

# 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>Presence Saint Joseph Hospital |                     | Medicare Provider Number:<br>14-0217 |
| Street:<br>77 North Airlite Street                  |                     | Medicaid Provider Number:<br>5007    |
| City:<br>Elgin                                      | State:<br>Illinois  | Zip:<br>60123-4912                   |
| 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"/> XXXX<br>XXXX Church | <input type="checkbox"/> Individual  | <input type="checkbox"/> State <input type="checkbox"/> Township         |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership | <input type="checkbox"/> City <input type="checkbox"/> Hospital District |
| <input type="checkbox"/> Other (Specify)     | <input type="checkbox"/> Corporation | <input type="checkbox"/> County <input type="checkbox"/> Other (Specify) |

## Type of Hospita

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

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Presence Saint Joseph Hospitz 5007 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: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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  | 99                   | 36,135                   |                         | 17,722                                           | 49.04%                                              |                                        | 4,794                                                   | 4.23                                                |
| 2.       | Psych                  | 30                   | 10,950                   |                         | 6,453                                            | 58.93%                                              |                                        | 1,183                                                   | 5.45                                                |
| 3.       | Rehab                  | 40                   | 14,600                   |                         | 13,821                                           | 94.66%                                              |                                        | 1,267                                                   | 10.91                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 15                   | 5,475                    |                         | 2,542                                            | 46.43%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 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>           | 184                  | 67,160                   |                         | 40,538                                           | 60.36%                                              |                                        | 7,244                                                   | 5.60                                                |
| 23.      | Observation Bed Days   |                      |                          |                         | 2,966                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |     |       |     |     |      |
|-----|------------------------|-----|-----|-----|-----|-------|-----|-----|------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4) | (5)   | (6) | (7) | (8)  |
| 1.  | Adults and Pediatrics  |     |     |     |     |       |     |     |      |
| 2.  | Psych                  |     |     |     | 762 |       |     | 167 | 4.56 |
| 3.  | Rehab                  |     |     |     |     |       |     |     |      |
| 4.  | Other (Sub)            |     |     |     |     |       |     |     |      |
| 5.  | Intensive Care Unit    |     |     |     |     |       |     |     |      |
| 6.  | Coronary Care Unit     |     |     |     |     |       |     |     |      |
| 7.  | Other                  |     |     |     |     |       |     |     |      |
| 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>           |     |     |     | 762 | 1.88% |     | 167 | 4.56 |

