

# Hospital Statement of Cost

BHF Page 1

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

## General Information PRELIMINARY

|                                                           |                     |                                      |  |
|-----------------------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>Methodist Medical Center of Illinois |                     | Medicare Provider Number:<br>14-0209 |  |
| Street:<br>221 N E Glen Oak                               |                     | Medicaid Provider Number:<br>16006   |  |
| City:<br>Peoria                                           | State:<br>Illinois  | Zip:<br>61636                        |  |
| Period Covered by Statement:                              | From:<br>01/01/2016 | To:<br>12/31/2016                    |  |

## Type of Control

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

## Type of Hospital

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Methodist Medical Center of 16006 for the cost report beginning 01/01/2016 and ending 12/31/2016 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

\_\_\_\_\_  
Name (Typewritten)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name (Typewritten)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

**PRELIMINARY**

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209           | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2016 To: 12/31/2016 |

| 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  | 174                  | 63,684                   |                         | 39,622                                           | 62.22%                                              |                                        | 11,210                                                  | 3.98                                                |
| 2.       | Psych                  | 44                   | 16,104                   |                         | 13,349                                           | 82.89%                                              |                                        | 2,258                                                   | 5.91                                                |
| 3.       | Rehab                  | 36                   | 13,176                   |                         | 6,216                                            | 47.18%                                              |                                        | 444                                                     | 14.00                                               |
| 4.       | Other (Sub)            |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit    | 12                   | 4,392                    |                         | 2,373                                            | 54.03%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit     |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Surgical ICU           | 12                   | 4,392                    |                         | 2,589                                            | 58.95%                                              |                                        |                                                         |                                                     |
| 8.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.       | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                  |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery        | 20                   | 7,300                    |                         | 4,680                                            | 64.11%                                              |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>           | <b>298</b>           | <b>109,048</b>           |                         | <b>68,829</b>                                    | <b>63.12%</b>                                       |                                        | <b>13,912</b>                                           | <b>4.61</b>                                         |
| 23.      | Observation Bed Days   |                      |                          |                         | 5,439                                            |                                                     |                                        |                                                         |                                                     |

|     |                        |     |     |     |              |              |     |            |             |
|-----|------------------------|-----|-----|-----|--------------|--------------|-----|------------|-------------|
|     | <b>Part II-Program</b> | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)        | (8)         |
| 1.  | Adults and Pediatrics  |     |     |     | 1,758        |              |     | 562        | 3.61        |
| 2.  | Psych                  |     |     |     |              |              |     |            |             |
| 3.  | Rehab                  |     |     |     |              |              |     |            |             |
| 4.  | Other (Sub)            |     |     |     |              |              |     |            |             |
| 5.  | Intensive Care Unit    |     |     |     | 269          |              |     |            |             |
| 6.  | Coronary Care Unit     |     |     |     |              |              |     |            |             |
| 7.  | Surgical ICU           |     |     |     |              |              |     |            |             |
| 8.  | Other                  |     |     |     |              |              |     |            |             |
| 9.  | Other                  |     |     |     |              |              |     |            |             |
| 10. | Other                  |     |     |     |              |              |     |            |             |
| 11. | Other                  |     |     |     |              |              |     |            |             |
| 12. | Other                  |     |     |     |              |              |     |            |             |
| 13. | Other                  |     |     |     |              |              |     |            |             |
| 14. | Other                  |     |     |     |              |              |     |            |             |
| 16. | Other                  |     |     |     |              |              |     |            |             |
| 17. | Other                  |     |     |     |              |              |     |            |             |
| 18. | Other                  |     |     |     |              |              |     |            |             |
| 19. | Other                  |     |     |     |              |              |     |            |             |
| 20. | Other                  |     |     |     |              |              |     |            |             |
| 21. | Newborn Nursery        |     |     |     | 45           |              |     |            |             |
| 22. | <b>Total</b>           |     |     |     | <b>2,072</b> | <b>3.01%</b> |     | <b>562</b> | <b>3.61</b> |

