

# 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

|                                                   |                     |                                      |  |
|---------------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>Saint Francis Medical Center |                     | Medicare Provider Number:<br>14-0067 |  |
| Street:<br>530 NE Glen Oak Avenue                 |                     | Medicaid Provider Number:<br>16007   |  |
| City:<br>Peoria                                   | State:<br>Illinois  | Zip:<br>61637-0001                   |  |
| Period Covered by Statement:                      | From:<br>10/01/2016 | To:<br>09/30/2017                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

|                                                       |                                                 |                                |
|-------------------------------------------------------|-------------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Medicaid Hospital | <input type="checkbox"/> Medicaid Sub II Rehab  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Medicaid Sub I Psych         | <input type="checkbox"/> Medicaid Sub III Other | <input type="checkbox"/> _____ |

**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)) Saint Francis Medical Center 16007 for the cost report beginning 10/01/2016 and ending 09/30/2017 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.

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

| 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 | 459                  | 167,535                  |                         | 116,730                                          | 69.67%                                              |                                        | 28,387                                                  | 4.58                                                |
| 2.                     | Psych                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 3.                     | Rehab                 | 26                   | 9,490                    |                         | 8,101                                            | 85.36%                                              |                                        | 544                                                     | 14.89                                               |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 51                   | 18,615                   |                         | 13,168                                           | 70.74%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 7.                     | Premature ICU         |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 8.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       | 27                   | 9,855                    |                         | 4,722                                            | 47.91%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>563</b>           | <b>205,495</b>           |                         | <b>142,721</b>                                   | <b>69.45%</b>                                       |                                        | <b>28,931</b>                                           | <b>4.77</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 8,604                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |               |              |     |              |             |
|------------------------|-----------------------|-----|-----|-----|---------------|--------------|-----|--------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)           | (5)          | (6) | (7)          | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 7,994         |              |     | 2,256        | 5.03        |
| 2.                     | Psych                 |     |     |     |               |              |     |              |             |
| 3.                     | Rehab                 |     |     |     |               |              |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |               |              |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 3,351         |              |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     |               |              |     |              |             |
| 7.                     | Premature ICU         |     |     |     |               |              |     |              |             |
| 8.                     | Other                 |     |     |     |               |              |     |              |             |
| 9.                     | Other                 |     |     |     |               |              |     |              |             |
| 10.                    | Other                 |     |     |     |               |              |     |              |             |
| 11.                    | Other                 |     |     |     |               |              |     |              |             |
| 12.                    | Other                 |     |     |     |               |              |     |              |             |
| 13.                    | Other                 |     |     |     |               |              |     |              |             |
| 14.                    | Other                 |     |     |     |               |              |     |              |             |
| 16.                    | Other                 |     |     |     |               |              |     |              |             |
| 17.                    | Other                 |     |     |     |               |              |     |              |             |
| 18.                    | Other                 |     |     |     |               |              |     |              |             |
| 19.                    | Other                 |     |     |     |               |              |     |              |             |
| 20.                    | Other                 |     |     |     |               |              |     |              |             |
| 21.                    | Newborn Nursery       |     |     |     | 935           |              |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>12,280</b> | <b>8.60%</b> |     | <b>2,256</b> | <b>5.03</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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

