

# Hospital Statement of Cost

BHF Page 1

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

## General Information Preliminary

|                                             |                     |                                      |  |
|---------------------------------------------|---------------------|--------------------------------------|--|
| Name of Hospital:<br>Barnes-Jewish Hospital |                     | Medicare Provider Number:<br>26-0032 |  |
| Street:<br>One Barnes-Jewish Hospital Plaza |                     | Medicaid Provider Number:<br>19014   |  |
| City:<br>St. Louis                          | State:<br>Missouri  | Zip:<br>63110                        |  |
| Period Covered by Statement:                | From:<br>01/01/2017 | To:<br>12/31/2017                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

|                                                         |                                                          |                                |
|---------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> XXXX<br>XXXX Medicaid Hospital | <input type="checkbox"/> Medicaid Sub II<br>Rehab _____  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Medicaid Sub I<br>Psych _____  | <input type="checkbox"/> Medicaid Sub III<br>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)) Barnes-Jewish Hospital 19014 for the cost report beginning 01/01/2017 and ending 12/31/2017 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.

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>26-0032</b>           | <b>Medicaid Provider Number:</b>    | <b>19014</b>                           |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 01/01/2017 To: 12/31/2017</b> |

| 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 | 1,080                | 394,200                  |                         | 251,327                                          | 63.76%                                              |                                        | 50,217                                                  | 5.88                                                |
| 2.                     | Psych                 | 78                   | 28,470                   |                         | 24,612                                           | 86.45%                                              |                                        | 2,751                                                   | 8.95                                                |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 44                   | 16,060                   |                         | 13,294                                           | 82.78%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 15                   | 5,475                    |                         | 4,411                                            | 80.57%                                              |                                        |                                                         |                                                     |
| 7.                     | SICU                  | 36                   | 13,140                   |                         | 10,944                                           | 83.29%                                              |                                        |                                                         |                                                     |
| 8.                     | Neuro-ICU             | 20                   | 7,300                    |                         | 6,426                                            | 88.03%                                              |                                        |                                                         |                                                     |
| 9.                     | Cardio-Thoracic ICU   | 30                   | 10,950                   |                         | 8,895                                            | 81.23%                                              |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       | 24                   | 8,760                    |                         | 6,468                                            | 73.84%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>1,327</b>         | <b>484,355</b>           |                         | <b>326,377</b>                                   | <b>67.38%</b>                                       |                                        | <b>52,968</b>                                           | <b>6.04</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 6,960                                            |                                                     |                                        |                                                         |                                                     |

| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)          | (8)         |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|-----|--------------|-------------|
| 1.                     | Adults and Pediatrics |     |     |     | 7,274        |              |     | 1,423        | 6.09        |
| 2.                     | Psych                 |     |     |     |              |              |     |              |             |
| 3.                     | Rehab                 |     |     |     |              |              |     |              |             |
| 4.                     | Other (Sub)           |     |     |     |              |              |     |              |             |
| 5.                     | Intensive Care Unit   |     |     |     | 484          |              |     |              |             |
| 6.                     | Coronary Care Unit    |     |     |     | 157          |              |     |              |             |
| 7.                     | SICU                  |     |     |     | 319          |              |     |              |             |
| 8.                     | Neuro-ICU             |     |     |     | 171          |              |     |              |             |
| 9.                     | Cardio-Thoracic ICU   |     |     |     | 257          |              |     |              |             |
| 10.                    | Other                 |     |     |     |              |              |     |              |             |
| 11.                    | Other                 |     |     |     |              |              |     |              |             |
| 12.                    | Other                 |     |     |     |              |              |     |              |             |
| 13.                    | Other                 |     |     |     |              |              |     |              |             |
| 14.                    | Other                 |     |     |     |              |              |     |              |             |
| 16.                    | Other                 |     |     |     |              |              |     |              |             |
| 17.                    | Other                 |     |     |     |              |              |     |              |             |
| 18.                    | Other                 |     |     |     |              |              |     |              |             |
| 19.                    | Other                 |     |     |     |              |              |     |              |             |
| 20.                    | Other                 |     |     |     |              |              |     |              |             |
| 21.                    | Newborn Nursery       |     |     |     | 145          |              |     |              |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>8,807</b> | <b>2.70%</b> |     | <b>1,423</b> | <b>6.09</b> |