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

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

BHF Page 3

## PRELIMINARY

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 14-0209                   |  | 16006                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid-Hospital         |  | From: 01/01/2016             | To: 12/31/2016 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|----------------------------------------|--------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                                     | Operating Room                 | 35,505,360                                                      | 142,175,672                                                        | 0.249729                                        | 3,124,477                                                                   |                                                                             | 780,273                                                               |                                                                       |
| 2.                                     | Recovery Room                  | 3,690,454                                                       | 31,099,050                                                         | 0.118668                                        | 411,683                                                                     |                                                                             | 48,854                                                                |                                                                       |
| 3.                                     | Delivery and Labor Room        | 2,986,233                                                       | 11,968,818                                                         | 0.249501                                        | 1,147,677                                                                   |                                                                             | 286,347                                                               |                                                                       |
| 4.                                     | Anesthesiology                 | 3,021,381                                                       | 46,598,995                                                         | 0.064838                                        | 796,938                                                                     |                                                                             | 51,672                                                                |                                                                       |
| 5.                                     | Radiology - Diagnostic         | 9,980,838                                                       | 45,161,782                                                         | 0.221002                                        | 505,720                                                                     |                                                                             | 111,765                                                               |                                                                       |
| 6.                                     | Radiology - Therapeutic        | 3,475,242                                                       | 22,044,431                                                         | 0.157647                                        | 1,448                                                                       |                                                                             | 228                                                                   |                                                                       |
| 7.                                     | Nuclear Medicine               | 2,149,817                                                       | 14,068,839                                                         | 0.152807                                        | 72,616                                                                      |                                                                             | 11,096                                                                |                                                                       |
| 8.                                     | Laboratory                     | 20,033,273                                                      | 177,513,101                                                        | 0.112855                                        | 2,439,057                                                                   |                                                                             | 275,260                                                               |                                                                       |
| 9.                                     | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration         | 1,138,613                                                       | 4,809,498                                                          | 0.236743                                        | 279,843                                                                     |                                                                             | 66,251                                                                |                                                                       |
| 11.                                    | Intravenous Therapy            | 5,324,664                                                       | 24,257,733                                                         | 0.219504                                        | 228,051                                                                     |                                                                             | 50,058                                                                |                                                                       |
| 12.                                    | Respiratory Therapy            | 2,132,190                                                       | 12,038,104                                                         | 0.177120                                        | 420,669                                                                     |                                                                             | 74,509                                                                |                                                                       |
| 13.                                    | Physical Therapy               | 2,342,436                                                       | 11,431,363                                                         | 0.204913                                        | 99,147                                                                      |                                                                             | 20,317                                                                |                                                                       |
| 14.                                    | Occupational Therapy           | 978,163                                                         | 5,445,607                                                          | 0.179624                                        | 35,161                                                                      |                                                                             | 6,316                                                                 |                                                                       |
| 15.                                    | Speech Pathology               | 692,125                                                         | 2,693,695                                                          | 0.256943                                        | 46,604                                                                      |                                                                             | 11,975                                                                |                                                                       |
| 16.                                    | EKG                            | 422,673                                                         | 6,728,144                                                          | 0.062822                                        | 106,544                                                                     |                                                                             | 6,693                                                                 |                                                                       |
| 17.                                    | EEG                            | 1,524,320                                                       | 10,850,157                                                         | 0.140488                                        | 37,739                                                                      |                                                                             | 5,302                                                                 |                                                                       |
| 18.                                    | Med. / Surg. Supplies          | 1,470,309                                                       | 67,726,189                                                         | 0.021710                                        | 1,598,354                                                                   |                                                                             | 34,700                                                                |                                                                       |
| 19.                                    | Drugs Charged to Patients      | 21,581,403                                                      | 66,886,191                                                         | 0.322659                                        | 2,177,626                                                                   |                                                                             | 702,631                                                               |                                                                       |