| 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                 | 49,489,029                                                      | 353,625,111                                                        | 0.139948                                        | 10,631,411                                                                  |                                                                             | 1,487,845                                                             |                                                                       |
| 2.                                     | Recovery Room                  | 6,133,092                                                       | 59,032,560                                                         | 0.103893                                        | 1,814,051                                                                   |                                                                             | 188,467                                                               |                                                                       |
| 3.                                     | Delivery and Labor Room        | 6,765,174                                                       | 23,203,904                                                         | 0.291553                                        | 1,966,279                                                                   |                                                                             | 573,275                                                               |                                                                       |
| 4.                                     | Anesthesiology                 | 4,103,350                                                       | 210,972,590                                                        | 0.019450                                        | 6,495,554                                                                   |                                                                             | 126,339                                                               |                                                                       |
| 5.                                     | Radiology - Diagnostic         | 44,276,207                                                      | 429,275,003                                                        | 0.103142                                        | 10,944,843                                                                  |                                                                             | 1,128,873                                                             |                                                                       |
| 6.                                     | Radiology - Therapeutic        |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                                     | Nuclear Medicine               |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 8.                                     | Laboratory                     | 40,153,645                                                      | 489,736,973                                                        | 0.081990                                        | 15,717,205                                                                  |                                                                             | 1,288,654                                                             |                                                                       |
| 9.                                     | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration         | 7,767,375                                                       | 17,119,072                                                         | 0.453726                                        | 1,014,440                                                                   |                                                                             | 460,278                                                               |                                                                       |
| 11.                                    | Intravenous Therapy            | 2,435,534                                                       | 3,964,569                                                          | 0.614325                                        | 136,407                                                                     |                                                                             | 83,798                                                                |                                                                       |
| 12.                                    | Respiratory Therapy            | 12,040,655                                                      | 167,503,583                                                        | 0.071883                                        | 8,597,257                                                                   |                                                                             | 617,997                                                               |                                                                       |
| 13.                                    | Physical Therapy               | 21,485,390                                                      | 50,677,907                                                         | 0.423960                                        | 1,073,543                                                                   |                                                                             | 455,139                                                               |                                                                       |
| 14.                                    | Occupational Therapy           |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 15.                                    | Speech Pathology               | 1,428,772                                                       | 5,770,955                                                          | 0.247580                                        | 156,574                                                                     |                                                                             | 38,765                                                                |                                                                       |
| 16.                                    | EKG                            | 10,860,336                                                      | 167,358,570                                                        | 0.064893                                        | 1,887,272                                                                   |                                                                             | 122,471                                                               |                                                                       |
| 17.                                    | EEG                            | 1,051,767                                                       | 19,219,728                                                         | 0.054723                                        | 2,116,746                                                                   |                                                                             | 115,835                                                               |                                                                       |
| 18.                                    | Med. / Surg. Supplies          | 46,878,825                                                      | 299,166,090                                                        | 0.156698                                        | 11,347,057                                                                  |                                                                             | 1,778,061                                                             |                                                                       |
| 19.                                    | Drugs Charged to Patients      | 71,134,828                                                      | 565,885,460                                                        | 0.125705                                        | 25,572,565                                                                  |                                                                             | 3,214,599                                                             |                                                                       |
| 20.                                    | Renal Dialysis                 | 3,250,011                                                       | 12,231,411                                                         | 0.265710                                        | 552,277                                                                     |                                                                             | 146,746                                                               |                                                                       |
| 21.                                    | Ambulance                      | 93,956                                                          |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | CT Scan                        | 6,868,040                                                       | 138,887,882                                                        | 0.049450                                        | 4,491,271                                                                   |                                                                             | 222,093                                                               |                                                                       |
| 23.                                    | MRI                            | 9,207,309                                                       | 79,363,178                                                         | 0.116015                                        | 2,075,390                                                                   |                                                                             | 240,776                                                               |                                                                       |
| 24.                                    | Cardiac Catheterization        | 4,629,367                                                       | 108,175,613                                                        | 0.042795                                        | 3,209,448                                                                   |                                                                             | 137,348                                                               |                                                                       |
| 25.                                    |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                                    | Implantable Devices            | 52,578,949                                                      | 240,730,831                                                        | 0.218414                                        | 6,881,033                                                                   |                                                                             | 1,502,914                                                             |                                                                       |
| 27.                                    | Digestive Diseases             | 6,650,123                                                       | 61,165,727                                                         | 0.108723                                        | 1,418,891                                                                   |                                                                             | 154,266                                                               |                                                                       |
| 28.                                    | Enterostomal                   | 619,460                                                         | 2,215,153                                                          | 0.279647                                        | 177,927                                                                     |                                                                             | 49,757                                                                |                                                                       |
| 29.                                    | Diabetic Service               | 2,640,284                                                       | 2,098,609                                                          | 1.258111                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                                    | Wound Care                     | 2,032,732                                                       | 8,009,468                                                          | 0.253791                                        | 5,761                                                                       |                                                                             | 1,462                                                                 |                                                                       |
| 31.                                    | Psychology                     | 3,863,313                                                       | 8,082,631                                                          | 0.477977                                        | 163,979                                                                     |                                                                             | 78,378                                                                |                                                                       |
| 32.                                    | Neuro Diagnostic Ctr.          | 251,306                                                         |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                                    |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                                    | Comp Epilepsy                  | 449,037                                                         |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | Sleep Disorders                | 2,350,160                                                       | 17,250,575                                                         | 0.136237                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                                    | Pain Program                   | 2,035,724                                                       | 14,442,003                                                         | 0.140959                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    | Cardiac Rehab                  | 3,055,654                                                       | 1,985,399                                                          | 1.539063                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Lithotripsy                    | 19,711                                                          | 2,060,344                                                          | 0.009567                                        | 19,646                                                                      |                                                                             | 188                                                                   |                                                                       |
| 39.                                    | Kidney Acquisition             | 3,427,758                                                       | 3,939,334                                                          | 0.870136                                        | 71,422                                                                      |                                                                             | 62,147                                                                |                                                                       |
| 40.                                    | Pancreas Acquisition           | 103,899                                                         | 261,390                                                            | 0.397487                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                         | 3,427,405                                                       | 4,746,576                                                          | 0.722079                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                                    | Emergency                      | 27,651,980                                                      | 130,354,103                                                        | 0.212130                                        | 3,481,238                                                                   |                                                                             | 738,475                                                               |                                                                       |
| 45.                                    | Observation                    | 18,095,398                                                      | 29,289,081                                                         | 0.617821                                        | 442,709                                                                     |                                                                             | 273,515                                                               |                                                                       |
| 46.                                    | <b>Total</b>                   |                                                                 |                                                                    |                                                 | <b>122,462,196</b>                                                          |                                                                             | <b>15,288,461</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

