

# 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>07/01/2014 | To:<br>06/30/2015                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Mercy Hospital and Medical C 3042 for the cost report beginning 07/01/2014 and ending 06/30/2015 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 Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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                   |                         | 40,094                                           | 55.48%                                              |                                        | 12,876                                                  | 3.79                                                |
| 2.                     | Psych                 | 39                   | 14,235                   |                         | 5,409                                            | 38.00%                                              |                                        | 1,010                                                   | 5.36                                                |
| 3.                     | Rehab                 | 16                   | 5,840                    |                         | 4,514                                            | 77.29%                                              |                                        | 417                                                     | 10.82                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 14                   | 5,110                    |                         | 4,162                                            | 81.45%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 6                    | 2,190                    |                         | 1,519                                            | 69.36%                                              |                                        |                                                         |                                                     |
| 7.                     | NICU                  | 15                   | 5,475                    |                         | 3,002                                            | 54.83%                                              |                                        |                                                         |                                                     |
| 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                    |                         | 3,579                                            | 65.37%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>303</b>           | <b>110,595</b>           |                         | <b>62,279</b>                                    | <b>56.31%</b>                                       |                                        | <b>14,303</b>                                           | <b>4.10</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 4,150                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |               |               |     |              |             |
|------------------------|-----------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 8,201         |               |     | 5,840        | 1.93        |
| 2.                     | Psych                 |     |     |     |               |               |     |              |             |
| 3.                     | Rehab                 |     |     |     |               |               |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |               |               |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 967           |               |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     | 333           |               |     |              |             |
| 7.                     | NICU                  |     |     |     | 1,787         |               |     |              |             |
| 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       |     |     |     | 2,102         |               |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>13,390</b> | <b>21.50%</b> |     | <b>5,840</b> | <b>1.93</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 Hospital         |  |  | From:                        | 07/01/2014 | To: 06/30/2015 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 14,863,688                                               | 30,329,912                                                  | 0.490067                                 | 1,575,093                                                            |                                                                      | 771,901                                                        |                                                                |
| 2.                                     | Recovery Room                  | 1,240,824                                                | 4,104,831                                                   | 0.302284                                 | 145,676                                                              |                                                                      | 44,036                                                         |                                                                |
| 3.                                     | Delivery and Labor Room        | 6,540,371                                                | 18,478,819                                                  | 0.353939                                 | 10,497,399                                                           |                                                                      | 3,715,439                                                      |                                                                |
| 4.                                     | Anesthesiology                 | 578,461                                                  | 4,517,807                                                   | 0.128040                                 | 527,382                                                              |                                                                      | 67,526                                                         |                                                                |
| 5.                                     | Radiology - Diagnostic         | 9,391,140                                                | 54,620,790                                                  | 0.171933                                 | 1,660,293                                                            |                                                                      | 285,459                                                        |                                                                |
| 6.                                     | Radiology - Therapeutic        | 1,154,651                                                | 6,794,777                                                   | 0.169932                                 | 75,221                                                               |                                                                      | 12,782                                                         |                                                                |
| 7.                                     | Nuclear Medicine               | 1,490,911                                                | 8,849,959                                                   | 0.168465                                 | 277,302                                                              |                                                                      | 46,716                                                         |                                                                |
| 8.                                     | Laboratory                     | 15,453,873                                               | 123,552,910                                                 | 0.125079                                 | 10,719,029                                                           |                                                                      | 1,340,725                                                      |                                                                |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 11.                                    | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 12.                                    | Respiratory Therapy            | 2,958,889                                                | 19,151,857                                                  | 0.154496                                 | 1,882,908                                                            |                                                                      | 290,902                                                        |                                                                |
| 13.                                    | Physical Therapy               | 2,318,976                                                | 5,694,696                                                   | 0.407217                                 | 87,656                                                               |                                                                      | 35,695                                                         |                                                                |
| 14.                                    | Occupational Therapy           | 2,019,845                                                | 3,066,837                                                   | 0.658609                                 | 21,779                                                               |                                                                      | 14,344                                                         |                                                                |