| 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: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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,<br>W/S C,<br>Pt. 1,<br>Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)*<br>(2) | Ratio of<br>Cost to<br>Charges<br>(Col. 1 / 2)<br>(3) | Total<br>Billed I/P<br>Charges<br>(Gross) for<br>Health Care<br>Program<br>Patients<br>(4) | Total<br>Billed O/P<br>Charges<br>(Gross) for<br>Health Care<br>Program<br>Patients<br>(5) | I/P<br>Expenses<br>Applicable<br>to Health<br>Care<br>Program<br>(Col. 3 X 4)<br>(6) | O/P<br>Expenses<br>Applicable<br>to Health<br>Care<br>Program<br>(Col. 3 X 5)<br>(7) |
|----------|----------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1.       | Operating Room                         | 8,030,812                                                                | 96,016,644                                                                  | 0.083640                                              | 36,625                                                                                     |                                                                                            | 3,063                                                                                |                                                                                      |
| 2.       | Recovery Room                          | 5,279,540                                                                | 31,701,733                                                                  | 0.166538                                              | 52,066                                                                                     |                                                                                            | 8,671                                                                                |                                                                                      |
| 3.       | Delivery and Labor Room                |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 4.       | Anesthesiology                         | 406,705                                                                  | 14,237,176                                                                  | 0.028566                                              | 14,454                                                                                     |                                                                                            | 413                                                                                  |                                                                                      |
| 5.       | Radiology - Diagnostic                 | 5,822,559                                                                | 29,793,561                                                                  | 0.195430                                              | 5,947                                                                                      |                                                                                            | 1,162                                                                                |                                                                                      |
| 6.       | Radiology - Therapeutic                | 5,172,752                                                                | 21,833,218                                                                  | 0.236921                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 7.       | Nuclear Medicine                       |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 8.       | Laboratory                             | 7,437,145                                                                | 60,409,471                                                                  | 0.123112                                              | 309,023                                                                                    |                                                                                            | 38,044                                                                               |                                                                                      |
| 9.       | Blood                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 10.      | Blood - Administration                 | 704,080                                                                  | 1,239,209                                                                   | 0.568169                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 11.      | Intravenous Therapy                    |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 12.      | Respiratory Therapy                    | 1,796,680                                                                | 11,986,485                                                                  | 0.149892                                              | 261                                                                                        |                                                                                            | 39                                                                                   |                                                                                      |
| 13.      | Physical Therapy                       | 2,980,376                                                                | 14,196,808                                                                  | 0.209933                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 14.      | Occupational Therapy                   | 1,058,192                                                                | 6,707,240                                                                   | 0.157769                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 15.      | Speech Pathology                       | 201,878                                                                  | 3,546,526                                                                   | 0.056923                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 16.      | EKG                                    | 1,924,692                                                                | 16,246,641                                                                  | 0.118467                                              | 37,380                                                                                     |                                                                                            | 4,428                                                                                |                                                                                      |
| 17.      | EEG                                    |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 18.      | Med. / Surg. Supplies                  | 21,179,082                                                               | 66,867,065                                                                  | 0.316734                                              | 3,195                                                                                      |                                                                                            | 1,012                                                                                |                                                                                      |
| 19.      | Drugs Charged to Patients              | 14,014,610                                                               | 45,865,109                                                                  | 0.305561                                              | 114,793                                                                                    |                                                                                            | 35,076                                                                               |                                                                                      |
| 20.      | Renal Dialysis                         | 651,201                                                                  | 2,315,687                                                                   | 0.281213                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 21.      | Ambulance                              |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 22.      | Vascular Lab                           | 897,287                                                                  | 10,590,456                                                                  | 0.084726                                              | 2,069                                                                                      |                                                                                            | 175                                                                                  |                                                                                      |
| 23.      | CT Scan                                | 1,485,164                                                                | 51,351,429                                                                  | 0.028922                                              | 30,733                                                                                     |                                                                                            | 889                                                                                  |                                                                                      |
| 24.      | MRI                                    | 639,755                                                                  | 13,509,200                                                                  | 0.047357                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 25.      | Cardiac Cath                           | 2,505,506                                                                | 27,366,730                                                                  | 0.091553                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 26.      |                                        |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 27.      | Psych                                  | 1,003,352                                                                | 7,336,645                                                                   | 0.136759                                              | 673,192                                                                                    |                                                                                            | 92,065                                                                               |                                                                                      |
| 28.      | Occupational Health                    | 690,429                                                                  | 382,862                                                                     | 1.803336                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 29.      | Cardiac Rehabilitation                 | 230,188                                                                  | 668,707                                                                     | 0.344228                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 30.      | Hyperbaric Oxygen                      | 726,476                                                                  | 4,779,698                                                                   | 0.151992                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 31.      | CVILLE OUT                             | 265,657                                                                  | 352,530                                                                     | 0.753573                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 32.      | Nutrition Counseling                   | 304,089                                                                  | 214,329                                                                     | 1.418795                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 33.      | OP Procedures                          | 445,992                                                                  | 2,877,635                                                                   | 0.154986                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 34.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 35.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 36.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 37.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 38.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 39.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 40.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 41.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 42.      | Other                                  |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
|          | <b>Outpatient Service Cost Centers</b> |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 43.      | Clinic                                 |                                                                          |                                                                             |                                                       |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 44.      | Emergency                              | 7,719,718                                                                | 50,118,922                                                                  | 0.154028                                              | 267,261                                                                                    |                                                                                            | 41,166                                                                               |                                                                                      |
| 45.      | Observation                            | 2,654,926                                                                | 11,496,815                                                                  | 0.230927                                              |                                                                                            |                                                                                            |                                                                                      |                                                                                      |
| 46.      | <b>Total</b>                           |                                                                          |                                                                             |                                                       | <b>1,546,999</b>                                                                           |                                                                                            | <b>226,203</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>14-0217 | Medicaid Provider Number:<br>5007                               |
| 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) | 18,501,042            | 5,770,844   | 13,817,325   |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 20,688                | 6,453       | 13,821       |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 894.29                | 894.29      | 999.73       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 762         |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 681,449     |              |                     |
| 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)                                                           |                       | 681,449     |              |                     |

| 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                                                         | 5,144,073                                             | 2,542                                             | 2,023.63                           |                                            |                                |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 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                                                                     |                                                       |                                                   |                                    |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 226,203                        |
| 25.      | Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)         |                                                       |                                                   |                                    |                                            | 907,652                        |

