

# Hospital Statement of Cost

BHF Page 1

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

## General Information Preliminary

|                                                        |                     |                                      |  |
|--------------------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>Mercy Hospital and Medical Center |                     | Medicare Provider Number:<br>14-0158 |  |
| Street:<br>2525 S. Michigan                            |                     | Medicaid Provider Number:<br>3042    |  |
| City:<br>Chicago                                       | State:<br>Illinois  | Zip:<br>60616                        |  |
| Period Covered by Statement:                           | From:<br>07/01/2013 | To:<br>06/30/2014                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Mercy Hospital and Medical C 3042 for the cost report beginning 07/01/2013 and ending 06/30/2014 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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

| 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 | 198                  | 72,270                   |                         | 38,711                                           | 53.56%                                              | 12,569                                 | 12,569                                                  | 3.82                                                |
| 2.                     | Psych                 | 39                   | 14,235                   |                         | 6,792                                            | 47.71%                                              | 1,259                                  | 1,259                                                   | 5.39                                                |
| 3.                     | Rehab                 | 16                   | 5,840                    |                         | 3,958                                            | 67.77%                                              | 365                                    | 365                                                     | 10.84                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 14                   | 5,110                    |                         | 4,088                                            | 80.00%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 6                    | 2,190                    |                         | 2,307                                            | 105.34%                                             |                                        |                                                         |                                                     |
| 7.                     | NICU                  | 15                   | 5,475                    |                         | 2,854                                            | 52.13%                                              |                                        |                                                         |                                                     |
| 8.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       | 15                   | 5,475                    |                         | 3,726                                            | 68.05%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>303</b>           | <b>110,595</b>           |                         | <b>62,436</b>                                    | <b>56.45%</b>                                       | <b>14,193</b>                          | <b>14,193</b>                                           | <b>4.14</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 4,076                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |              |              |            |            |             |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|------------|------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6)        | (7)        | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     |              |              |            |            |             |
| 2.                     | Psych                 |     |     |     | 3,261        |              | 609        | 609        | 5.35        |
| 3.                     | Rehab                 |     |     |     |              |              |            |            |             |
| 4.                     | Other (Sub)           |     |     |     |              |              |            |            |             |
| 5.                     | Intensive Care Unit   |     |     |     |              |              |            |            |             |
| 6.                     | Coronary Care Unit    |     |     |     |              |              |            |            |             |
| 7.                     | NICU                  |     |     |     |              |              |            |            |             |
| 8.                     | Other                 |     |     |     |              |              |            |            |             |
| 9.                     | Other                 |     |     |     |              |              |            |            |             |
| 10.                    | Other                 |     |     |     |              |              |            |            |             |
| 11.                    | Other                 |     |     |     |              |              |            |            |             |
| 12.                    | Other                 |     |     |     |              |              |            |            |             |
| 13.                    | Other                 |     |     |     |              |              |            |            |             |
| 14.                    | Other                 |     |     |     |              |              |            |            |             |
| 16.                    | Other                 |     |     |     |              |              |            |            |             |
| 17.                    | Other                 |     |     |     |              |              |            |            |             |
| 18.                    | Other                 |     |     |     |              |              |            |            |             |
| 19.                    | Other                 |     |     |     |              |              |            |            |             |
| 20.                    | Other                 |     |     |     |              |              |            |            |             |
| 21.                    | Newborn Nursery       |     |     |     |              |              |            |            |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>3,261</b> | <b>5.22%</b> | <b>609</b> | <b>609</b> | <b>5.35</b> |

