

# 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>Loyola University Medical Center DBA Ronald McDonald Children's Hospital |                     | Medicare Provider Number:<br>14-0276 |
| Street:<br>2160 S. First Avenue                                                               |                     | Medicaid Provider Number:<br>13001   |
| City:<br>Maywood                                                                              | State:<br>Illinois  | Zip:<br>60153                        |
| Period Covered by Statement:                                                                  | From:<br>07/01/2015 | To:<br>06/30/2016                    |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

|                                                                    |                                                    |                                                                                |
|--------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" 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)) Loyola University Medical Ce 13001 for the cost report beginning 07/01/2015 and ending 06/30/2016 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: | 14-0276           | Medicaid Provider Number:    | 13001                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2015 To: 06/30/2016 |

| 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   | 34                   | 12,444                   |                         | 2,776                                            | 22.31%                                              |                                        | 2,845                                                   | 5.21                                                |
| 2.       | Psych                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.       | Rehab                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.       | Other (Sub)             |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.       | Intensive Care Unit     | 4                    | 1,464                    |                         | 822                                              | 56.15%                                              |                                        |                                                         |                                                     |
| 6.       | Coronary Care Unit      |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.       | Burn ICU                | 2                    | 732                      |                         | 60                                               | 8.20%                                               |                                        |                                                         |                                                     |
| 8.       | NICU                    | 50                   | 18,300                   |                         | 9,262                                            | 50.61%                                              |                                        |                                                         |                                                     |
| 9.       | PICU                    | 14                   | 5,124                    |                         | 2,115                                            | 41.28%                                              |                                        |                                                         |                                                     |
| 10.      | Heart Transplant        |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.      | Bone ICU                | 1                    | 366                      |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.      | Reconcile ICUs to Filed |                      |                          |                         | (206)                                            |                                                     |                                        |                                                         |                                                     |
| 14.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.      | Other                   |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.      | Newborn Nursery         |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 22.      | <b>Total</b>            | <b>105</b>           | <b>38,430</b>            |                         | <b>14,829</b>                                    | <b>38.59%</b>                                       |                                        | <b>2,845</b>                                            | <b>5.21</b>                                         |
| 23.      | Observation Bed Days    |                      |                          |                         | 713                                              |                                                     |                                        |                                                         |                                                     |

|     |                         |     |     |     |              |               |     |              |             |
|-----|-------------------------|-----|-----|-----|--------------|---------------|-----|--------------|-------------|
|     | <b>Part II-Program</b>  | (1) | (2) | (3) | (4)          | (5)           | (6) | (7)          | (8)         |
| 1.  | Adults and Pediatrics   |     |     |     | 2,563        |               |     | 1,037        | 5.96        |
| 2.  | Psych                   |     |     |     |              |               |     |              |             |
| 3.  | Rehab                   |     |     |     |              |               |     |              |             |
| 4.  | Other (Sub)             |     |     |     |              |               |     |              |             |
| 5.  | Intensive Care Unit     |     |     |     | 60           |               |     |              |             |
| 6.  | Coronary Care Unit      |     |     |     |              |               |     |              |             |
| 7.  | Burn ICU                |     |     |     | 18           |               |     |              |             |
| 8.  | NICU                    |     |     |     | 2,943        |               |     |              |             |
| 9.  | PICU                    |     |     |     | 593          |               |     |              |             |
| 10. | Heart Transplant        |     |     |     |              |               |     |              |             |
| 11. | Bone ICU                |     |     |     |              |               |     |              |             |
| 12. | Other                   |     |     |     |              |               |     |              |             |
| 13. | Reconcile ICUs to Filed |     |     |     |              |               |     |              |             |
| 14. | Other                   |     |     |     |              |               |     |              |             |
| 16. | Other                   |     |     |     |              |               |     |              |             |
| 17. | Other                   |     |     |     |              |               |     |              |             |
| 18. | Other                   |     |     |     |              |               |     |              |             |
| 19. | Other                   |     |     |     |              |               |     |              |             |
| 20. | Other                   |     |     |     |              |               |     |              |             |
| 21. | Newborn Nursery         |     |     |     |              |               |     |              |             |
| 22. | <b>Total</b>            |     |     |     | <b>6,177</b> | <b>41.65%</b> |     | <b>1,037</b> | <b>5.96</b> |