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

PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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.       | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 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 (Col. 4)                                   | Outpatient (Col. 5) | Inpatient (Col. 4 X Col. 5A)           | Outpatient (Col. 4 X Col. 5B) |
|          |                                                      | (1)                                                       | (2)                                               | (3)                                                         | (4)                                        | (5A)                                                 | (5B)                | (6A)                                   | (6B)                          |
| 23.      | Clinic                                               |                                                           |                                                   |                                                             |                                            |                                                      |                     |                                        |                               |
| 24.      | Emergency                                            |                                                           |                                                   |                                                             |                                            |                                                      |                     |                                        |                               |
| 25.      | Observation                                          |                                                           |                                                   |                                                             |                                            |                                                      |                     |                                        |                               |
| 26.      | Subtotal Outpatient Care Svcs. (Lines 23 through 25) |                                                           |                                                   |                                                             |                                            |                                                      |                     |                                        |                               |
| 27.      | Total (Sum of Lines 22 and 26)                       |                                                           |                                                   |                                                             |                                            |                                                      |                     |                                        |                               |

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

BHF Page 6(a)

PRELIMINARY

|                           |                |                              |                                 |
|---------------------------|----------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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                    | 1,125                                                   | 96,016,644                                               | 0.000012                                                     | 36,625                                         |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                    | 1,177,500                                               | 14,237,176                                               | 0.082706                                                     | 14,454                                         |                                                 | 1,195                                                  |                                                         |
| 5.       | Radiology - Diagnostic            | 57,558                                                  | 29,793,561                                               | 0.001932                                                     | 5,947                                          |                                                 | 11                                                     |                                                         |
| 6.       | Radiology - Therapeutic           | 212,243                                                 | 21,833,218                                               | 0.009721                                                     |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                        | 1,900                                                   | 60,409,471                                               | 0.000031                                                     | 309,023                                        |                                                 | 10                                                     |                                                         |
| 9.       | Blood                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                               | 713                                                     | 16,246,641                                               | 0.000044                                                     | 37,380                                         |                                                 | 2                                                      |                                                         |
| 17.      | EEG                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Vascular Lab                      | 508                                                     | 10,590,456                                               | 0.000048                                                     | 2,069                                          |                                                 |                                                        |                                                         |
| 23.      | CT Scan                           | 44                                                      | 51,351,429                                               | 0.000001                                                     | 30,733                                         |                                                 |                                                        |                                                         |
| 24.      | MRI                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiac Cath                      | 14,142                                                  | 27,366,730                                               | 0.000517                                                     |                                                |                                                 |                                                        |                                                         |
| 26.      |                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Psych                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Occupational Health               | 485,405                                                 | 382,862                                                  | 1.267833                                                     |                                                |                                                 |                                                        |                                                         |
| 29.      | Cardiac Rehabilitation            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Hyperbaric Oxygen                 | 2,932                                                   | 4,779,698                                                | 0.000613                                                     |                                                |                                                 |                                                        |                                                         |
| 31.      | C/VILLE OUT                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Nutrition Counseling              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | OP Procedures                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | Outpatient Ancillary Cost Centers |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                         | 1,715,596                                               | 50,118,922                                               | 0.034231                                                     | 267,261                                        |                                                 | 9,149                                                  |                                                         |
| 45.      | Observation                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | Ancillary Total                   |                                                         |                                                          |                                                              |                                                |                                                 | 10,367                                                 |                                                         |

