

# 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>Methodist Medical Center of Illinois |                     | Medicare Provider Number:<br>14-0209 |
| Street:<br>221 N E Glen Oak                               |                     | Medicaid Provider Number:<br>16006   |
| City:<br>Peoria                                           | State:<br>Illinois  | Zip:<br>61636                        |
| Period Covered by Statement:                              | From:<br>01/01/2015 | To:<br>12/31/2015                    |

## Type of Contrc

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

## Type of Hospita

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

## Health Care Program (A Separate Report Must Be Filled Out For Each Distinct Part Unit)

|                                                            |                                                 |                                                                             |
|------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid Hospital                 | <input type="checkbox"/> Medicaid Sub II Rehab  | <input type="checkbox"/> DHS - Office of Rehabilitation Services            |
| <input type="checkbox"/> XXXX Medicaid Sub I<br>XXXX 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)) Methodist Medical Center of Illi 16006 for the cost report beginning 01/01/2015 and ending 12/31/2015 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: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| 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  | 191                  | 69,715                   |                         | 41,241                                           | 59.16%                                              |                                        | 11,476                                                  | 4.08                                                |
| 2.       | Psych                  | 44                   | 16,060                   |                         | 13,011                                           | 81.01%                                              |                                        | 2,238                                                   | 5.81                                                |
| 3.       | Rehab                  | 36                   | 13,140                   |                         | 7,382                                            | 56.18%                                              |                                        | 545                                                     | 13.54                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 12                   | 4,380                    |                         | 2,848                                            | 65.02%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Surgical ICU           | 12                   | 4,380                    |                         | 2,769                                            | 63.22%                                              |                                        |                                                         |                                                     |
| 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        | 20                   | 7,300                    |                         | 4,759                                            | 65.19%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>315</b>           | <b>114,975</b>           |                         | <b>72,010</b>                                    | <b>62.63%</b>                                       |                                        | <b>14,259</b>                                           | <b>4.72</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 4,664                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |               |               |     |              |             |
|-----|------------------------|-----|-----|-----|---------------|---------------|-----|--------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)           | (5)           | (6) | (7)          | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     |               |               |     |              |             |
| 2.  | Psych                  |     |     |     | 11,005        |               |     | 1,882        | 5.85        |
| 3.  | Rehab                  |     |     |     |               |               |     |              |             |
| 4.  | Other (Sub)            |     |     |     |               |               |     |              |             |
| 5.  | Intensive Care Unit    |     |     |     |               |               |     |              |             |
| 6.  | Coronary Care Unit     |     |     |     |               |               |     |              |             |
| 7.  | Surgical ICU           |     |     |     |               |               |     |              |             |
| 8.  | Other                  |     |     |     |               |               |     |              |             |
| 9.  | Other                  |     |     |     |               |               |     |              |             |
| 10. | Other                  |     |     |     |               |               |     |              |             |
| 11. | Other                  |     |     |     |               |               |     |              |             |
| 12. | Other                  |     |     |     |               |               |     |              |             |
| 13. | Other                  |     |     |     |               |               |     |              |             |
| 14. | Other                  |     |     |     |               |               |     |              |             |
| 16. | Other                  |     |     |     |               |               |     |              |             |
| 17. | Other                  |     |     |     |               |               |     |              |             |
| 18. | Other                  |     |     |     |               |               |     |              |             |
| 19. | Other                  |     |     |     |               |               |     |              |             |
| 20. | Other                  |     |     |     |               |               |     |              |             |
| 21. | Newborn Nursery        |     |     |     |               |               |     |              |             |
| 22. | <b>Total</b>           |     |     |     | <b>11,005</b> | <b>15.28%</b> |     | <b>1,882</b> | <b>5.85</b> |