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

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

BHF Page 3

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0276           | Medicaid Provider Number:    | 13001                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2015 To: 06/30/2016 |

| 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                       | 48,379,716                                                      | 146,638,604                                                        | 0.329925                                        | 637,809                                                                     |                                                                             | 210,429                                                               |                                                                       |
| 2.                                     | Recovery Room                        | 7,987,892                                                       | 51,679,323                                                         | 0.154566                                        | 282,519                                                                     |                                                                             | 43,668                                                                |                                                                       |
| 3.                                     | Delivery and Labor Room              | 5,532,661                                                       | 13,242,325                                                         | 0.417801                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 4.                                     | Anesthesiology                       | 4,986,550                                                       | 108,851,100                                                        | 0.045811                                        | 469,428                                                                     |                                                                             | 21,505                                                                |                                                                       |
| 5.                                     | Radiology - Diagnostic               | 32,124,489                                                      | 329,748,589                                                        | 0.097421                                        | 1,335,185                                                                   |                                                                             | 130,075                                                               |                                                                       |
| 6.                                     | Radiology - Therapeutic              |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                                     | Nuclear Medicine                     | 6,703,395                                                       | 35,987,501                                                         | 0.186270                                        | 6,337                                                                       |                                                                             | 1,180                                                                 |                                                                       |
| 8.                                     | Laboratory                           | 36,700,001                                                      | 464,088,751                                                        | 0.079080                                        | 2,425,040                                                                   |                                                                             | 191,772                                                               |                                                                       |
| 9.                                     | Blood                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration               | 11,214,503                                                      | 42,942,141                                                         | 0.261154                                        | 92,761                                                                      |                                                                             | 24,225                                                                |                                                                       |
| 11.                                    | Intravenous Therapy                  |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                                    | Respiratory Therapy                  | 11,373,089                                                      | 53,283,039                                                         | 0.213447                                        | 1,966,881                                                                   |                                                                             | 419,825                                                               |                                                                       |
| 13.                                    | Physical Therapy                     | 2,863,361                                                       | 11,081,238                                                         | 0.258397                                        | 53,768                                                                      |                                                                             | 13,893                                                                |                                                                       |
| 14.                                    | Occupational Therapy                 | 1,435,671                                                       | 5,574,515                                                          | 0.257542                                        | 95,557                                                                      |                                                                             | 24,610                                                                |                                                                       |
| 15.                                    | Speech Pathology                     | 695,700                                                         | 1,904,413                                                          | 0.365309                                        | 49,513                                                                      |                                                                             | 18,088                                                                |                                                                       |
| 16.                                    | EKG                                  | 5,980,304                                                       | 56,353,747                                                         | 0.106121                                        | 330,690                                                                     |                                                                             | 35,093                                                                |                                                                       |
| 17.                                    | EEG                                  | 3,227,878                                                       | 9,540,422                                                          | 0.338337                                        | 108,166                                                                     |                                                                             | 36,597                                                                |                                                                       |
| 18.                                    | Med. / Surg. Supplies                | 79,092,677                                                      | 158,339,013                                                        | 0.499515                                        | 1,681,073                                                                   |                                                                             | 839,721                                                               |                                                                       |
| 19.                                    | Drugs Charged to Patients            | 85,018,046                                                      | 301,539,477                                                        | 0.281947                                        | 1,776,944                                                                   |                                                                             | 501,004                                                               |                                                                       |
| 20.                                    | Renal Dialysis                       | 7,762,331                                                       | 32,609,182                                                         | 0.238041                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                                    | Ambulance                            | 419,338                                                         |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | Cancer Center                        | 32,105,681                                                      | 22,687,310                                                         | 1.415138                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 23.                                    | Loyola OP Center, Psych Social Rehab | 56,305,119                                                      | 152,954,382                                                        | 0.368117                                        | 183,730                                                                     |                                                                             | 67,634                                                                |                                                                       |
| 24.                                    | Cardiac Cath Lab                     | 16,443,218                                                      | 111,751,362                                                        | 0.147141                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                                    | Gastro Services                      | 6,705,150                                                       | 39,277,323                                                         | 0.170713                                        | 6,498                                                                       |                                                                             | 1,109                                                                 |                                                                       |
| 26.                                    | Pulmonary                            | 1,158,908                                                       | 4,423,232                                                          | 0.262005                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 28.                                    | Peripheral Vascular                  | 1,749,577                                                       | 15,595,001                                                         | 0.112188                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                                    | Other OP Clinics                     | 5,026,919                                                       | 2,641,922                                                          | 1.902751                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                                    | OBT Outpatient Center                | 12,471,391                                                      | 30,943,619                                                         | 0.403036                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                                    | Organ Acquisition                    | 13,629,789                                                      | 21,278,142                                                         | 0.640554                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    | Other                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                               | 93,459,302                                                      | 192,086,547                                                        | 0.486548                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                                    | Emergency                            | 20,196,668                                                      | 112,405,884                                                        | 0.179676                                        | 119,597                                                                     |                                                                             | 21,489                                                                |                                                                       |
| 45.                                    | Observation                          | 9,997,233                                                       | 24,814,648                                                         | 0.402876                                        | 184,664                                                                     |                                                                             | 74,397                                                                |                                                                       |
| 46.                                    | <b>Total</b>                         |                                                                 |                                                                    |                                                 | <b>11,806,160</b>                                                           |                                                                             | <b>2,676,314</b>                                                      |                                                                       |