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

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

BHF Page 3

Preliminary

|                                  |  |  |                                     |            |                       |
|----------------------------------|--|--|-------------------------------------|------------|-----------------------|
| <b>Medicare Provider Number:</b> |  |  | <b>Medicaid Provider Number:</b>    |            |                       |
| 26-0032                          |  |  | 19014                               |            |                       |
| <b>Program:</b>                  |  |  | <b>Period Covered by Statement:</b> |            |                       |
| Medicaid Hospital                |  |  | <b>From:</b>                        | 01/01/2017 | <b>To:</b> 12/31/2017 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 122,587,806                                              | 452,685,388                                                 | 0.270801                                 | 7,420,575                                                            |                                                                      | 2,009,499                                                      |                                                                |
| 2.                                     | Recovery Room                  | 30,033,614                                               | 103,497,721                                                 | 0.290186                                 | 882,105                                                              |                                                                      | 255,975                                                        |                                                                |
| 3.                                     | Delivery and Labor Room        | 15,701,526                                               | 16,681,902                                                  | 0.941231                                 | 694,781                                                              |                                                                      | 653,949                                                        |                                                                |
| 4.                                     | Anesthesiology                 | 15,248,002                                               | 190,751,797                                                 | 0.079936                                 | 2,892,133                                                            |                                                                      | 231,186                                                        |                                                                |
| 5.                                     | Radiology - Diagnostic         | 52,484,463                                               | 338,116,859                                                 | 0.155226                                 | 3,485,540                                                            |                                                                      | 541,046                                                        |                                                                |
| 6.                                     | Radiology - Therapeutic        | 49,513,998                                               | 332,703,168                                                 | 0.148823                                 | 283,427                                                              |                                                                      | 42,180                                                         |                                                                |
| 7.                                     | Nuclear Medicine               | 6,879,160                                                | 14,780,069                                                  | 0.465435                                 | 62,634                                                               |                                                                      | 29,152                                                         |                                                                |
| 8.                                     | Laboratory                     | 98,101,754                                               | 683,898,341                                                 | 0.143445                                 | 9,182,170                                                            |                                                                      | 1,317,136                                                      |                                                                |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 48,823,324                                               | 231,179,036                                                 | 0.211193                                 | 4,421,043                                                            |                                                                      | 933,693                                                        |                                                                |
| 11.                                    | Intravenous Therapy            |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 12.                                    | Respiratory Therapy            | 20,752,388                                               | 59,945,755                                                  | 0.346186                                 | 1,559,034                                                            |                                                                      | 539,716                                                        |                                                                |
| 13.                                    | Physical Therapy               | 8,155,531                                                | 16,886,857                                                  | 0.482951                                 | 344,650                                                              |                                                                      | 166,449                                                        |                                                                |
| 14.                                    | Occupational Therapy           | 3,670,750                                                | 7,587,918                                                   | 0.483762                                 | 159,124                                                              |                                                                      | 76,978                                                         |                                                                |
| 15.                                    | Speech Pathology               | 1,401,439                                                | 4,491,482                                                   | 0.312022                                 | 115,986                                                              |                                                                      | 36,190                                                         |                                                                |
| 16.                                    | EKG                            | 10,466,604                                               | 153,622,065                                                 | 0.068132                                 | 2,026,486                                                            |                                                                      | 138,069                                                        |                                                                |
| 17.                                    | EEG                            | 2,722,926                                                | 14,543,469                                                  | 0.187227                                 | 295,803                                                              |                                                                      | 55,382                                                         |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 97,361,557                                               | 213,225,111                                                 | 0.456614                                 | 3,591,297                                                            |                                                                      | 1,639,836                                                      |                                                                |
| 19.                                    | Drugs Charged to Patients      | 206,196,848                                              | 501,504,328                                                 | 0.411157                                 | 8,787,691                                                            |                                                                      | 3,613,121                                                      |                                                                |
| 20.                                    | Renal Dialysis                 | 6,173,674                                                | 18,162,881                                                  | 0.339906                                 | 467,400                                                              |                                                                      | 158,872                                                        |                                                                |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Ultrasound                     | 6,068,229                                                | 50,715,689                                                  | 0.119652                                 | 492,862                                                              |                                                                      | 58,972                                                         |                                                                |