| 20.                                    | Renal Dialysis                 | 614,301                                                         | 1,962,254                                                          | 0.313059                                        | 26,502                                                                      |                                                                             | 8,297                                                                 |                                                                       |
| 21.                                    | Ambulance                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | Pain Clinic                    | 94,344                                                          | 178,694                                                            | 0.527964                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 23.                                    | Northside Imaging              | 618,478                                                         | 2,482,375                                                          | 0.249148                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 24.                                    | Northside Mammography          | 404,537                                                         | 1,694,169                                                          | 0.238782                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                                    | Northside Ultrasound           | 399,826                                                         | 2,223,929                                                          | 0.179784                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                                    | Implant Devices                | 11,716,017                                                      | 49,949,070                                                         | 0.234559                                        | 822,395                                                                     |                                                                             | 192,900                                                               |                                                                       |
| 27.                                    | Pulmonary Function             | 321,301                                                         | 3,638,357                                                          | 0.088309                                        | 44,924                                                                      |                                                                             | 3,967                                                                 |                                                                       |
| 28.                                    | Cardiac Cath                   | 1,172,122                                                       | 29,509,542                                                         | 0.039720                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                                    | CT Scan                        | 1,184,180                                                       | 61,022,511                                                         | 0.019406                                        | 888,413                                                                     |                                                                             | 17,241                                                                |                                                                       |
| 30.                                    | Northside CT                   | 421,693                                                         | 8,401,399                                                          | 0.050193                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                                    | MRI                            | 1,080,526                                                       | 23,090,749                                                         | 0.046795                                        | 267,812                                                                     |                                                                             | 12,532                                                                |                                                                       |
| 32.                                    | Northside MRI                  | 515,625                                                         | 6,963,385                                                          | 0.074048                                        | 632,871                                                                     |                                                                             | 46,863                                                                |                                                                       |
| 33.                                    | Cardiology                     | 1,825,923                                                       | 13,033,765                                                         | 0.140092                                        | 276,508                                                                     |                                                                             | 38,737                                                                |                                                                       |
| 34.                                    | Psych-Part Hospital            | 874,807                                                         | 3,030,926                                                          | 0.288627                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | GI                             | 1,899,913                                                       | 19,299,287                                                         | 0.098445                                        | 186,865                                                                     |                                                                             | 18,396                                                                |                                                                       |
| 36.                                    | Cardiac Rehab                  | 41,926                                                          |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    | Hyperbaric Oxygen              | 414,457                                                         | 2,690,067                                                          | 0.154069                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Lithotripsy                    |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                                    | Chilli Family Psysic           | 2,085,301                                                       |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                                    | Physician Offices              | 31,778,185                                                      | 24,059,057                                                         | 1.320841                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    | Diabetic Care Center           | 469,188                                                         | 1,549,755                                                          | 0.302750                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    | Wound Care Center              | 1,196,395                                                       | 2,134,339                                                          | 0.560546                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                         | 4,912,682                                                       | 14,655,056                                                         | 0.335221                                        | 515,813                                                                     |                                                                             | 172,911                                                               |                                                                       |
| 44.                                    | Emergency                      | 9,111,537                                                       | 48,040,624                                                         | 0.189663                                        | 385,057                                                                     |                                                                             | 73,031                                                                |                                                                       |
| 45.                                    | Observation                    | 5,031,619                                                       | 8,075,408                                                          | 0.623079                                        | 29,317                                                                      |                                                                             | 18,267                                                                |                                                                       |
| 46.                                    | <b>Total</b>                   |                                                                 |                                                                    |                                                 | <b>17,605,831</b>                                                           |                                                                             | <b>3,147,389</b>                                                      |                                                                       |

