758                                            | 595,546                                           |                                                    | 24,273                                                    |                                                            |
| 15.      | Speech Pathology                    | 184,460                                            | 1,940,576                                                   | 0.095054                                            | 109,814                                           |                                                    | 10,438                                                    |                                                            |
| 16.      | EKG                                 | 524,528                                            | 4,385,804                                                   | 0.119597                                            | 2,998                                             |                                                    | 359                                                       |                                                            |
| 17.      | EEG                                 | 64,737                                             | 5,357,688                                                   | 0.012083                                            | 15,897                                            |                                                    | 192                                                       |                                                            |
| 18.      | Med. / Surg. Supplies               | 4,442,131                                          | 202,493,993                                                 | 0.021937                                            | 256,471                                           |                                                    | 5,626                                                     |                                                            |
| 19.      | Drugs Charged to Patients           | 11,949,448                                         | 234,392,415                                                 | 0.050981                                            | 580,054                                           |                                                    | 29,572                                                    |                                                            |
| 20.      | Renal Dialysis                      | 1,421,469                                          | 37,213,277                                                  | 0.038198                                            | 28,236                                            |                                                    | 1,079                                                     |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Ultrasound                          | 332,103                                            | 9,876,403                                                   | 0.033626                                            | 6,789                                             |                                                    | 228                                                       |                                                            |
| 23.      | Radiology Angiography               | 2,304,285                                          | 49,359,392                                                  | 0.046684                                            | 13,268                                            |                                                    | 619                                                       |                                                            |
| 24.      | Radiology W. Harrison               | 121,777                                            | 10,078,384                                                  | 0.012083                                            |                                                   |                                                    |                                                           |                                                            |
| 25.      | CT Scan                             | 1,606,633                                          | 50,633,915                                                  | 0.031730                                            | 47,606                                            |                                                    | 1,511                                                     |                                                            |
| 26.      | MRI                                 | 1,400,449                                          | 35,473,634                                                  | 0.039479                                            | 6,393                                             |                                                    | 252                                                       |                                                            |
| 27.      | Cardiac Catheterization             | 2,232,406                                          | 11,524,726                                                  | 0.193706                                            |                                                   |                                                    |                                                           |                                                            |
| 28.      | Lab Tissue Typing                   | 63,663                                             | 5,268,837                                                   | 0.012083                                            | 5,516                                             |                                                    | 67                                                        |                                                            |
| 29.      | Lab Outreach                        | 1,296,065                                          | 107,263,494                                                 | 0.012083                                            |                                                   |                                                    |                                                           |                                                            |
| 30.      | Gastroenterology                    | 248,977                                            | 20,605,584                                                  | 0.012083                                            |                                                   |                                                    |                                                           |                                                            |
| 31.      | Bone Marrow Transplant              | 9,821                                              | 812,759                                                     | 0.012084                                            |                                                   |                                                    |                                                           |                                                            |
| 32.      | Cardiac Services                    | 248,517                                            | 20,567,488                                                  | 0.012083                                            | 23,118                                            |                                                    | 279                                                       |                                                            |
| 33.      | Kidney Acquisition                  | 432,963                                            | 12,988,780                                                  | 0.033334                                            |                                                   |                                                    |                                                           |                                                            |
| 34.      | Liver Acquisition                   | 284,473                                            | 2,603,275                                                   | 0.109275                                            |                                                   |                                                    |                                                           |                                                            |
| 35.      | Pancreas Acquisition                | 28,939                                             | 2,395,013                                                   | 0.012083                                            |                                                   |                                                    |                                                           |                                                            |
| 36.      | Islet & Other Acquisition           | 59,614                                             | 174,674                                                     | 0.341287                                            |                                                   |                                                    |                                                           |                                                            |
| 37.      |                                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 4,267,640                                          | 108,100,293                                                 | 0.039479                                            | 1,124                                             |                                                    | 44                                                        |                                                            |
| 44.      | Emergency                           | 2,500,738                                          | 68,473,553                                                  | 0.036521                                            |                                                   |                                                    |                                                           |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>124,322</b>                                            |                                                            |

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

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

BHF Supplement No. 2(b)

**PRELIMINARY**

|                           |                         |                              |                                 |
|---------------------------|-------------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150                 | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Rehabilitation | Period Covered by Statement: | From: 07/01/2012 To: 06/30/2013 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                | (2)                                                                   | (3)                                    | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics                 | 7,226,007                                          | 73,021                                                                | 98.96                                  |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                                 | 1,034,046                                          | 13,753                                                                | 75.19                                  |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 1,285,685                                          | 8,864                                                                 | 145.05                                 |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit                    | 999,278                                            | 4,720                                                                 | 211.71                                 |                                                              |                                                    |                                                           |                                                            |
| 53.      | Pediatric ICU                         | 572,248                                            | 1,640                                                                 | 348.93                                 |                                                              |                                                    |                                                           |                                                            |
| 54.      | Neonatal ICU                          | 2,139,705                                          | 12,306                                                                | 173.87                                 |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               | 164,404                                            | 3,887                                                                 | 42.30                                  |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | 124,322                                                   |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | 124,322                                                   |                                                            |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0150 | Medicaid Provider Number:<br>3098                               |
| Program:<br>Medicaid-Rehabilitation  | Period Covered by Statement:<br>From: 07/01/2012 To: 06/30/2013 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 1,405                 |             | 1,405                  |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 5,504,514             |             | 5,504,514              |
| Ancillary Revenue                  | 2,830,446             |             | 2,830,446              |
| Routine Revenue                    | 2,674,068             |             | 2,674,068              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

Reclassified Blood charges as Blood Admin.  
 BHF Page 3, Column 1 Costs were adjusted to filed W/S C, Pt 1, Col 1, as directed in the instructions. Not sure where filed numbers came from.  
 Clinic costs and charges include Medicare lines 93.01, 93.02, and 93.03.  
 GME Costs were adjusted to filed W/S B, Pt 1, Col 25.  
 BHF Page 3-Filed report did not list all ancillary cost centers but BHF could trace to Medicare report.  
 The names of the cost centers may be entered rather than listing all of them as "Other".