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

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

BHF Page 3

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 14-0158                   |  | 3042                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Psych            |  | From: 07/01/2013             | To: 06/30/2014 |

| 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                 | 15,921,182                                                      | 27,547,250                                                         | 0.577959                                        | 10,149                                                                      |                                                                             | 5,866                                                                 |                                                                       |
| 2.                              | Recovery Room                  | 1,260,208                                                       | 3,626,308                                                          | 0.347518                                        | 4,743                                                                       |                                                                             | 1,648                                                                 |                                                                       |
| 3.                              | Delivery and Labor Room        | 6,342,494                                                       | 17,483,227                                                         | 0.362776                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                              | Anesthesiology                 | 680,945                                                         | 4,131,051                                                          | 0.164836                                        | 4,421                                                                       |                                                                             | 729                                                                   |                                                                       |
| 5.                              | Radiology - Diagnostic         | 9,653,550                                                       | 37,832,086                                                         | 0.255168                                        | 16,371                                                                      |                                                                             | 4,177                                                                 |                                                                       |
| 6.                              | Radiology - Therapeutic        | 1,296,642                                                       | 5,054,436                                                          | 0.256535                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                              | Nuclear Medicine               | 1,693,590                                                       | 7,688,847                                                          | 0.220266                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                              | Laboratory                     | 16,186,399                                                      | 119,773,244                                                        | 0.135142                                        | 963,908                                                                     |                                                                             | 130,264                                                               |                                                                       |
| 9.                              | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 11.                             | Intravenous Therapy            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            | 2,980,241                                                       | 14,320,365                                                         | 0.208112                                        | 50,311                                                                      |                                                                             | 10,470                                                                |                                                                       |
| 13.                             | Physical Therapy               | 2,093,132                                                       | 4,787,034                                                          | 0.437250                                        | 430                                                                         |                                                                             | 188                                                                   |                                                                       |
| 14.                             | Occupational Therapy           | 1,783,873                                                       | 2,718,797                                                          | 0.656126                                        | 152,009                                                                     |                                                                             | 99,737                                                                |                                                                       |
| 15.                             | Speech Pathology               | 494,254                                                         | 1,284,763                                                          | 0.384704                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 16.                             | EKG                            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 17.                             | EEG                            | 151,934                                                         | 301,162                                                            | 0.504493                                        | 1,074                                                                       |                                                                             | 542                                                                   |                                                                       |
| 18.                             | Med. / Surg. Supplies          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 19.                             | Drugs Charged to Patients      | 21,229,673                                                      | 50,343,303                                                         | 0.421698                                        | 447,306                                                                     |                                                                             | 188,628                                                               |                                                                       |
| 20.                             | Renal Dialysis                 | 1,030,107                                                       | 3,456,976                                                          | 0.297979                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                             | Ambulance                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                             | MRI                            | 2,067,772                                                       | 7,861,019                                                          | 0.263041                                        | 19,867                                                                      |                                                                             | 5,226                                                                 |                                                                       |
| 23.                             | GI Lab                         | 1,916,302                                                       | 8,497,153                                                          | 0.225523                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 24.                             | Cardiac Catheterization        | 7,030,272                                                       | 50,752,822                                                         | 0.138520                                        | 34,718                                                                      |                                                                             | 4,809                                                                 |                                                                       |
| 25.                             | EMG                            | 81,526                                                          | 414,871                                                            | 0.196509                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                             | Implant Supplies               | 9,439,954                                                       | 14,959,041                                                         | 0.631053                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                             | Cardiac Rehab                  | 552,455                                                         | 1,086,266                                                          | 0.508582                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                             | Mercy Eye Center               | 874,040                                                         | 861,146                                                            | 1.014973                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                             | Wound Care Center              | 495,912                                                         | 579,642                                                            | 0.855549                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                             | CT Scan                        | 2,290,946                                                       | 28,591,428                                                         | 0.080127                                        | 26,982                                                                      |                                                                             | 2,162                                                                 |                                                                       |
| 31.                             | Vein Clinic                    | 26,209                                                          | 112,951                                                            | 0.232039                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                             | Mental Health Center           | 1,391,606                                                       | 1,118,966                                                          | 1.243654                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                             | Pre Birth Center               | 696,201                                                         | 3,435,283                                                          | 0.202662                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                             | Sleep Lab                      | 406,604                                                         | 1,931,274                                                          | 0.210537                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                             | Urology                        | 138,707                                                         | 53,287                                                             | 2.603018                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                             | Diabetes Center                | 275,435                                                         | 178,356                                                            | 1.544299                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                             | ADDP OP                        | 680,787                                                         | 2,489,384                                                          | 0.273476                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                             | Mercy Clinic                   | 7,676,330                                                       | 3,965,741                                                          | 1.935661                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                             | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| Outpatient Service Cost Centers |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                             | Clinic                         | 8,027,884                                                       | 8,726,003                                                          | 0.919996                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                             | Emergency                      | 9,680,137                                                       | 44,419,865                                                         | 0.217924                                        | 373,735                                                                     |                                                                             | 81,446                                                                |                                                                       |
| 45.                             | Observation                    | 3,788,927                                                       | 6,634,504                                                          | 0.571094                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                             | Total                          |                                                                 |                                                                    |                                                 | 2,106,024                                                                   |                                                                             | 535,892                                                               |                                                                       |