| 23.                                    | CT Scan                        | 11,093,192                                               | 293,121,258                                                 | 0.037845                                 | 3,047,838                                                            |                                                                      | 115,345                                                        |                                                                |
| 24.                                    | MRI                            | 16,827,169                                               | 164,829,329                                                 | 0.102088                                 | 1,041,636                                                            |                                                                      | 106,339                                                        |                                                                |
| 25.                                    | Cardiac Cath                   | 20,143,742                                               | 103,578,263                                                 | 0.194478                                 | 1,022,525                                                            |                                                                      | 198,859                                                        |                                                                |
| 26.                                    | HLA Lab                        | 7,823,712                                                | 34,443,115                                                  | 0.227149                                 | 157,534                                                              |                                                                      | 35,784                                                         |                                                                |
| 27.                                    | Endoscopy                      | 11,954,950                                               | 42,728,571                                                  | 0.279788                                 | 464,970                                                              |                                                                      | 130,093                                                        |                                                                |
| 28.                                    | OB/GYN In Vitro                | 4,071,516                                                | 7,841,134                                                   | 0.519251                                 |                                                                      |                                                                      |                                                                |                                                                |
| 29.                                    | Electroshock Therapy           | 745,012                                                  | 2,572,091                                                   | 0.289652                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Corneal Tissue Acquis.         | 726,814                                                  | 1,552,360                                                   | 0.468199                                 |                                                                      |                                                                      |                                                                |                                                                |
| 31.                                    | Outpatient Psych               | 616,496                                                  | 490,551                                                     | 1.256742                                 |                                                                      |                                                                      |                                                                |                                                                |
| 32.                                    | Kidney Acquisition             | 15,983,145                                               | 16,391,219                                                  | 0.975104                                 | 172,500                                                              |                                                                      | 168,205                                                        |                                                                |
| 33.                                    | Heart Acquisition              | 3,190,278                                                | 2,276,543                                                   | 1.401370                                 |                                                                      |                                                                      |                                                                |                                                                |
| 34.                                    | Liver Acquisition              | 7,796,032                                                | 8,821,403                                                   | 0.883763                                 | 66,600                                                               |                                                                      | 58,859                                                         |                                                                |
| 35.                                    | Lung Acquisition               | 8,437,822                                                | 8,865,316                                                   | 0.951779                                 | 104,200                                                              |                                                                      | 99,175                                                         |                                                                |
| 36.                                    | Pancreas Acquisition           | 664,913                                                  | 711,921                                                     | 0.933970                                 |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Bone Marrow                    | 5,406,403                                                |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Implantable Devices            | 136,418,411                                              | 318,422,827                                                 | 0.428419                                 | 3,519,227                                                            |                                                                      | 1,507,704                                                      |                                                                |
| 39.                                    | Hyperbatic Ox. Therapy         | 430,578                                                  | 3,084,579                                                   | 0.139591                                 |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Allogenic Stem Cell Aq         | 6,542,730                                                | 4,374,850                                                   | 1.495532                                 | 43,340                                                               |                                                                      | 64,816                                                         |                                                                |
| 41.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Other                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 30,891,008                                               | 77,961,915                                                  | 0.396232                                 | 51,253                                                               |                                                                      | 20,308                                                         |                                                                |
| 44.                                    | Emergency                      | 42,255,220                                               | 303,458,025                                                 | 0.139246                                 | 2,849,736                                                            |                                                                      | 396,814                                                        |                                                                |
| 45.                                    | Observation                    | 8,104,990                                                | 6,682,751                                                   | 1.212822                                 | 4,080                                                                |                                                                      | 4,948                                                          |                                                                |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>59,710,180</b>                                                    |                                                                      | <b>15,404,650</b>                                              |                                                                |