| 15.                                    | Speech Pathology               | 514,465                                                  | 1,261,552                                                   | 0.407803                                 | 41,220                                                               |                                                                      | 16,810                                                         |                                                                |
| 16.                                    | EKG                            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 17.                                    | EEG                            | 166,152                                                  | 357,609                                                     | 0.464619                                 | 30,325                                                               |                                                                      | 14,090                                                         |                                                                |
| 18.                                    | Med. / Surg. Supplies          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 19.                                    | Drugs Charged to Patients      | 21,661,286                                               | 55,481,534                                                  | 0.390423                                 | 3,961,570                                                            |                                                                      | 1,546,688                                                      |                                                                |
| 20.                                    | Renal Dialysis                 | 1,112,549                                                | 4,459,787                                                   | 0.249462                                 | 234,571                                                              |                                                                      | 58,517                                                         |                                                                |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | MRI                            | 3,463,861                                                | 11,015,556                                                  | 0.314452                                 | 423,525                                                              |                                                                      | 133,178                                                        |                                                                |
| 23.                                    | GI Lab                         | 2,114,885                                                | 10,922,754                                                  | 0.193622                                 | 262,420                                                              |                                                                      | 50,810                                                         |                                                                |
| 24.                                    | Cardiovascular Lab             | 7,608,577                                                | 59,807,755                                                  | 0.127217                                 | 3,672,744                                                            |                                                                      | 467,235                                                        |                                                                |
| 25.                                    | EMG                            | 75,590                                                   | 488,832                                                     | 0.154634                                 |                                                                      |                                                                      |                                                                |                                                                |
| 26.                                    | Implant Supplies               | 9,965,106                                                | 16,544,570                                                  | 0.602319                                 | 696,282                                                              |                                                                      | 419,384                                                        |                                                                |
| 27.                                    | Cardiac Rehab                  | 584,072                                                  | 1,369,681                                                   | 0.426429                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                                    | Mercy Eye Center               | 979,367                                                  | 852,094                                                     | 1.149365                                 |                                                                      |                                                                      |                                                                |                                                                |
| 29.                                    | Wound Management               | 521,208                                                  | 560,259                                                     | 0.930298                                 | 279                                                                  |                                                                      | 260                                                            |                                                                |
| 30.                                    | Mercy Clinics                  | 7,688,624                                                | 2,421,736                                                   | 3.174840                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | Mental Health Center           | 1,639,394                                                | 857,617                                                     | 1.911569                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | TCT Scan                       | 2,113,690                                                | 40,676,870                                                  | 0.051963                                 | 1,878,194                                                            |                                                                      | 97,597                                                         |                                                                |
| 33.                                    | Pre-Birth Center               | 715,555                                                  | 3,987,056                                                   | 0.179470                                 | 135,589                                                              |                                                                      | 24,334                                                         |                                                                |
| 34.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 35.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 41.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 6,828,599                                                | 6,216,273                                                   | 1.098504                                 |                                                                      |                                                                      |                                                                |                                                                |
| 44.                                    | Emergency                      | 10,368,802                                               | 59,436,792                                                  | 0.174451                                 | 2,373,606                                                            |                                                                      | 414,078                                                        |                                                                |
| 45.                                    | Observation                    | 3,958,602                                                | 6,263,178                                                   | 0.632044                                 |                                                                      |                                                                      |                                                                |                                                                |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>41,180,063</b>                                                    |                                                                      | <b>9,868,506</b>                                               |                                                                |