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

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

BHF Page 4

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0158 | <b>Medicaid Provider Number:</b><br>3042                               |
| <b>Program:</b><br>Medicaid Psych           | <b>Period Covered by Statement:</b><br>From: 07/01/2013 To: 06/30/2014 |

**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) | 39,773,713            | 5,606,280   | 3,872,663    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 42,787                | 6,792       | 3,958        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 929.57                | 825.42      | 978.44       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 3,261       |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 2,691,695   |              |                     |
| 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)                                                           |                       | 2,691,695   |              |                     |

| 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                                                         | 6,925,615                                             | 4,088                                             | 1,694.13                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          | 2,819,455                                             | 2,307                                             | 1,222.13                           |                                            |                                |
| 10.      | NICU                                                                        | 2,580,723                                             | 2,854                                             | 904.25                             |                                            |                                |
| 11.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 1,032,726                                             | 3,726                                             | 277.17                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 535,892                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>3,227,587</b>               |

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

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

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

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

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

BHF Page 6(a)

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost Centers</b>  | <b>(1)</b>                                              | <b>(2)</b>                                               | <b>(3)</b>                                                   | <b>(4)</b>                                     | <b>(5)</b>                                      | <b>(6)</b>                                             | <b>(7)</b>                                              |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  | 188,712                                                 | 5,054,436                                                | 0.037336                                                     |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         | 18,370                                                  | 7,688,847                                                | 0.002389                                                     |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | GI Lab                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Cardiac Catheterization                  | 1,813,836                                               | 50,752,822                                               | 0.035739                                                     | 34,718                                         |                                                 | 1,241                                                  |                                                         |
| 25.      | EMG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Implant Supplies                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Rehab                            | 13,005                                                  | 1,086,266                                                | 0.011972                                                     |                                                |                                                 |                                                        |                                                         |
| 28.      | Mercy Eye Center                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Wound Care Center                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Vein Clinic                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Mental Health Center                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Pre Birth Center                         | 19,778                                                  | 3,435,283                                                | 0.005757                                                     |                                                |                                                 |                                                        |                                                         |
| 34.      | Sleep Lab                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Urology                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Diabetes Center                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | ADDP OP                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Mercy Clinic                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 1,334,265                                               | 8,726,003                                                | 0.152907                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 596,770                                                 | 44,419,865                                               | 0.013435                                                     | 373,735                                        |                                                 | 5,021                                                  |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>6,262</b>                                           |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

| 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                 | 822,249                                                 | 42,787                                                            | 19.22                                                  |                                                           |                                                 |                                                        |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | NICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               | 1,984,837                                               | 3,726                                                             | 532.70                                                 |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | 6,262                                                  |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | 6,262                                                  |                                                         |

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

BHF Page 7

Preliminary

| Medicare Provider Number:<br>14-0158 |                                                                                                          | Medicaid Provider Number:<br>3042                               |                           |
|--------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| Program:<br>Medicaid Psych           |                                                                                                          | Period Covered by Statement:<br>From: 07/01/2013 To: 06/30/2014 |                           |
| 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)                                                    | 3,227,587                                                       |                           |
| 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)                                  | 6,262                                                           |                           |
| 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)                             | 17,261                                                          |                           |
| 7.                                   | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>3,251,110</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)                                                              | 2,106,024                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              | 3,845,695                |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. NICU                                                                                               |                          |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>5,951,719</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 2,700,609                 |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