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

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

BHF Page 4

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0276 | <b>Medicaid Provider Number:</b><br>13001                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2015 To: 06/30/2016 |

**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) | 3,167,730             |             |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 3,489                 |             |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 907.92                |             |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 2,563                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 2,326,999             |             |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  |                       |             |              |                     |
| 5.       | Medically necessary private room days applicable to the program (BHF Page 2, Pt. II, Col. 3)                             |                       |             |              |                     |
| 6.       | Medically necessary private room cost applicable to the program (Line 4 X Line 5)                                        |                       |             |              |                     |
| 7.       | Total program inpatient routine service cost (Line 3 + Line 6)                                                           | 2,326,999             |             |              |                     |

| 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                                                         | 1,211,014                                             | 822                                               | 1,473.25                           | 60                                         | 88,395                         |
| 9.       | Coronary Care Unit                                                          |                                                       |                                                   |                                    |                                            |                                |
| 10.      | Burn ICU                                                                    | 349,725                                               | 60                                                | 5,828.75                           | 18                                         | 104,918                        |
| 11.      | NICU                                                                        | 12,620,921                                            | 9,262                                             | 1,362.66                           | 2,943                                      | 4,010,308                      |
| 12.      | PICU                                                                        | 4,490,737                                             | 2,115                                             | 2,123.28                           | 593                                        | 1,259,105                      |
| 13.      | Heart Transplant                                                            |                                                       |                                                   |                                    |                                            |                                |
| 14.      | Bone ICU                                                                    |                                                       |                                                   |                                    |                                            |                                |
| 15.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 16.      | Reconcile ICUs to Filed                                                     |                                                       | (206)                                             |                                    |                                            |                                |
| 17.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 18.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 19.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 20.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 21.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 22.      | Other                                                                       |                                                       |                                                   |                                    |                                            |                                |
| 23.      | Nursery                                                                     |                                                       |                                                   |                                    |                                            |                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                       |                                                   |                                    |                                            | 2,676,314                      |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                       |                                                   |                                    |                                            | <b>10,466,039</b>              |