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0067 | <b>Medicaid Provider Number:</b><br>16007                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2016 To: 09/30/2017 |

**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) | 128,358,953           |             | 6,605,955    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 125,334               |             | 8,101        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,024.14              |             | 815.45       |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 7,994                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 8,186,975             |             |              |                     |
| 4.       | Average per diem private room cost differential (BHF Supplement No. 1, Part II, Line 6)                                  |                       |             |              |                     |
| 5.       | Medically necessary private room days applicable to the program (BHF Page 2, Pt. II, Col. 3)                             |                       |             |              |                     |
| 6.       | Medically necessary private room cost applicable to the program (Line 4 X Line 5)                                        |                       |             |              |                     |
| 7.       | Total program inpatient routine service cost (Line 3 + Line 6)                                                           | 8,186,975             |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1)<br>(A) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8)<br>(B) | Average<br>Per Diem<br>(Col. A / Col. B)<br>(C) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4)<br>(D) | Program Cost<br>(Col. C x Col. D)<br>(E) |
|----------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 8.       | Intensive Care Unit                                                         | 28,737,681                                                         | 13,168                                                            | 2,182.39                                        | 3,351                                                   | 7,313,189                                |
| 9.       | Coronary Care Unit                                                          |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 10.      | Premature ICU                                                               |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 11.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 12.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 13.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 14.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 15.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 16.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 17.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 18.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 19.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 20.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 21.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 22.      | Other                                                                       |                                                                    |                                                                   |                                                 |                                                         |                                          |
| 23.      | Nursery                                                                     | 6,163,371                                                          | 4,722                                                             | 1,305.25                                        | 935                                                     | 1,220,409                                |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                                    |                                                                   |                                                 |                                                         | 15,288,461                               |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                                    |                                                                   |                                                 |                                                         | <b>32,009,034</b>                        |

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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

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

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

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

BHF Page 6(a)