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

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

BHF Page 4

Preliminary

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>26-0032 | <b>Medicaid Provider Number:</b><br>19014                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2017 To: 12/31/2017 |

**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) | 300,778,253           | 24,309,506  |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 258,287               | 24,612      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,164.51              | 987.71      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 7,274                 |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 8,470,646             |             |              |                     |
| 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)                                                           | 8,470,646             |             |              |                     |

| Line No. | Description                                                                 | Total Dept. Costs<br>(CMS 2552-10,<br>W/S C, Pt. 1, Col. 1) | Total Days<br>(CMS 2552-10,<br>W/S S-3,<br>Part 1, Col. 8) | Average<br>Per Diem<br>(Col. A / Col. B) | Program Days<br>(BHF Page 2,<br>Part II, Col. 4) | Program Cost<br>(Col. C x Col. D) |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-----------------------------------|
|          |                                                                             | (A)                                                         | (B)                                                        | (C)                                      | (D)                                              | (E)                               |
| 8.       | Intensive Care Unit                                                         | 27,174,489                                                  | 13,294                                                     | 2,044.12                                 | 484                                              | 989,354                           |
| 9.       | Coronary Care Unit                                                          | 8,672,617                                                   | 4,411                                                      | 1,966.13                                 | 157                                              | 308,682                           |
| 10.      | SICU                                                                        | 23,825,728                                                  | 10,944                                                     | 2,177.06                                 | 319                                              | 694,482                           |
| 11.      | Neuro-ICU                                                                   | 12,481,427                                                  | 6,426                                                      | 1,942.33                                 | 171                                              | 332,138                           |
| 12.      | Cardio-Thoracic ICU                                                         | 20,017,081                                                  | 8,895                                                      | 2,250.37                                 | 257                                              | 578,345                           |
| 13.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 14.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 15.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 16.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 17.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 18.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 19.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 20.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 21.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 22.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 23.      | Nursery                                                                     | 2,833,571                                                   | 6,468                                                      | 438.09                                   | 145                                              | 63,523                            |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 15,404,650                        |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>26,841,820</b>                 |

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

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0032           | Medicaid Provider Number:    | 19014                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2017 To: 12/31/2017 |

| 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.       | SICU                                               |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Neuro-ICU                                          |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | Cardio-Thoracic ICU                                |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 15.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 16.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 17.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 18.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 19.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 20.      | Other                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 21.      | Nursery                                            |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 22.      | Subtotal Inpatient Care Svcs. (Lines 2 through 21) |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |

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

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

BHF Page 6(a)

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 26-0032                   |  | 19014                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 01/01/2017             | To: 12/31/2017 |

| 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                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiac Cath                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | HLA Lab                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Endoscopy                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | OB/GYN In Vitro                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Electroshock Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Corneal Tissue Acquis.                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Outpatient Psych                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Heart Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Lung Acquisition                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Bone Marrow                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Implantable Devices                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Hyperbatic Ox. Therapy                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Allogenic Stem Cell Aq                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 26-0032                   |  | 19014                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 01/01/2017             | To: 12/31/2017 |

| 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                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | SICU                                  |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Neuro-ICU                             |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Cardio-Thoracic ICU                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 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>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

Preliminary

| <b>Medicare Provider Number:</b><br>26-0032 |                                                                                                          | <b>Medicaid Provider Number:</b><br>19014                              |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 01/01/2017 To: 12/31/2017 |                           |
| 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)                                                    | 26,841,820                                                             |                           |
| 3.                                          | Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                                                                        |                           |
| 4.                                          | Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                                                                        |                           |
| 5.                                          | Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                                                                        |                           |
| 6.                                          | Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             | 2,870,135                                                              |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>29,711,955</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)                                                              | 59,710,180               |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 12,476,289               |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 2,100,516                |                           |
|          | F. Coronary Care Unit                                                                                 | 729,408                  |                           |
|          | G. SICU                                                                                               | 1,367,930                |                           |
|          | H. Neuro-ICU                                                                                          | 784,994                  |                           |
|          | I. Cardio-Thoracic ICU                                                                                | 1,182,586                |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            | 155,295                  |                           |
| 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>78,507,198</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 48,795,243                |
| 14.      | Excess of Reasonable Cost Over Customary Charges<br>(Line 7, Sum of Cols. 1 through 2, Minus Line 12) |                          |                           |
| 15.      | Excess Reasonable Cost Applicable to Inpatient and Outpatient<br>(Line 8, Each Column X Line 14)      |                          |                           |