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

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

BHF Page 3

PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| Line No. | Ancillary Service Cost Centers         | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|----------|----------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1        | Operating Room                         | 34,249,849                                                      | 147,930,045                                                        | 0.231527                                        | 22,854                                                                      |                                                                             | 5,291                                                                 |                                                                       |
| 2        | Recovery Room                          | 4,454,556                                                       | 34,481,624                                                         | 0.129186                                        | 106,624                                                                     |                                                                             | 13,774                                                                |                                                                       |
| 3        | Delivery and Labor Room                | 3,991,394                                                       | 14,493,330                                                         | 0.275395                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 4        | Anesthesiology                         | 2,618,104                                                       | 44,134,324                                                         | 0.059321                                        | 147,754                                                                     |                                                                             | 8,765                                                                 |                                                                       |
| 5        | Radiology - Diagnostic                 | 10,292,880                                                      | 46,155,946                                                         | 0.223002                                        | 160,758                                                                     |                                                                             | 35,849                                                                |                                                                       |
| 6        | Radiology - Therapeutic                | 3,144,627                                                       | 20,967,287                                                         | 0.149978                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 7        | Nuclear Medicine                       | 1,431,557                                                       | 14,116,520                                                         | 0.101410                                        | 4,164                                                                       |                                                                             | 422                                                                   |                                                                       |
| 8        | Laboratory                             | 18,338,616                                                      | 180,412,376                                                        | 0.101648                                        | 2,463,802                                                                   |                                                                             | 250,441                                                               |                                                                       |
| 9        | Blood                                  |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10       | Blood - Administration                 | 1,469,574                                                       | 5,539,148                                                          | 0.265307                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 11       | Intravenous Therapy                    | 4,642,733                                                       | 21,438,320                                                         | 0.216562                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 12       | Respiratory Therapy                    | 2,728,188                                                       | 15,394,732                                                         | 0.177216                                        | 343,347                                                                     |                                                                             | 60,847                                                                |                                                                       |
| 13       | Physical Therapy                       | 2,441,112                                                       | 11,668,366                                                         | 0.209208                                        | 98,335                                                                      |                                                                             | 20,572                                                                |                                                                       |
| 14       | Occupational Therapy                   | 1,120,235                                                       | 5,666,260                                                          | 0.197703                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 15       | Speech Pathology                       | 752,712                                                         | 2,742,853                                                          | 0.274427                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 16       | EKG                                    | 764,536                                                         | 6,228,277                                                          | 0.122752                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 17       | EEG                                    | 1,279,921                                                       | 9,553,113                                                          | 0.133979                                        | 18,228                                                                      |                                                                             | 2,442                                                                 |                                                                       |
| 18       | Med. / Surg. Supplies                  | 2,803,256                                                       | 67,570,908                                                         | 0.041486                                        | 5,103                                                                       |                                                                             | 212                                                                   |                                                                       |
| 19       | Drugs Charged to Patients              | 24,485,761                                                      | 74,953,766                                                         | 0.326678                                        | 432,086                                                                     |                                                                             | 141,153                                                               |                                                                       |
| 20       | Renal Dialysis                         | 517,848                                                         | 1,307,880                                                          | 0.395945                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 21       | Ambulance                              |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22       | Pain Clinic                            | 178,924                                                         | 1,925                                                              | 92.947532                                       |                                                                             |                                                                             |                                                                       |                                                                       |