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

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

BHF Page 4

Preliminary

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0158 | <b>Medicaid Provider Number:</b><br>3042                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2014 To: 06/30/2015 |

**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) | 42,203,624            | 5,327,963   | 4,381,006    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 44,244                | 5,409       | 4,514        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 953.88                | 985.02      | 970.54       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 8,201                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 7,822,770             |             |              |                     |
| 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)                                                           | 7,822,770             |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8) | Average<br>Per Diem<br>(Col. A / Col. B) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4) | Program Cost<br>(Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------|
|          |                                                                             | (A)                                                         | (B)                                                        | (C)                                      | (D)                                              | (E)                               |
| 8.       | Intensive Care Unit                                                         | 7,355,081                                                   | 4,162                                                      | 1,767.20                                 | 967                                              | 1,708,882                         |
| 9.       | Coronary Care Unit                                                          | 2,735,772                                                   | 1,519                                                      | 1,801.03                                 | 333                                              | 599,743                           |
| 10.      | NICU                                                                        | 2,229,382                                                   | 3,002                                                      | 742.63                                   | 1,787                                            | 1,327,080                         |
| 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                                                                     | 2,124,946                                                   | 3,579                                                      | 593.73                                   | 2,102                                            | 1,248,020                         |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 9,868,506                         |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>22,575,001</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 Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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 Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                     | (2)                                                      | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  | 200,700                                                 | 6,794,777                                                | 0.029537                                                     | 75,221                                         |                                                 | 2,222                                                  |                                                         |
| 7.       | Nuclear Medicine                         | 24,960                                                  | 8,849,959                                                | 0.002820                                                     | 277,302                                        |                                                 | 782                                                    |                                                         |
| 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.      | Cardiovascular Lab                       | 1,547,025                                               | 59,807,755                                               | 0.025867                                                     | 3,672,744                                      |                                                 | 95,003                                                 |                                                         |
| 25.      | EMG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Implant Supplies                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Mercy Eye Center                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Wound Management                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Mercy Clinics                            | 1,105,841                                               | 2,421,736                                                | 0.456632                                                     |                                                |                                                 |                                                        |                                                         |
| 31.      | Mental Health Center                     | 427,471                                                 | 857,617                                                  | 0.498440                                                     |                                                |                                                 |                                                        |                                                         |
| 32.      | TCT Scan                                 |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Pre-Birth Center                         | 710,680                                                 | 3,987,056                                                | 0.178247                                                     | 135,589                                        |                                                 | 24,168                                                 |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 1,871,541                                               | 6,216,273                                                | 0.301071                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 289,158                                                 | 59,436,792                                               | 0.004865                                                     | 2,373,606                                      |                                                 | 11,548                                                 |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>133,723</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 Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| 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          | 673,250                                                 | 44,244                                                            | 15.22                                                  | 8,201                                                     |                                                 | 124,819                                                |                                                         |
| 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                        | 1,657,497                                               | 3,579                                                             | 463.12                                                 | 2,102                                                     |                                                 | 973,478                                                |                                                         |
| 67.      | Routine Total (lines 47-66)    |                                                         |                                                                   |                                                        |                                                           |                                                 | 1,098,297                                              |                                                         |
| 68.      | Ancillary Total (from line 46) |                                                         |                                                                   |                                                        |                                                           |                                                 | 133,723                                                |                                                         |
| 69.      | Total (Lines 67-68)            |                                                         |                                                                   |                                                        |                                                           |                                                 | 1,232,020                                              |                                                         |

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

BHF Page 7

**Preliminary**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0158 | <b>Medicaid Provider Number:</b><br>3042                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2014 To: 06/30/2015 |