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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0276           | Medicaid Provider Number:    | 13001                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2015 To: 06/30/2016 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8)<br>(3) | Average Cost Per Day (Col. 2 / Col. 3)<br>(4) | Program Inpatient Days (BHF Page 2, Part II, Column 4)<br>(5) | Program Inpatient Expenses (Col. 4 X Col. 5)<br>(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.       | Burn ICU                                           |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 9.       | NICU                                               |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 10.      | PICU                                               |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 11.      | Heart Transplant                                   |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 12.      | Bone ICU                                           |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 13.      | Other                                              |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 14.      | Reconcile ICUs to Filed                            |                                                                  |                                                          |                                                                          |                                               |                                                               |                                                     |
| 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)<br>(1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2)<br>(2) | Total Dept. Charges (CMS 2552-10, W/S C, Pt.1, Lines 88-93)<br>(3) | Ratio of Cost to Charges (Col. 2 / Col. 3)<br>(4) | Program Charges (BHF Page 3, Cols. 4-5, Lines 43-45) |                    | Program Expenses (Col. 4 X Cols. 5A-B) |                    |
|----------|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------|----------------------------------------|--------------------|
|          |                                                      |                                                                  |                                                          |                                                                    |                                                   | Inpatient<br>(5A)                                    | Outpatient<br>(5B) | Inpatient<br>(6A)                      | Outpatient<br>(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: |  | Medicaid Provider Number:    |                |
| 14-0276                   |  | 13001                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid-Hospital         |  | From: 07/01/2015             | To: 06/30/2016 |

| 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                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Cancer Center                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Loyola OP Center, Psych Social Rehab     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Cardiac Cath Lab                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Gastro Services                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Pulmonary                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Peripheral Vascular                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Other OP Clinics                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | OBT Outpatient Center                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Organ Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</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: | 14-0276           | Medicaid Provider Number:    | 13001                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2015 To: 06/30/2016 |

| 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                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Burn ICU                              |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | NICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | PICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Heart Transplant                      |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Bone ICU                              |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Reconcile ICUs to Filed               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

**PRELIMINARY**

| Medicare Provider Number:<br><b>14-0276</b> |                                                                                                          | Medicaid Provider Number:<br><b>13001</b>                                     |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|
| Program:<br><b>Medicaid-Hospital</b>        |                                                                                                          | Period Covered by Statement:<br>From: <b>07/01/2015</b> To: <b>06/30/2016</b> |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                                      | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                               |                           |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 10,466,039                                                                    |                           |
| 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)                                  |                                                                               |                           |
| 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)                             | 2,614,655                                                                     |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>13,080,694</b>                                                             |                           |
| 8.                                          | Ratio of Inpatient and Outpatient Cost to Total Cost<br>(Line 7 Divided by Sum of Line 7, Cols. 1 and 2) | 100.00%                                                                       |                           |

| Line No. | Customary Charges                                                                                     | Program Inpatient<br>(1) | Program Outpatient<br>(2) |
|----------|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| 9.       | Ancillary Services<br>(See Instructions)                                                              | 11,806,160               |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 6,466,794                |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 232,351                  |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Burn ICU                                                                                           | 286,249                  |                           |
|          | H. NICU                                                                                               | 10,917,213               |                           |
|          | I. PICU                                                                                               | 2,916,305                |                           |
|          | J. Heart Transplant                                                                                   |                          |                           |
|          | K. Bone ICU                                                                                           |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Reconcile ICUs to Filed                                                                            |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>32,625,072</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 19,544,378                |
| 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>14-0276</b> | <b>Medicaid Provider Number:</b><br><b>13001</b>                              |
| <b>Program:</b><br><b>Medicaid-Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 07/01/2015 To: 06/30/2016</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)                                        | 13,080,694        |                    |
| 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)                                                     | 13,080,694        |                    |
| 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>13,080,694</b> |                    |

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

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

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

BHF Page 9

**PRELIMINARY**

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0276</b> | Medicaid Provider Number:<br><b>13001</b>                                     |
| Program:<br><b>Medicaid-Hospital</b>        | Period Covered by Statement:<br>From: <b>07/01/2015</b> To: <b>06/30/2016</b> |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)                                                                               | 19,544,378 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |            |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |            |

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

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

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

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

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

BHF Supplement No. 1

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0276 | <b>Medicaid Provider Number:</b><br>13001                              |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2015 To: 06/30/2016 |