| 23       | Northside Imaging                      | 598,238                                                         | 2,272,150                                                          | 0.263292                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 24       | Northside Mammography                  | 470,634                                                         | 1,481,056                                                          | 0.317769                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25       | Northside Ultrasound                   | 444,707                                                         | 1,787,946                                                          | 0.248725                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 26       | Implant Devices                        | 10,616,882                                                      | 47,299,293                                                         | 0.224462                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 27       | Pulmonary Function                     | 338,267                                                         | 3,386,434                                                          | 0.099889                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 28       | Cardiac Cath                           | 939,029                                                         | 28,758,195                                                         | 0.032653                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29       | CT Scan                                | 948,175                                                         | 54,964,831                                                         | 0.017251                                        | 326,004                                                                     |                                                                             | 5,624                                                                 |                                                                       |
| 30       | Northside CT                           | 406,100                                                         | 8,607,598                                                          | 0.047179                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 31       | MRI                                    | 1,200,218                                                       | 22,102,307                                                         | 0.054303                                        | 76,549                                                                      |                                                                             | 4,157                                                                 |                                                                       |
| 32       | Northside MRI                          | 487,796                                                         | 6,503,542                                                          | 0.075005                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 33       | Cardiology                             | 1,842,039                                                       | 12,495,590                                                         | 0.147415                                        | 26,305                                                                      |                                                                             | 3,878                                                                 |                                                                       |
| 34       | Psych-Part Hospital                    | 886,342                                                         | 2,489,243                                                          | 0.356069                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 35       | GI                                     | 2,398,527                                                       | 17,941,290                                                         | 0.133688                                        | 40,869                                                                      |                                                                             | 5,464                                                                 |                                                                       |
| 36       | Cardiac Rehab                          | 60,186                                                          | 21,856                                                             | 2.753752                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 37       | Hyperbaric Oxygen                      | 440,932                                                         | 2,808,907                                                          | 0.156976                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 38       | Lithotripsy                            | 28,809                                                          |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39       | Chilli Family Psysic                   | 1,806,506                                                       |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40       | Physician Offices                      | 31,994,669                                                      | 14,594,406                                                         | 2.192256                                        | 8,344                                                                       |                                                                             | 18,292                                                                |                                                                       |
| 41       | Diabetic Care Center                   | 433,463                                                         | 1,449,201                                                          | 0.299105                                        | 22,625                                                                      |                                                                             | 6,767                                                                 |                                                                       |
| 42       | Wound Care Center                      | 408,461                                                         | 913,444                                                            | 0.447166                                        | 129                                                                         |                                                                             | 58                                                                    |                                                                       |
|          | <b>Outpatient Service Cost Centers</b> |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43       | Clinic                                 | 4,809,486                                                       | 15,614,702                                                         | 0.308010                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44       | Emergency                              | 7,712,333                                                       | 41,870,084                                                         | 0.184197                                        | 2,095,445                                                                   |                                                                             | 385,975                                                               |                                                                       |
| 45       | Observation                            | 4,016,357                                                       | 6,611,041                                                          | 0.607523                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46       | <b>Total</b>                           |                                                                 |                                                                    |                                                 | <b>6,399,325</b>                                                            |                                                                             | <b>969,983</b>                                                        |                                                                       |