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

BHF Page 8

Preliminary

|                                                    |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br><b>26-0032</b> | <b>Medicaid Provider Number:</b><br><b>19014</b>                              |
| <b>Program:</b><br><b>Medicaid Hospital</b>        | <b>Period Covered by Statement:</b><br><b>From: 01/01/2017 To: 12/31/2017</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)                                        | 29,711,955        |                    |
| 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)                                                     | 29,711,955        |                    |
| 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>29,711,955</b> |                    |

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

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

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

BHF Page 9

Preliminary

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Medicare Provider Number:</b> | <b>Medicaid Provider Number:</b>    |
| 26-0032                          | 19014                               |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid Hospital                | From: 01/01/2017 To: 12/31/2017     |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost (BHF Page 7, Line 13)                                                                                  | 48,795,243 |
| 2.       | Carry Over of Excess Reasonable Cost (Must Equal Part II, Line 1, Col. 5)                                                                               |            |
| 3.       | Recovery of Excess Reasonable Cost (Lesser of Line 1 or 2)                                                                                              |            |

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

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

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

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

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

BHF Supplement No. 1

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2017 To: 12/31/2017 |

**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)

Preliminary

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>26-0032</b>           | <b>Medicaid Provider Number:</b>    | <b>19014</b>                           |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 01/01/2017 To: 12/31/2017</b> |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>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                      | 29,320,063                                               | 452,685,388                                                             | 0.064769                                                        | 7,420,575                                                     |                                                                | 480,623                                                               |                                                                        |
| 2.       | Recovery Room                       | 437,864                                                  | 103,497,721                                                             | 0.004231                                                        | 882,105                                                       |                                                                | 3,732                                                                 |                                                                        |
| 3.       | Delivery and Labor Room             | 1,751,457                                                | 16,681,902                                                              | 0.104991                                                        | 694,781                                                       |                                                                | 72,946                                                                |                                                                        |
| 4.       | Anesthesiology                      | 7,393,169                                                | 190,751,797                                                             | 0.038758                                                        | 2,892,133                                                     |                                                                | 112,093                                                               |                                                                        |
| 5.       | Radiology - Diagnostic              | 13,068,563                                               | 338,116,859                                                             | 0.038651                                                        | 3,485,540                                                     |                                                                | 134,720                                                               |                                                                        |
| 6.       | Radiology - Therapeutic             | 2,576,663                                                | 332,703,168                                                             | 0.007745                                                        | 283,427                                                       |                                                                | 2,195                                                                 |                                                                        |
| 7.       | Nuclear Medicine                    | 2,694,549                                                | 14,780,069                                                              | 0.182310                                                        | 62,634                                                        |                                                                | 11,419                                                                |                                                                        |
| 8.       | Laboratory                          | 10,693,992                                               | 683,898,341                                                             | 0.015637                                                        | 9,182,170                                                     |                                                                | 143,582                                                               |                                                                        |
| 9.       | Blood                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration              | 1,835,662                                                | 231,179,036                                                             | 0.007940                                                        | 4,421,043                                                     |                                                                | 35,103                                                                |                                                                        |
| 11.      | Intravenous Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                 | 1,549,366                                                | 59,945,755                                                              | 0.025846                                                        | 1,559,034                                                     |                                                                | 40,295                                                                |                                                                        |
| 13.      | Physical Therapy                    | 1,886,184                                                | 16,886,857                                                              | 0.111695                                                        | 344,650                                                       |                                                                | 38,496                                                                |                                                                        |
| 14.      | Occupational Therapy                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 16.      | EKG                                 | 1,246,229                                                | 153,622,065                                                             | 0.008112                                                        | 2,026,486                                                     |                                                                | 16,439                                                                |                                                                        |
| 17.      | EEG                                 | 4,311,279                                                | 14,543,469                                                              | 0.296441                                                        | 295,803                                                       |                                                                | 87,688                                                                |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      | 690,478                                                  | 18,162,881                                                              | 0.038016                                                        | 467,400                                                       |                                                                | 17,769                                                                |                                                                        |
| 21.      | Ambulance                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | Ultrasound                          | 2,088,276                                                | 50,715,689                                                              | 0.041176                                                        | 492,862                                                       |                                                                | 20,294                                                                |                                                                        |
| 23.      | CT Scan                             | 943,092                                                  | 293,121,258                                                             | 0.003217                                                        | 3,047,838                                                     |                                                                | 9,805                                                                 |                                                                        |
| 24.      | MRI                                 | 421,023                                                  | 164,829,329                                                             | 0.002554                                                        | 1,041,636                                                     |                                                                | 2,660                                                                 |                                                                        |
| 25.      | Cardiac Cath                        | 1,970,389                                                | 103,578,263                                                             | 0.019023                                                        | 1,022,525                                                     |                                                                | 19,451                                                                |                                                                        |
| 26.      | HLA Lab                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Endoscopy                           | 2,425,094                                                | 42,728,571                                                              | 0.056756                                                        | 464,970                                                       |                                                                | 26,390                                                                |                                                                        |
| 28.      | OB/GYN In Vitro                     | 218,932                                                  | 7,841,134                                                               | 0.027921                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | Electroshock Therapy                | 235,773                                                  | 2,572,091                                                               | 0.091666                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | Corneal Tissue Acquis.              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 31.      | Outpatient Psych                    | 2,711,390                                                | 490,551                                                                 | 5.527234                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Kidney Acquisition                  |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Heart Acquisition                   |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | Liver Acquisition                   |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Lung Acquisition                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | Pancreas Acquisition                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Bone Marrow                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | Implantable Devices                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Hyperbatic Ox. Therapy              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Allogenic Stem Cell Aq              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      | Other                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              | 14,213,747                                               | 77,961,915                                                              | 0.182317                                                        | 51,253                                                        |                                                                | 9,344                                                                 |                                                                        |
| 44.      | Emergency                           | 9,414,081                                                | 303,458,025                                                             | 0.031023                                                        | 2,849,736                                                     |                                                                | 88,407                                                                |                                                                        |
| 45.      | Observation                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                         |                                                                 |                                                               |                                                                | <b>1,373,451</b>                                                      |                                                                        |