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

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

BHF Page 4

**PRELIMINARY**

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0209 | Medicaid Provider Number:<br>16006                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 01/01/2016 To: 12/31/2016 |

**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) | 41,686,014            | 10,404,656  | 5,036,524    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 45,061                | 13,349      | 6,216        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 925.10                | 779.43      | 810.25       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 1,758                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 1,626,326             |             |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  |                       |             |              |                     |
| 5.       | Medically necessary private room days applicable to the program (BHF Page 2, Pt. II, Col. 3)                             |                       |             |              |                     |
| 6.       | Medically necessary private room cost applicable to the program (Line 4 X Line 5)                                        |                       |             |              |                     |
| 7.       | Total program inpatient routine service cost (Line 3 + Line 6)                                                           | 1,626,326             |             |              |                     |

| 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                                                         | 7,099,706                                             | 2,373                                             | 2,991.87                           | 269                                        | 804,813                        |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | Surgical ICU                                                                | 658,336                                               | 2,589                                             | 254.28                             |                                            |                                |
| 11.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 12.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 13.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     | 2,464,422                                             | 4,680                                             | 526.59                             | 45                                         | 23,697                         |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 3,147,389                      |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>5,602,225</b>               |

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

|                                             |                                                                               |                                  |              |
|---------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|--------------|
| <b>Medicare Provider Number:</b>            | <b>14-0209</b>                                                                | <b>Medicaid Provider Number:</b> | <b>16006</b> |
| <b>Program:</b><br><b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b><br><b>From: 01/01/2016 To: 12/31/2016</b> |                                  |              |

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

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

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

BHF Page 6(a)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209           | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2016 To: 12/31/2016 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                     | (2)                                                      | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  | 1,210,496                                               | 11,968,818                                               | 0.101137                                                     | 1,147,677                                      |                                                 | 116,073                                                |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   | 153,996                                                 | 45,161,782                                               | 0.003410                                                     | 505,720                                        |                                                 | 1,725                                                  |                                                         |
| 6.       | Radiology - Therapeutic                  | 217,402                                                 | 22,044,431                                               | 0.009862                                                     | 1,448                                          |                                                 | 14                                                     |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 370,524                                                 | 177,513,101                                              | 0.002087                                                     | 2,439,057                                      |                                                 | 5,090                                                  |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         | 30,436                                                  | 11,431,363                                               | 0.002662                                                     | 99,147                                         |                                                 | 264                                                    |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Pain Clinic                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Northside Imaging                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Northside Mammography                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Northside Ultrasound                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Implant Devices                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Pulmonary Function                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Northside CT                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Northside MRI                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Cardiology                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Psych-Part Hospital                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | GI                                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Hyperbaric Oxygen                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Lithotripsy                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Chilli Family Psysic                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Physician Offices                        | 177,935                                                 | 24,059,057                                               | 0.007396                                                     |                                                |                                                 |                                                        |                                                         |
| 41.      | Diabetic Care Center                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Wound Care Center                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 2,313,447                                               | 48,040,624                                               | 0.048156                                                     | 385,057                                        |                                                 | 18,543                                                 |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>141,709</b>                                         |                                                         |

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

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

BHF Page 6(b)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209           | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2016 To: 12/31/2016 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 | 939,493                                                 | 45,061                                                            | 20.85                                                  | 1,758                                                     |                                                 | 36,654                                                 |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Surgical ICU                          |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               | 485,000                                                 | 4,680                                                             | 103.63                                                 | 45                                                        |                                                 | 4,663                                                  |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>41,317</b>                                          |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>141,709</b>                                         |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>183,026</b>                                         |                                                         |

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

BHF Page 7

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0209 | <b>Medicaid Provider Number:</b><br>16006                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2016 To: 12/31/2016 |