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

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

BHF Page 4

**PRELIMINARY**

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0209 | Medicaid Provider Number:<br>16006                              |
| Program:<br>Medicaid-Psych           | Period Covered by Statement:<br>From: 01/01/2015 To: 12/31/2015 |

**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) | 39,324,644            | 9,917,440   | 5,796,225    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 45,905                | 13,011      | 7,382        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 856.65                | 762.24      | 785.18       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 11,005      |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 8,388,451   |              |                     |
| 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)                                                           |                       | 8,388,451   |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs (CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Days (CMS 2552-10, W/S S-3, Part 1, Col. 8) | Average Per Diem (Col. A / Col. B) | Program Days (BHF Page 2, Part II, Col. 4) | Program Cost (Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------------|
|          |                                                                             | (A)                                                   | (B)                                               | (C)                                | (D)                                        | (E)                            |
| 8.       | Intensive Care Unit                                                         | 11,139,885                                            | 2,848                                             | 3,911.48                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | Surgical ICU                                                                | 569,075                                               | 2,769                                             | 205.52                             |                                            |                                |
| 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                                                                     | 2,440,403                                             | 4,759                                             | 512.80                             |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 969,983                        |
| 25.      | Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)         |                                                       |                                                   |                                    |                                            | 9,358,434                      |

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

PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| 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.       | Surgical ICU                                       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 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) |            |
|----------|------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|------------|----------------------------------------|------------|
|          |                                                      |                                                           |                                                   |                                                             |                                            | Inpatient                                            | Outpatient | Inpatient                              | Outpatient |
|          |                                                      |                                                           |                                                   |                                                             |                                            | (1)                                                  | (2)        | (3)                                    | (4)        |
| 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: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| 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                  | 1,562,159                                               | 14,493,330                                               | 0.107785                                                     |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   | 182,986                                                 | 46,155,946                                               | 0.003965                                                     | 160,758                                        |                                                 | 637                                                    |                                                         |
| 6.       | Radiology - Therapeutic                  | 137,652                                                 | 20,967,287                                               | 0.006565                                                     |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 574,407                                                 | 180,412,376                                              | 0.003184                                                     | 2,463,802                                      |                                                 | 7,845                                                  |                                                         |
| 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.      | Pain Clinic                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Northside Imaging                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Northside Mammography                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Northside Ultrasound                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Implant Devices                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Pulmonary Function                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | CT Scan                                  | 200                                                     | 54,964,831                                               | 0.000004                                                     | 326,004                                        |                                                 | 1                                                      |                                                         |
| 30.      | Northside CT                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Northside MRI                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Cardiology                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Psych-Part Hospital                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | GI                                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Hyperbaric Oxygen                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Lithotripsy                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Chilli Family Psysic                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Physician Offices                        | 220,467                                                 | 14,594,406                                               | 0.015106                                                     | 8,344                                          |                                                 | 126                                                    |                                                         |
| 41.      | Diabetic Care Center                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Wound Care Center                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 2,153,392                                               | 41,870,084                                               | 0.051430                                                     | 2,095,445                                      |                                                 | 107,769                                                |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>116,378</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: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| Line No. | Cost Centers                   | Professional Component<br>(CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private<br>(CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for H B P<br>(Col. 3 X Col. 5) |
|----------|--------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Routine Service Cost Centers   | (1)                                                        | (2)                                                                  | (3)                                                       | (4)                                                          | (5)                                             | (6)                                                       | (7)                                                        |
| 47.      | Adults and Pediatrics          | 306,095                                                    | 45,905                                                               | 6.67                                                      |                                                              |                                                 |                                                           |                                                            |
| 48.      | Psych                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 49.      | Rehab                          | 67,240                                                     | 7,382                                                                | 9.11                                                      |                                                              |                                                 |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 51.      | Intensive Care Unit            |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 53.      | Surgical ICU                   |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 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                        | 86,663                                                     | 4,759                                                                | 18.21                                                     |                                                              |                                                 |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                            |                                                                      |                                                           |                                                              |                                                 | 116,378                                                   |                                                            |
| 69.      | Total (Lines 67-68)            |                                                            |                                                                      |                                                           |                                                              |                                                 | 116,378                                                   |                                                            |

**Hospital Statement of Cost**

BHF Page 7

**Computation of Lesser of Reasonable Cost or Customary Charge**

PRELIMINARY

| Medicare Provider Number: |                                                                                                          | Medicaid Provider Number:    |                           |
|---------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|
| 14-0209                   |                                                                                                          | 16006                        |                           |
| Program:                  |                                                                                                          | Period Covered by Statement: |                           |
| Medicaid-Psych            |                                                                                                          | From: 01/01/2015             | To: 12/31/2015            |
| 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)                                                    | 9,358,434                    |                           |
| 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)                                  | 116,378                      |                           |
| 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)                             | 152,315                      |                           |
| 7.                        | <b>Total Reasonable Cost of Covered Services</b><br><b>(Sum of Lines 1 through 6)</b>                    | <b>9,627,127</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)                                                              | 6,399,325                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              | 22,762,825               |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Surgical ICU                                                                                       |                          |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services</b><br><b>(Sum of Lines 9 through 11)</b>                       | <b>29,162,150</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 19,535,023                |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

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

BHF Page 8

**PRELIMINARY**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0209</b> | Medicaid Provider Number:<br><b>16006</b>                                     |
| Program:<br><b>Medicaid-Psych</b>           | Period Covered by Statement:<br>From: <b>01/01/2015</b> To: <b>12/31/2015</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)                                        | 9,627,127         |                    |
| 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)                                                     | 9,627,127         |                    |
| 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>(Sum of Lines 3 and 4, Plus or Minus Line 5)                                           | <b>9,627,127</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>(Line 6 Minus Line 8) |                   |                    |

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

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

BHF Page 9

**PRELIMINARY**

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

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

| 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)                                                                               | 19,535,023 |
| 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 Charge**