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

BHF Page 8

Preliminary

|                                                    |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br><b>14-0158</b> | <b>Medicaid Provider Number:</b><br><b>3042</b>                               |
| <b>Program:</b><br><b>Medicaid Psych</b>           | <b>Period Covered by Statement:</b><br><b>From: 07/01/2013 To: 06/30/2014</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)                                        | 3,251,110         |                    |
| 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)                                                     | 3,251,110         |                    |
| 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>3,251,110</b>  |                    |

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

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

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

BHF Page 9

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

**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 (BHF Page 7, Line 13)                                                                                  | 2,700,609 |
| 2.       | Carry Over of Excess Reasonable Cost (Must Equal Part II, Line 1, Col. 5)                                                                               |           |
| 3.       | Recovery of Excess Reasonable Cost (Lesser of Line 1 or 2)                                                                                              |           |

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

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

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

| Line No. | Description                | Total (Part II, Cols. 1-3, Line 2) | Inpatient |                    | Outpatient |                    |
|----------|----------------------------|------------------------------------|-----------|--------------------|------------|--------------------|
|          |                            |                                    | Ratio     | Amount (Col. 1x2A) | Ratio      | Amount (Col. 1x3A) |
|          |                            |                                    | (1)       | (2A)               | (3A)       | (3B)               |
| 1.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 2.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 3.       | Cost Report Period ended   |                                    |           |                    |            |                    |
| 4.       | Total (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>14-0158 | <b>Medicaid Provider Number:</b><br>3042                               |
| <b>Program:</b><br>Medicaid Psych           | <b>Period Covered by Statement:</b><br>From: 07/01/2013 To: 06/30/2014 |

**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**

| 1. Gross Routine Revenues                                                                                                                      | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| (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 Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)              |                       |             |              |                     |

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

Preliminary

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 1.       | Operating Room                      | 1,305,660                                          | 27,547,250                                                  | 0.047397                                            | 10,149                                            |                                                    | 481                                                       |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 5.       | Radiology - Diagnostic              | 1,999,293                                          | 37,832,086                                                  | 0.052846                                            | 16,371                                            |                                                    | 865                                                       |                                                            |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 17.      | EEG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | GI Lab                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Cardiac Catheterization             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | EMG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Implant Supplies                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Mercy Eye Center                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | Wound Care Center                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Vein Clinic                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Mental Health Center                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Pre Birth Center                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Sleep Lab                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Urology                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Diabetes Center                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | ADDP OP                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Mercy Clinic                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 1,891,576                                          | 44,419,865                                                  | 0.042584                                            | 373,735                                           |                                                    | 15,915                                                    |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>17,261</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: | 14-0158        | Medicaid Provider Number:    | 3042                            |
| Program:                  | Medicaid Psych | Period Covered by Statement: | From: 07/01/2013 To: 06/30/2014 |

| 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                 | 8,860,539                                          | 42,787                                                                | 207.08                                 |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 | 199,113                                            | 3,958                                                                 | 50.31                                  |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 594,075                                            | 4,088                                                                 | 145.32                                 |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit                    | 223,594                                            | 2,307                                                                 | 96.92                                  |                                                              |                                                    |                                                           |                                                            |
| 53.      | NICU                                  | 437,397                                            | 2,854                                                                 | 153.26                                 |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | 17,261                                                    |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | 17,261                                                    |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0158 | Medicaid Provider Number:<br>3042                               |
| Program:<br>Medicaid Psych           | Period Covered by Statement:<br>From: 07/01/2013 To: 06/30/2014 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 3,261                 |             | 3,261                  |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 5,951,719             |             | 5,951,719              |
| Ancillary Revenue                  | 2,106,024             |             | 2,106,024              |
| Routine Revenue                    | 3,845,695             |             | 3,845,695              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]