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

| 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) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost 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                           | 33,588                                                  | 353,625,111                                              | 0.000095                                                     | 10,631,411                                     |                                                 | 1,010                                                  |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  | 36,000                                                  | 23,203,904                                               | 0.001551                                                     | 1,966,279                                      |                                                 | 3,050                                                  |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   | 3,440,955                                               | 429,275,003                                              | 0.008016                                                     | 10,944,843                                     |                                                 | 87,734                                                 |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 1,134,520                                               | 489,736,973                                              | 0.002317                                                     | 15,717,205                                     |                                                 | 36,417                                                 |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      | 39,384                                                  | 3,964,569                                                | 0.009934                                                     | 136,407                                        |                                                 | 1,355                                                  |                                                         |
| 12.      | Respiratory Therapy                      | 25,116                                                  | 167,503,583                                              | 0.000150                                                     | 8,597,257                                      |                                                 | 1,290                                                  |                                                         |
| 13.      | Physical Therapy                         | 859,875                                                 | 50,677,907                                               | 0.016967                                                     | 1,073,543                                      |                                                 | 18,215                                                 |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                | 417                                                     |                                                          | #DIV/0!                                                      |                                                |                                                 |                                                        |                                                         |
| 22.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | MRI                                      | 5,024                                                   | 79,363,178                                               | 0.000063                                                     | 2,075,390                                      |                                                 | 131                                                    |                                                         |
| 24.      | Cardiac Catherization                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      |                                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | Implantable Devices                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Digestive Diseases                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Enterostomal                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Diabetic Service                         | 69,270                                                  | 2,098,609                                                | 0.033008                                                     |                                                |                                                 |                                                        |                                                         |
| 30.      | Wound Care                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Psychology                               | 87,696                                                  | 8,082,631                                                | 0.010850                                                     | 163,979                                        |                                                 | 1,779                                                  |                                                         |
| 32.      | Neuro Diagnostic Ctr.                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      |                                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Comp Epilepsy                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Sleep Disorders                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Pain Program                             | 515,885                                                 | 14,442,003                                               | 0.035721                                                     |                                                |                                                 |                                                        |                                                         |
| 37.      | Cardiac Rehab                            | 138,163                                                 | 1,985,399                                                | 0.069590                                                     |                                                |                                                 |                                                        |                                                         |
| 38.      | Lithotripsy                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Pancreas Acquisition                     | 4,025                                                   | 261,390                                                  | 0.015398                                                     |                                                |                                                 |                                                        |                                                         |
| 41.      |                                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      |                                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 92,526                                                  | 4,746,576                                                | 0.019493                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 13,551,962                                              | 130,354,103                                              | 0.103963                                                     | 3,481,238                                      |                                                 | 361,920                                                |                                                         |
| 45.      | Observation                              | 247,944                                                 | 29,289,081                                               | 0.008465                                                     | 442,709                                        |                                                 | 3,748                                                  |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>516,649</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)

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

| 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                 | 754,935                                                 | 125,334                                                           | 6.02                                                   | 7,994                                                     |                                                 | 48,124                                                 |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   | 930,244                                                 | 13,168                                                            | 70.64                                                  | 3,351                                                     |                                                 | 236,715                                                |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Premature ICU                         |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>284,839</b>                                         |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>516,649</b>                                         |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>801,488</b>                                         |                                                         |

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

BHF Page 7

| Medicare Provider Number:<br><b>14-0067</b> |                                                                                                          | Medicaid Provider Number:<br><b>16007</b>                                     |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|
| Program:<br><b>Medicaid Hospital</b>        |                                                                                                          | Period Covered by Statement:<br>From: <b>10/01/2016</b> To: <b>09/30/2017</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)                                                    | 32,009,034                                                                    |                           |
| 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)                                  | 801,488                                                                       |                           |
| 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)                             | 3,692,720                                                                     |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>36,503,242</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)                                                              | 122,462,196              |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 13,902,815               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 9,231,100                |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Premature ICU                                                                                      |                          |                           |
|          | H. Other                                                                                              |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 6,829,477                |                           |
| 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>152,425,588</b>       |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 115,922,346               |
| 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

|                                                    |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br><b>14-0067</b> | <b>Medicaid Provider Number:</b><br><b>16007</b>                              |
| <b>Program:</b><br><b>Medicaid Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 10/01/2016 To: 09/30/2017</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)                                        | 36,503,242        |                    |
| 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)                                                     | 36,503,242        |                    |
| 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>36,503,242</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.