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

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

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

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0209</b> | Medicaid Provider Number:<br><b>16006</b>                                     |
| Program:<br><b>Medicaid-Psych</b>           | Period Covered by Statement:<br>From: <b>01/01/2015</b> To: <b>12/31/2015</b> |

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

**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<br>Divided by the Sum of Lines 2A + 2B) (to BHF Page 4, Line 1c)           |                       |             |              |                     |

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Inpatient Ancillary Centers         | (1)                                                | (2)                                                         | (3)                                                 | (4)                                               | (5)                                                | (6)                                                       | (7)                                                        |
| 1.       | Operating Room                      | 332,681                                            | 147,930,045                                                 | 0.002249                                            | 22,854                                            |                                                    | 51                                                        |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 5.       | Radiology - Diagnostic              | 39,255                                             | 46,155,946                                                  | 0.000850                                            | 160,758                                           |                                                    | 137                                                       |                                                            |
| 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.      | Pain Clinic                         | 85,052                                             | 1,925                                                       | 44.182857                                           |                                                   |                                                    |                                                           |                                                            |
| 23.      | Northside Imaging                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Northside Mammography               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Northside Ultrasound                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Implant Devices                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Pulmonary Function                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Cardiac Cath                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | Northside CT                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Northside MRI                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Cardiology                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Psych-Part Hospital                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | GI                                  | 90,939                                             | 17,941,290                                                  | 0.005069                                            | 40,869                                            |                                                    | 207                                                       |                                                            |
| 36.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Hyperbaric Oxygen                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Lithotripsy                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Chilli Family Psysic                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Physician Offices                   | 3,845,295                                          | 14,594,406                                                  | 0.263477                                            | 8,344                                             |                                                    | 2,198                                                     |                                                            |
| 41.      | Diabetic Care Center                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Wound Care Center                   | 9,813                                              | 913,444                                                     | 0.010743                                            | 129                                               |                                                    | 1                                                         |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 3,297,370                                          | 15,614,702                                                  | 0.211171                                            |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 271,510                                            | 41,870,084                                                  | 0.006485                                            | 2,095,445                                         |                                                    | 13,589                                                    |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>16,183</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: | 14-0209        | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Psych | Period Covered by Statement: | From: 01/01/2015 To: 12/31/2015 |

| 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          | 2,934,921                                          | 45,905                                                                | 63.93                                  |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                          | 160,943                                            | 13,011                                                                | 12.37                                  | 11,005                                                       |                                                    | 136,132                                                   |                                                            |
| 49.      | Rehab                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            | 13,412                                             | 2,848                                                                 | 4.71                                   |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Surgical ICU                   | 13,412                                             | 2,769                                                                 | 4.84                                   |                                                              |                                                    |                                                           |                                                            |
| 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                        | 19,627                                             | 4,759                                                                 | 4.12                                   |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                    |                                                                       |                                        |                                                              |                                                    | 136,132                                                   |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                    |                                                                       |                                        |                                                              |                                                    | 16,183                                                    |                                                            |
| 69.      | Total (Lines 67-68)            |                                                    |                                                                       |                                        |                                                              |                                                    | 152,315                                                   |                                                            |

Hospital Statement of Cost  
Reconciliation of Patient Days and Revenue

PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0209 | Medicaid Provider Number:<br>16006                              |
| Program:<br>Medicaid-Psych           | Period Covered by Statement:<br>From: 01/01/2015 To: 12/31/2015 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 11,005                |             | 11,005                 |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 29,162,150            |             | 29,162,150             |
| Ancillary Revenue                  | 6,399,325             |             | 6,399,325              |
| Routine Revenue                    | 22,762,825            |             | 22,762,825             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

Notes:

Total Hospital and Medicaid Psych Days, Charges, & Discharges came from filed hospital report.

Allocation of Routine Service and GME Costs(from W/S B, Pt. I, Col. 25) to Psych done.

BHF page 3- Per instructions from UnityPoint Health, all Medicaid charges should be as per worksheet submitted by Unity on 09/21/2015.