**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**

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

Hospital Statement of Cost / Graduate Medical Education Expense

BHF Supplement No. 2(a)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0276           | Medicaid Provider Number:    | 13001                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2015 To: 06/30/2016 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 1.       | Operating Room                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 4.       | Anesthesiology                      |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 5.       | Radiology - Diagnostic              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 13.      | Physical Therapy                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 14.      | Occupational Therapy                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 15.      | Speech Pathology                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 16.      | EKG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 17.      | EEG                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 18.      | Med. / Surg. Supplies               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 19.      | Drugs Charged to Patients           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 20.      | Renal Dialysis                      | 654,697                                            | 32,609,182                                                  | 0.020077                                            |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Cancer Center                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 23.      | Loyola OP Center, Psych Social Reh  |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | Cardiac Cath Lab                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Gastro Services                     |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | Pulmonary                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | Peripheral Vascular                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 29.      | Other OP Clinics                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | OBT Outpatient Center               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Organ Acquisition                   |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</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: | 14-0276           | Medicaid Provider Number:    | 13001                           |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2015 To: 06/30/2016 |

| 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                 | 1,415,683                                          | 3,489                                                                 | 405.76                                 | 2,563                                                        |                                                    | 1,039,963                                                 |                                                            |
| 48.      | Psych                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 358,163                                            | 822                                                                   | 435.72                                 | 60                                                           |                                                    | 26,143                                                    |                                                            |
| 52.      | Coronary Care Unit                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Burn ICU                              | 26,143                                             | 60                                                                    | 435.72                                 | 18                                                           |                                                    | 7,843                                                     |                                                            |
| 54.      | NICU                                  | 4,035,646                                          | 9,262                                                                 | 435.72                                 | 2,943                                                        |                                                    | 1,282,324                                                 |                                                            |
| 55.      | PICU                                  | 921,550                                            | 2,115                                                                 | 435.72                                 | 593                                                          |                                                    | 258,382                                                   |                                                            |
| 56.      | Heart Transplant                      |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Bone ICU                              |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Reconcile ICUs to Filed               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>2,614,655</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>2,614,655</b>                                          |                                                            |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0276 | Medicaid Provider Number:<br>13001                              |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2015 To: 06/30/2016 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 6,177                 |             | 6,177                  |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 27,390,848            | 5,234,224   | 32,625,072             |
| Ancillary Revenue                  | 11,806,158            | 2           | 11,806,160             |
| Routine Revenue                    | 15,584,690            | 5,234,222   | 20,818,912             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

Total costs and I&R costs are allocated (between Acute& Children's) for Adults & Peds, ICU, and Burn ICU. See supplemental worksheet.

Operating Room costs and charges from W/S C include Ambulatory Surgery Center.

Radiology-Diagnostic costs and charges from W/S C also include Radiology-Ultrasound, CT Scan, and MRI.

Laboratory costs and charges from W/S C include Lab Surgical Pathology and Lab-HLA.

Med Supplies costs and charges includes Implant Devices from W/S C.

Bone Marrow Procurement(All Other OP Clinics on filed) includes Occ. Health,Bariatrics, and Hepatology (lines 76.01,76.09, 76.10, and 76.11)

Loyola O/P (90.07) costs and charges also includes Psych Social(90.03) from W/S C.

Clinic costs and charges from W/S C includes lines 90, 90.09 through 90.34.

Removed Cardiac Rehab costs & charges from Cardiac Cath Lab as Cardiac Rehab is non-covered for IL Medicaid.

Organ Acquisition costs came from W/S C, Column 1, Lines 105-112.

Observation Bed days have been allocated between Foster McGaw and Ronald McDonald Hospitals on filed reports.

Completed BHF Supp. No. 2 with proper amounts from W/S B, Part I, Column 25 as per instructions.

2016 Report: allocated Total Beds Available and Total Bed Days/Inpatient Days based on the PERCENTAGE OF LAST YEAR.

\$2.00 Adjustment is due to the rounding error.