

# 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>Mercy Hospital-St. Louis |                     | Medicare Provider Number:<br>26-0020 |  |
| Street:<br>615 South New Ballas Road          |                     | Medicaid Provider Number:<br>19029   |  |
| City:<br>St. Louis                            | State:<br>MO.       | Zip:<br>63141                        |  |
| Period Covered by Statement:                  | From:<br>07/01/2016 | To:<br>06/30/2017                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

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

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and the Balance Sheet and Statement of Revenue and Expense prepared by (Provider name(s) and number(s)) Mercy Hospital-St. Louis 19029 for the cost report beginning 07/01/2016 and ending 06/30/2017 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

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

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0020           | Medicaid Provider Number:    | 19029                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 630                  | 229,950                  |                         | 131,750                                          | 57.30%                                              |                                        | 37,728                                                  | 4.97                                                |
| 2.                     | Psych                 | 40                   | 14,600                   |                         | 11,790                                           | 80.75%                                              |                                        | 2,385                                                   | 4.94                                                |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 63                   | 22,995                   |                         | 16,763                                           | 72.90%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 19                   | 6,935                    |                         | 6,898                                            | 99.47%                                              |                                        |                                                         |                                                     |
| 7.                     | Burn ICU              | 9                    | 3,285                    |                         | 2,950                                            | 89.80%                                              |                                        |                                                         |                                                     |
| 8.                     | Neonatal ICU          | 98                   | 35,770                   |                         | 29,075                                           | 81.28%                                              |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       | 120                  | 43,800                   |                         | 19,421                                           | 44.34%                                              |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>979</b>           | <b>357,335</b>           |                         | <b>218,647</b>                                   | <b>61.19%</b>                                       |                                        | <b>40,113</b>                                           | <b>4.97</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 17,081                                           |                                                     |                                        |                                                         |                                                     |

| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)        | (5)          | (6) | (7)       | (8)         |
|------------------------|-----------------------|-----|-----|-----|------------|--------------|-----|-----------|-------------|
| 1.                     | Adults and Pediatrics |     |     |     | 293        |              |     | 86        | 7.94        |
| 2.                     | Psych                 |     |     |     |            |              |     |           |             |
| 3.                     | Rehab                 |     |     |     |            |              |     |           |             |
| 4.                     | Other (Sub)           |     |     |     |            |              |     |           |             |
| 5.                     | Intensive Care Unit   |     |     |     | 69         |              |     |           |             |
| 6.                     | Coronary Care Unit    |     |     |     | 1          |              |     |           |             |
| 7.                     | Burn ICU              |     |     |     | 187        |              |     |           |             |
| 8.                     | Neonatal ICU          |     |     |     | 133        |              |     |           |             |
| 9.                     | Other                 |     |     |     |            |              |     |           |             |
| 10.                    | Other                 |     |     |     |            |              |     |           |             |
| 11.                    | Other                 |     |     |     |            |              |     |           |             |
| 12.                    | Other                 |     |     |     |            |              |     |           |             |
| 13.                    | Other                 |     |     |     |            |              |     |           |             |
| 14.                    | Other                 |     |     |     |            |              |     |           |             |
| 16.                    | Other                 |     |     |     |            |              |     |           |             |
| 17.                    | Other                 |     |     |     |            |              |     |           |             |
| 18.                    | Other                 |     |     |     |            |              |     |           |             |
| 19.                    | Other                 |     |     |     |            |              |     |           |             |
| 20.                    | Other                 |     |     |     |            |              |     |           |             |
| 21.                    | Newborn Nursery       |     |     |     | 16         |              |     |           |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>699</b> | <b>0.32%</b> |     | <b>86</b> | <b>7.94</b> |