| Line No.                                                                                                    | Reasonable Cost | Program Inpatient | Program Outpatient |
|-------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------|
|                                                                                                             |                 | (1)               | (2)                |
| 1. Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                 |                   |                    |
| 2. Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    |                 | 5,602,225         |                    |
| 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)                                  |                 | 183,026           |                    |
| 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)                             |                 | 243,136           |                    |
| <b>7. Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          |                 | <b>6,028,387</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 | Program Outpatient |
|-----------------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------------|
|                                                                                                           |                   | (1)               | (2)                |
| 9. Ancillary Services<br>(See Instructions)                                                               |                   | 17,605,831        |                    |
| 10. Inpatient Routine Services<br>(Provider's Records)                                                    |                   |                   |                    |
| A. Adults and Pediatrics                                                                                  |                   | 3,384,263         |                    |
| B. Psych                                                                                                  |                   |                   |                    |
| C. Rehab                                                                                                  |                   |                   |                    |
| D. Other (Sub)                                                                                            |                   |                   |                    |
| E. Intensive Care Unit                                                                                    |                   | 1,216,448         |                    |
| F. Coronary Care Unit                                                                                     |                   |                   |                    |
| G. Surgical ICU                                                                                           |                   |                   |                    |
| H. Other                                                                                                  |                   |                   |                    |
| I. Other                                                                                                  |                   |                   |                    |
| J. Other                                                                                                  |                   |                   |                    |
| K. Other                                                                                                  |                   |                   |                    |
| L. Other                                                                                                  |                   |                   |                    |
| M. Other                                                                                                  |                   |                   |                    |
| N. Other                                                                                                  |                   |                   |                    |
| O. Other                                                                                                  |                   |                   |                    |
| P. Other                                                                                                  |                   |                   |                    |
| Q. Other                                                                                                  |                   |                   |                    |
| R. Other                                                                                                  |                   |                   |                    |
| S. Other                                                                                                  |                   |                   |                    |
| T. Nursery                                                                                                |                   | 70,278            |                    |
| 11. Services of Teaching Physicians<br>(Provider's Records)                                               |                   |                   |                    |
| <b>12. Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             |                   | <b>22,276,820</b> |                    |
| 13. Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                   |                   | 16,248,433         |
| 14. Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                   |                   |                    |
| 15. Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                   |                   |                    |

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

BHF Page 8

**PRELIMINARY**

|                                                    |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br><b>14-0209</b> | <b>Medicaid Provider Number:</b><br><b>16006</b>                              |
| <b>Program:</b><br><b>Medicaid-Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 01/01/2016 To: 12/31/2016</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)                                        | 6,028,387         |                    |
| 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)                                                     | 6,028,387         |                    |
| 4.       | Recovery of Excess Reasonable Cost Under<br>Lower of Cost or Charges<br>(BHF Page 9, Part III, Line 4, Cols. 2B & 3B) |                   |                    |
| 5.       | Protested Amounts (Nonallowable Cost Items)<br>In Accordance With CMS Pub. 15-II, Ch. 1, Sec. 115.2                   |                   |                    |
| 6.       | <b>Total Allowable Cost</b><br><b>(Sum of Lines 3 and 4, Plus or Minus Line 5)</b>                                    | <b>6,028,387</b>  |                    |

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

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

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

BHF Page 9

**PRELIMINARY**

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209           | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2016 To: 12/31/2016 |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost (BHF Page 7, Line 13)                                                                                  | 16,248,433 |
| 2.       | Carry Over of Excess Reasonable Cost (Must Equal Part II, Line 1, Col. 5)                                                                               |            |
| 3.       | Recovery of Excess Reasonable Cost (Lesser of Line 1 or 2)                                                                                              |            |

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

| Line No. | Description                                                             | Prior Cost Reporting Period Ended |     |     | Current Cost Reporting Period (4) | Sum of Columns 1 - 4 (5) |
|----------|-------------------------------------------------------------------------|-----------------------------------|-----|-----|-----------------------------------|--------------------------|
|          |                                                                         | to                                | to  | to  |                                   |                          |
|          |                                                                         | (1)                               | (2) | (3) |                                   |                          |
| 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) (1) | Inpatient |                         | Outpatient |                         |
|----------|----------------------------|----------------------------------------|-----------|-------------------------|------------|-------------------------|
|          |                            |                                        | Ratio     | Amount (Col. 1x2A) (2B) | Ratio      | Amount (Col. 1x3A) (3B) |
|          |                            |                                        | (2A)      | (2B)                    | (3A)       | (3B)                    |
| 1.       | Cost Report Period ended   |                                        |           |                         |            |                         |
| 2.       | Cost Report Period ended   |                                        |           |                         |            |                         |
| 3.       | Cost Report Period ended   |                                        |           |                         |            |                         |
| 4.       | Total (Sum of Lines 1 - 3) |                                        |           |                         |            |                         |