\* 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: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 48.      | Psych                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 49.      | Rehab                          | 3,244                                                      | 13,821                                                               | 0.23                                                      |                                                              |                                                 |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 51.      | Intensive Care Unit            | 487,500                                                    | 2,542                                                                | 191.78                                                    |                                                              |                                                 |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 53.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 54.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 55.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 56.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 57.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 58.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 59.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 60.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 61.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 62.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 63.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 64.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 65.      | Other                          |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 66.      | Nursery                        |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                            |                                                                      |                                                           |                                                              |                                                 |                                                           |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                            |                                                                      |                                                           |                                                              |                                                 | 10,367                                                    |                                                            |
| 69.      | Total (Lines 67-68)            |                                                            |                                                                      |                                                           |                                                              |                                                 | 10,367                                                    |                                                            |

**Hospital Statement of Cost**

BHF Page 7

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

PRELIMINARY

| Medicare Provider Number: |                                                                                                          | Medicaid Provider Number:    |                           |
|---------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|
| 14-0217                   |                                                                                                          | 5007                         |                           |
| 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)                                                    | 907,652                      |                           |
| 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)                                  | 10,367                       |                           |
| 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)                             |                              |                           |
| 7.                        | <b>Total Reasonable Cost of Covered Services</b><br><b>(Sum of Lines 1 through 6)</b>                    | <b>918,019</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)                                                              | 1,546,999                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              | 2,291,324                |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Other                                                                                              |                          |                           |
|          | 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>3,838,323</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 2,920,304                 |
| 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>14-0217</b> | Medicaid Provider Number:<br><b>5007</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)                                        | 918,019           |                    |
| 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)                                                     | 918,019           |                    |
| 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>918,019</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: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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)                                                                               | 2,920,304 |
| 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>14-0217</b> | Medicaid Provider Number:<br><b>5007</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: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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<br>for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 5) |
|----------|------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
|          | Inpatient Ancillary Centers  | (1)                                                | (2)                                                         | (3)                                                 | (4)                                               | (5)                                                | (6)                                                          | (7)                                                           |
| 1.       | Operating Room               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 2.       | Recovery Room                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 3.       | Delivery and Labor Room      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 4.       | Anesthesiology               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 5.       | Radiology - Diagnostic       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 6.       | Radiology - Therapeutic      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 7.       | Nuclear Medicine             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 8.       | Laboratory                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 9.       | Blood                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 10.      | Blood - Administration       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 11.      | Intravenous Therapy          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 12.      | Respiratory Therapy          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 13.      | Physical Therapy             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 14.      | Occupational Therapy         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 15.      | Speech Pathology             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 16.      | EKG                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 17.      | EEG                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 18.      | Med. / Surg. Supplies        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 19.      | Drugs Charged to Patients    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 20.      | Renal Dialysis               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 21.      | Ambulance                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 22.      | Vascular Lab                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 23.      | CT Scan                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 24.      | MRI                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 25.      | Cardiac Cath                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 26.      |                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 27.      | Psych                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 28.      | Occupational Health          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 29.      | Cardiac Rehabilitation       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 30.      | Hyperbaric Oxygen            |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 31.      | C/VILLE OUT                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 32.      | Nutrition Counseling         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 33.      | OP Procedures                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 34.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 35.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 36.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 37.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 38.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 39.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 40.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 41.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 42.      | Other                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
|          | Outpatient Ancillary Centers |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 45.      | Observation                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |
| 46.      | Ancillary Total              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                              |                                                               |

\* 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: | 14-0217        | Medicaid Provider Number:    | 5007                            |
| 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          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 69.      | Total (Lines 67-68)            |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0217 | Medicaid Provider Number:<br>5007                               |
| Program:<br>Medicaid-Psych           | Period Covered by Statement:<br>From: 01/01/2015 To: 12/31/2015 |

|                                    | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| <b>Inpatient Reconciliation</b>    |                       |             |                        |
| Adult Days                         | 762                   |             | 762                    |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 3,838,323             |             | 3,838,323              |
| Ancillary Revenue                  | 1,546,999             |             | 1,546,999              |
| Routine Revenue                    | 2,291,324             |             | 2,291,324              |
| Inpatient Received and Receivable  |                       |             |                        |
| <b>Outpatient Reconciliation</b>   |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

BHF Page 2-Observation Bed Dyas adjusted to W/S S-3, Col. 8. Filed report had prior year data.

Adults & Peds costs from W/S C, Column 1 are allocated between Acute and Psych based upon split of days from provider.

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

Hospital is now part of Presence Health.