|                                             |                                                                               |
|---------------------------------------------|-------------------------------------------------------------------------------|
| Medicare Provider Number:<br><b>14-0067</b> | Medicaid Provider Number:<br><b>16007</b>                                     |
| Program:<br><b>Medicaid Hospital</b>        | Period Covered by Statement:<br>From: <b>10/01/2016</b> To: <b>09/30/2017</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)                                                                               | 115,922,346 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |             |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |             |

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

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

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

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

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

BHF Supplement No. 1

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0067 | <b>Medicaid Provider Number:</b><br>16007                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 10/01/2016 To: 09/30/2017 |

**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)

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept. Charges<br>(CMS 2552-10,<br>W/S C, Pt. 1,<br>Col. 8)* | Ratio of G M E Cost<br>to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses<br>for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                               | <b>(2)</b>                                                        | <b>(3)</b>                                             | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                   | <b>(7)</b>                                                    |
| 1.       | Operating Room                      | 7,762,034                                                | 353,625,111                                                       | 0.021950                                               | 10,631,411                                        |                                                    | 233,359                                                      |                                                               |
| 2.       | Recovery Room                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 3.       | Delivery and Labor Room             | 1,949,392                                                | 23,203,904                                                        | 0.084011                                               | 1,966,279                                         |                                                    | 165,189                                                      |                                                               |
| 4.       | Anesthesiology                      | 646,751                                                  | 210,972,590                                                       | 0.003066                                               | 6,495,554                                         |                                                    | 19,915                                                       |                                                               |
| 5.       | Radiology - Diagnostic              | 5,806,549                                                | 429,275,003                                                       | 0.013526                                               | 10,944,843                                        |                                                    | 148,040                                                      |                                                               |
| 6.       | Radiology - Therapeutic             |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 7.       | Nuclear Medicine                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 8.       | Laboratory                          | 185,801                                                  | 489,736,973                                                       | 0.000379                                               | 15,717,205                                        |                                                    | 5,957                                                        |                                                               |
| 9.       | Blood                               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 10.      | Blood - Administration              |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 11.      | Intravenous Therapy                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 12.      | Respiratory Therapy                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 13.      | Physical Therapy                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 14.      | Occupational Therapy                |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 15.      | Speech Pathology                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 16.      | EKG                                 | 678,226                                                  | 167,358,570                                                       | 0.004053                                               | 1,887,272                                         |                                                    | 7,649                                                        |                                                               |
| 17.      | EEG                                 | 404,093                                                  | 19,219,728                                                        | 0.021025                                               | 2,116,746                                         |                                                    | 44,505                                                       |                                                               |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 20.      | Renal Dialysis                      |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 21.      | Ambulance                           |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 22.      | CT Scan                             | 682,287                                                  | 138,887,882                                                       | 0.004913                                               | 4,491,271                                         |                                                    | 22,066                                                       |                                                               |
| 23.      | MRI                                 | 558,420                                                  | 79,363,178                                                        | 0.007036                                               | 2,075,390                                         |                                                    | 14,602                                                       |                                                               |
| 24.      | Cardiac Catherization               | 3,315,998                                                | 108,175,613                                                       | 0.030654                                               | 3,209,448                                         |                                                    | 98,382                                                       |                                                               |
| 25.      |                                     |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 26.      | Implantable Devices                 |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 27.      | Digestive Diseases                  |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 28.      | Enterostomal                        |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 29.      | Diabetic Service                    |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 30.      | Wound Care                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 31.      | Psychology                          |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 32.      | Neuro Diagnostic Ctr.               |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 33.      |                                     |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 34.      | Comp Epilepsy                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 35.      | Sleep Disorders                     | 309,669                                                  | 17,250,575                                                        | 0.017951                                               |                                                   |                                                    |                                                              |                                                               |
| 36.      | Pain Program                        |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 37.      | Cardiac Rehab                       |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 38.      | Lithotripsy                         |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 39.      | Kidney Acquisition                  |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 40.      | Pancreas Acquisition                |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 41.      |                                     |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 42.      |                                     |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 43.      | Clinic                              | 2,208,295                                                | 4,746,576                                                         | 0.465240                                               |                                                   |                                                    |                                                              |                                                               |
| 44.      | Emergency                           | 11,056,709                                               | 130,354,103                                                       | 0.084821                                               | 3,481,238                                         |                                                    | 295,282                                                      |                                                               |
| 45.      | Observation                         |                                                          |                                                                   |                                                        |                                                   |                                                    |                                                              |                                                               |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                   |                                                        |                                                   |                                                    | <b>1,054,946</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)