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0209 | <b>Medicaid Provider Number:</b><br>16006                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2016 To: 12/31/2016 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

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

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

BHF Supplement No. 2(a)

**PRELIMINARY**

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>14-0209</b>           | <b>Medicaid Provider Number:</b>    | <b>16006</b>                           |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 01/01/2016 To: 12/31/2016</b> |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | Inpatient Ancillary Centers         | (1)                                                | (2)                                                         | (3)                                                 | (4)                                               | (5)                                                | (6)                                                       | (7)                                                        |
| 1.       | Operating Room                      | 533,724                                            | 142,175,672                                                 | 0.003754                                            | 3,124,477                                         |                                                    | 11,729                                                    |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 5.       | Radiology - Diagnostic              | 100,702                                            | 45,161,782                                                  | 0.002230                                            | 505,720                                           |                                                    | 1,128                                                     |                                                            |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 17.      | EEG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Pain Clinic                         | 13,135                                             | 178,694                                                     | 0.073506                                            |                                                   |                                                    |                                                           |                                                            |
| 23.      | Northside Imaging                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Northside Mammography               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Northside Ultrasound                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Implant Devices                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Pulmonary Function                  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Cardiac Cath                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | Northside CT                        |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Northside MRI                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Cardiology                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Psych-Part Hospital                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | GI                                  | 56,919                                             | 19,299,287                                                  | 0.002949                                            | 186,865                                           |                                                    | 551                                                       |                                                            |
| 36.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Hyperbaric Oxygen                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Lithotripsy                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Chilli Family Psysic                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Physician Offices                   | 3,737,819                                          | 24,059,057                                                  | 0.155360                                            |                                                   |                                                    |                                                           |                                                            |
| 41.      | Diabetic Care Center                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Wound Care Center                   | 52,540                                             | 2,134,339                                                   | 0.024617                                            |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 3,828,891                                          | 14,655,056                                                  | 0.261268                                            | 515,813                                           |                                                    | 134,765                                                   |                                                            |
| 44.      | Emergency                           | 429,081                                            | 48,040,624                                                  | 0.008932                                            | 385,057                                           |                                                    | 3,439                                                     |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>151,612</b>                                            |                                                            |

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

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

BHF Supplement No. 2(b)

**PRELIMINARY**

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0209           | Medicaid Provider Number:    | 16006                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 01/01/2016 To: 12/31/2016 |

| 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                 | 1,302,567                                          | 45,061                                                                | 28.91                                  | 1,758                                                        |                                                    | 50,824                                                    |                                                            |
| 48.      | Psych                                 | 279,778                                            | 13,349                                                                | 20.96                                  |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 359,027                                            | 2,373                                                                 | 151.30                                 | 269                                                          |                                                    | 40,700                                                    |                                                            |
| 52.      | Coronary Care Unit                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Surgical ICU                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>91,524</b>                                             |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>151,612</b>                                            |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>243,136</b>                                            |                                                            |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0209 | Medicaid Provider Number:<br>16006                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 01/01/2016 To: 12/31/2016 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 2,027                 |             | 2,027                  |
| Newborn Days                       | 45                    |             | 45                     |
| Total Inpatient Revenue            | 22,276,820            |             | 22,276,820             |
| Ancillary Revenue                  | 17,605,831            |             | 17,605,831             |
| Routine Revenue                    | 4,670,989             |             | 4,670,989              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

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

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

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

Professional fees were allowed based on those reported on pg 6a & 6b instead of as reported on Sched A-8-2 of Medicare rpt.  
(These fees tied as reported in 2011-14 & not reported prior to 2011)