| 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)                                                    |                 | 22,575,001               |                           |
| 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)                                  |                 | 1,232,020                |                           |
| 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)                             |                 | 1,848,385                |                           |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>25,655,406</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)                                                               |                   | 41,180,063               |                           |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                          |                           |
| A. Adults and Pediatrics                                                                                  |                   | 9,722,723                |                           |
| B. Psych                                                                                                  |                   |                          |                           |
| C. Rehab                                                                                                  |                   |                          |                           |
| D. Other (Sub)                                                                                            |                   |                          |                           |
| E. Intensive Care Unit                                                                                    |                   | 1,204,098                |                           |
| F. Coronary Care Unit                                                                                     |                   | 351,959                  |                           |
| G. NICU                                                                                                   |                   | 4,119,337                |                           |
| 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                                                                                                |                   | 5,296,791                |                           |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                          |                           |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>61,874,971</b>        |                           |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                          | 36,219,565                |
| 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 Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 07/01/2014 To: 06/30/2015</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)                                        | 25,655,406        |                    |
| 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)                                                     | 25,655,406        |                    |
| 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>25,655,406</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:<br><b>14-0158</b> | Medicaid Provider Number:<br><b>3042</b>                                      |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>07/01/2014</b> To: <b>06/30/2015</b> |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)                                                                               | 36,219,565 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |            |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |            |

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

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

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

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

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

BHF Supplement No. 1

**Preliminary**

|                                             |                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0158 | <b>Medicaid Provider Number:</b><br>3042                                             |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br><b>From:</b> 07/01/2014 <b>To:</b> 06/30/2015 |

**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 Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept. Charges<br>(CMS 2552-10,<br>W/S C, Pt. 1,<br>Col. 8)* | Ratio of G M E Cost<br>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<br>for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses<br>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                      | 1,052,081                                                | 30,329,912                                                        | 0.034688                                               | 1,575,093                                         |                                                    | 54,637                                                       |                                                               |
| 2.       | Recovery Room                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 3.       | Delivery and Labor Room             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 4.       | Anesthesiology                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 5.       | Radiology - Diagnostic              | 1,610,998                                                | 54,620,790                                                        | 0.029494                                               | 1,660,293                                         |                                                    | 48,969                                                       |                                                               |
| 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.      | Cardiovascular Lab                  |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 25.      | EMG                                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 26.      | Implant Supplies                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 27.      | Cardiac Rehab                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 28.      | Mercy Eye Center                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 29.      | Wound Management                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 30.      | Mercy Clinics                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 31.      | Mental Health Center                |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 32.      | TCT Scan                            |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 33.      | Pre-Birth Center                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 34.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 35.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 36.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 37.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 38.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 39.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 40.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 41.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 42.      | Other                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                           | 1,524,201                                                | 59,436,792                                                        | 0.025644                                               | 2,373,606                                         |                                                    | 60,869                                                       |                                                               |
| 45.      | Observation                         |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                   |                                                        |                                                   |                                                    | <b>164,475</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 Hospital | Period Covered by Statement: | From: 07/01/2014 To: 06/30/2015 |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                | (2)                                                                   | (3)                                    | (4)                                                          | (5)                                                | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics                 | 7,139,679                                          | 44,244                                                                | 161.37                                 | 8,201                                                        |                                                    | 1,323,395                                                 |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 | 160,442                                            | 4,514                                                                 | 35.54                                  |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 478,697                                            | 4,162                                                                 | 115.02                                 | 967                                                          |                                                    | 111,224                                                   |                                                            |
| 52.      | Coronary Care Unit                    | 180,169                                            | 1,519                                                                 | 118.61                                 | 333                                                          |                                                    | 39,497                                                    |                                                            |
| 53.      | NICU                                  | 352,447                                            | 3,002                                                                 | 117.40                                 | 1,787                                                        |                                                    | 209,794                                                   |                                                            |
| 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>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>1,683,910</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>164,475</b>                                            |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>1,848,385</b>                                          |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0158 | Medicaid Provider Number:<br>3042                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2014 To: 06/30/2015 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 11,288                |             | 11,288                 |
| Newborn Days                       | 2,102                 |             | 2,102                  |
| Total Inpatient Revenue            | 61,880,599            | (5,628)     | 61,874,971             |
| Ancillary Revenue                  | 41,185,691            | (5,628)     | 41,180,063             |
| Routine Revenue                    | 20,694,908            |             | 20,694,908             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

[illegible]