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

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

BHF Page 3

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 26-0020           | Medicaid Provider Number:    | 19029                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1)<br>(1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)*<br>(2) | Ratio of Cost to Charges<br>(Col. 1 / 2)<br>(3) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients<br>(4) | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients<br>(5) | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4)<br>(6) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5)<br>(7) |
|----------------------------------------|--------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.                                     | Operating Room                 | 44,686,276                                                      | 213,698,896                                                        | 0.209109                                        | 367,805                                                                     |                                                                             | 76,911                                                                |                                                                       |
| 2.                                     | Recovery Room                  | 4,124,673                                                       | 67,632,465                                                         | 0.060987                                        | 34,433                                                                      |                                                                             | 2,100                                                                 |                                                                       |
| 3.                                     | Delivery and Labor Room        | 26,809,125                                                      | 63,227,089                                                         | 0.424013                                        | 89,444                                                                      |                                                                             | 37,925                                                                |                                                                       |
| 4.                                     | Anesthesiology                 | 3,425,827                                                       | 86,172,409                                                         | 0.039755                                        | 113,096                                                                     |                                                                             | 4,496                                                                 |                                                                       |
| 5.                                     | Radiology - Diagnostic         | 24,047,796                                                      | 94,618,254                                                         | 0.254156                                        | 88,264                                                                      |                                                                             | 22,433                                                                |                                                                       |
| 6.                                     | Radiology - Therapeutic        | 11,239,989                                                      | 91,182,216                                                         | 0.123270                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                                     | Nuclear Medicine               | 4,721,268                                                       | 46,229,342                                                         | 0.102127                                        | 7,291                                                                       |                                                                             | 745                                                                   |                                                                       |
| 8.                                     | Laboratory                     | 47,406,359                                                      | 337,615,169                                                        | 0.140415                                        | 549,376                                                                     |                                                                             | 77,141                                                                |                                                                       |
| 9.                                     | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                                    | Blood - Administration         | 8,429,949                                                       | 19,056,683                                                         | 0.442362                                        | 70,995                                                                      |                                                                             | 31,405                                                                |                                                                       |
| 11.                                    | Intravenous Therapy            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                                    | Respiratory Therapy            | 14,525,605                                                      | 64,625,482                                                         | 0.224766                                        | 155,908                                                                     |                                                                             | 35,043                                                                |                                                                       |
| 13.                                    | Physical Therapy               | 26,969,635                                                      | 54,690,667                                                         | 0.493130                                        | 100,601                                                                     |                                                                             | 49,609                                                                |                                                                       |
| 14.                                    | Occupational Therapy           |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 15.                                    | Speech Pathology               |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 16.                                    | EKG                            | 14,075,226                                                      | 134,781,506                                                        | 0.104430                                        | 183,588                                                                     |                                                                             | 19,172                                                                |                                                                       |
| 17.                                    | EEG                            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 18.                                    | Med. / Surg. Supplies          | 62,006,955                                                      | 205,791,923                                                        | 0.301309                                        | 406,463                                                                     |                                                                             | 122,471                                                               |                                                                       |
| 19.                                    | Drugs Charged to Patients      | 155,470,247                                                     | 598,493,171                                                        | 0.259769                                        | 965,538                                                                     |                                                                             | 250,817                                                               |                                                                       |
| 20.                                    | Renal Dialysis                 | 1,694,392                                                       | 6,667,486                                                          | 0.254128                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 21.                                    | Ambulance                      |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                                    | Ultrasound                     | 5,568,595                                                       | 46,942,436                                                         | 0.118626                                        | 17,127                                                                      |                                                                             | 2,032                                                                 |                                                                       |
| 23.                                    | CT Scan                        | 3,524,754                                                       | 186,470,800                                                        | 0.018902                                        | 125,374                                                                     |                                                                             | 2,370                                                                 |                                                                       |
| 24.                                    | MRI                            | 2,405,921                                                       | 82,272,555                                                         | 0.029243                                        | 29,501                                                                      |                                                                             | 863                                                                   |                                                                       |
| 25.                                    | Cardiac Rehab                  | 1,865,201                                                       | 2,171,241                                                          | 0.859048                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                                    | ASC                            | 13,521,983                                                      | 22,583,147                                                         | 0.598764                                        | 9,193                                                                       |                                                                             | 5,504                                                                 |                                                                       |
| 27.                                    | Cardiac Cath Lab               | 6,341,554                                                       | 65,147,291                                                         | 0.097342                                        | 23,965                                                                      |                                                                             | 2,333                                                                 |                                                                       |
| 28.                                    | GI Lab                         | 10,247,202                                                      | 77,681,629                                                         | 0.131913                                        | 4,918                                                                       |                                                                             | 649                                                                   |                                                                       |
| 29.                                    | Electroconvulsive Ther.        | 363,440                                                         | 1,665,258                                                          | 0.218248                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                                    | OP Psych                       | 2,795,352                                                       | 7,802,890                                                          | 0.358246                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 31.                                    | Implant Dev. Charged           | 69,930,689                                                      | 114,066,823                                                        | 0.613068                                        | 143,612                                                                     |                                                                             | 88,044                                                                |                                                                       |
| 32.                                    | Hyperbaric/OP Wound            | 1,769,266                                                       | 2,359,894                                                          | 0.749723                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 33.                                    | Ambulatory Care Unit           | 2,795,060                                                       | 6,376,290                                                          | 0.438352                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                                    | Oncology                       |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                                    | Urgent Care-St. Peters         |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                                    | Natural Fam. Planning          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                                    | Pain Therapy Center            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                                    | Other                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| <b>Outpatient Service Cost Centers</b> |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                                    | Clinic                         | 11,355,069                                                      | 11,248,597                                                         | 1.009465                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 44.                                    | Emergency                      | 34,526,671                                                      | 144,169,185                                                        | 0.239487                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 45.                                    | Observation                    | 15,286,129                                                      | 58,936,288                                                         | 0.259367                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 46.                                    | <b>Total</b>                   |                                                                 |                                                                    |                                                 | <b>3,486,492</b>                                                            |                                                                             | <b>832,063</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>26-0020 | <b>Medicaid Provider Number:</b><br>19029                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 132,346,431           | 7,688,613   |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 148,831               | 11,790      |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 889.24                | 652.13      |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 293                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 260,547               |             |              |                     |
| 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)                                                           | 260,547               |             |              |                     |