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0067           | Medicaid Provider Number:    | 16007                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 10/01/2016 To: 09/30/2017 |

| 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          | 24,953,042                                         | 125,334                                                               | 199.09                                 | 7,994                                                        |                                                    | 1,591,525                                                 |                                                            |
| 48.      | Psych                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                          | 1,269                                              | 8,101                                                                 | 0.16                                   |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                    |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit            | 4,111,253                                          | 13,168                                                                | 312.22                                 | 3,351                                                        |                                                    | 1,046,249                                                 |                                                            |
| 52.      | Coronary Care Unit             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 53.      | Premature ICU                  |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 54.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                          |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                        |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 67.      | Routine Total (lines 47-66)    |                                                    |                                                                       |                                        |                                                              |                                                    | 2,637,774                                                 |                                                            |
| 68.      | Ancillary Total (from line 46) |                                                    |                                                                       |                                        |                                                              |                                                    | 1,054,946                                                 |                                                            |
| 69.      | Total (Lines 67-68)            |                                                    |                                                                       |                                        |                                                              |                                                    | 3,692,720                                                 |                                                            |

## Hospital Statement of Cost Reconciliation of Patient Days and Revenue

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0067 | Medicaid Provider Number:<br>16007                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 10/01/2016 To: 09/30/2017 |

| Inpatient Reconciliation           | Provider's Records | Adjustments | Audited Cost Report |
|------------------------------------|--------------------|-------------|---------------------|
| Adult Days                         | 11,345             |             | 11,345              |
| Newborn Days                       | 935                |             | 935                 |
| Total Inpatient Revenue            | 152,454,088        | (28,500)    | 152,425,588         |
| Ancillary Revenue                  | 122,490,696        | (28,500)    | 122,462,196         |
| Routine Revenue                    | 29,963,392         |             | 29,963,392          |
| Inpatient Received and Receivable  |                    |             |                     |
| Outpatient Reconciliation          |                    |             |                     |
| Outpatient Occasions of Service    |                    |             |                     |
| Total Outpatient Revenue           |                    |             |                     |
| Outpatient Received and Receivable |                    |             |                     |

**Notes:**

BHF Page 2 - Adjusted Adults & Peds Beds and Bed Days Available to agree with as filed W/S S-3, Col. 8 (col. 3 was wrong since used 366 day year)

BHF Page 3 - Total costs & Charges agree with as filed W/S C Part 1, col. 8 (col 1 adjusted to tie).

BHF Page 3 - Clinic costs & charges include all Clinic data, W/S C lines 90.01-90.07.

BHF Page 6 - In Column 1 made adjustments to properly include figures from W/S A-8-2, Column 4.

BHF Page 3 - Excluded program Cardiac Rehab charges of \$28,500 as these charges are non-covered for Illinois Medicaid

Spread Adults & Peds and ICU costs between Acute and Children's Hospitals.