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

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

BHF Supplement No. 2(b)

Preliminary

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>26-0032</b>           | <b>Medicaid Provider Number:</b>    | <b>19014</b>                           |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 01/01/2017 To: 12/31/2017</b> |

| 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) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                         | <b>(2)</b>                                                            | <b>(3)</b>                             | <b>(4)</b>                                                   | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 47.      | Adults and Pediatrics                 | 36,174,321                                         | 258,287                                                               | 140.05                                 | 7,274                                                        |                                                    | 1,018,724                                                 |                                                            |
| 48.      | Psych                                 | 2,745,072                                          | 24,612                                                                | 111.53                                 |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 4,951,234                                          | 13,294                                                                | 372.44                                 | 484                                                          |                                                    | 180,261                                                   |                                                            |
| 52.      | Coronary Care Unit                    | 2,677,708                                          | 4,411                                                                 | 607.05                                 | 157                                                          |                                                    | 95,307                                                    |                                                            |
| 53.      | SICU                                  | 3,502,914                                          | 10,944                                                                | 320.08                                 | 319                                                          |                                                    | 102,106                                                   |                                                            |
| 54.      | Neuro-ICU                             | 1,044,138                                          | 6,426                                                                 | 162.49                                 | 171                                                          |                                                    | 27,786                                                    |                                                            |
| 55.      | Cardio-Thoracic ICU                   | 2,509,299                                          | 8,895                                                                 | 282.10                                 | 257                                                          |                                                    | 72,500                                                    |                                                            |
| 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>1,496,684</b>                                          |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>1,373,451</b>                                          |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>2,870,135</b>                                          |                                                            |

## Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0032 | Medicaid Provider Number:<br>19014                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2017 To: 12/31/2017 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 8,715                 | (53)        | 8,662                  |
| Newborn Days                       | 145                   |             | 145                    |
| Total Inpatient Revenue            | 78,507,198            |             | 78,507,198             |
| Ancillary Revenue                  | 59,710,180            |             | 59,710,180             |
| Routine Revenue                    | 18,797,018            |             | 18,797,018             |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

**Notes:**

BHF Page 2 - Adjusted Total Adults & Peds Days to agree with W/S S-3, Line 1, Col. 8.