| 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                                                         | 27,917,886                                                  | 16,763                                                     | 1,665.45                                 | 69                                               | 114,916                           |
| 9.       | Coronary Care Unit                                                          | 8,656,109                                                   | 6,898                                                      | 1,254.87                                 | 1                                                | 1,255                             |
| 10.      | Burn ICU                                                                    | 4,548,121                                                   | 2,950                                                      | 1,541.74                                 | 187                                              | 288,305                           |
| 11.      | Neonatal ICU                                                                | 31,783,822                                                  | 29,075                                                     | 1,093.17                                 | 133                                              | 145,392                           |
| 12.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 13.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 14.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 15.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 16.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 17.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 18.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 19.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 20.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 21.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 22.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 23.      | Nursery                                                                     | 8,910,711                                                   | 19,421                                                     | 458.82                                   | 16                                               | 7,341                             |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 832,063                           |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>1,649,819</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: | 26-0020           | Medicaid Provider Number:    | 19029                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

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

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

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

BHF Page 6(a)

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 26-0020                   |  | 19029                        |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 07/01/2016             | To: 06/30/2017 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost Centers</b>  | <b>(1)</b>                                              | <b>(2)</b>                                               | <b>(3)</b>                                                   | <b>(4)</b>                                     | <b>(5)</b>                                      | <b>(6)</b>                                             | <b>(7)</b>                                              |
| 1.       | Operating Room                           | 2,271,951                                               | 213,698,896                                              | 0.010632                                                     | 367,805                                        |                                                 | 3,911                                                  |                                                         |
| 2.       | Recovery Room                            | 7,465                                                   | 67,632,465                                               | 0.000110                                                     | 34,433                                         |                                                 | 4                                                      |                                                         |
| 3.       | Delivery and Labor Room                  | 240,825                                                 | 63,227,089                                               | 0.003809                                                     | 89,444                                         |                                                 | 341                                                    |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   | 519,868                                                 | 94,618,254                                               | 0.005494                                                     | 88,264                                         |                                                 | 485                                                    |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               | 97,176                                                  | 337,615,169                                              | 0.000288                                                     | 549,376                                        |                                                 | 158                                                    |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      | 10,857                                                  | 64,625,482                                               | 0.000168                                                     | 155,908                                        |                                                 | 26                                                     |                                                         |
| 13.      | Physical Therapy                         | 2,310,398                                               | 54,690,667                                               | 0.042245                                                     | 100,601                                        |                                                 | 4,250                                                  |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 495,984                                                 | 134,781,506                                              | 0.003680                                                     | 183,588                                        |                                                 | 676                                                    |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | CT Scan                                  | 21,105                                                  | 186,470,800                                              | 0.000113                                                     | 125,374                                        |                                                 | 14                                                     |                                                         |
| 24.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | Cardiac Rehab                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | ASC                                      | 502,674                                                 | 22,583,147                                               | 0.022259                                                     | 9,193                                          |                                                 | 205                                                    |                                                         |
| 27.      | Cardiac Cath Lab                         | 1,454                                                   | 65,147,291                                               | 0.000022                                                     | 23,965                                         |                                                 | 1                                                      |                                                         |
| 28.      | GI Lab                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Electroconvulsive Ther.                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | OP Psych                                 |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Implant Dev. Charged                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Hyperbaric/OP Wound                      | 486,423                                                 | 2,359,894                                                | 0.206121                                                     |                                                |                                                 |                                                        |                                                         |
| 33.      | Ambulatory Care Unit                     | 4,224                                                   | 6,376,290                                                | 0.000662                                                     |                                                |                                                 |                                                        |                                                         |
| 34.      | Oncology                                 |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Urgent Care-St. Peters                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Natural Fam. Planning                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Pain Therapy Center                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Other                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 397,371                                                 | 11,248,597                                               | 0.035326                                                     |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                | 16,871,799                                              | 144,169,185                                              | 0.117028                                                     |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>10,071</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: | 26-0020           | Medicaid Provider Number:    | 19029                           |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 | 2,431,406                                               | 148,831                                                           | 16.34                                                  | 293                                                       |                                                 | 4,788                                                  |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   | 4,386,469                                               | 16,763                                                            | 261.68                                                 | 69                                                        |                                                 | 18,056                                                 |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Burn ICU                              |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Neonatal ICU                          | 87,978                                                  | 29,075                                                            | 3.03                                                   | 133                                                       |                                                 | 403                                                    |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>23,247</b>                                          |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>10,071</b>                                          |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>33,318</b>                                          |                                                         |

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

BHF Page 7

Preliminary

| <b>Medicare Provider Number:</b><br>26-0020 |                                                                                                          | <b>Medicaid Provider Number:</b><br>19029                              |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |                           |
| 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)                                                    | 1,649,819                                                              |                           |
| 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)                                  | 33,318                                                                 |                           |
| 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)                             | 29,060                                                                 |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>1,712,197</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)                                                              | 3,486,492                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 570,621                  |                           |
|          | B. Psych                                                                                              | 92,941                   |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 338,118                  |                           |
|          | F. Coronary Care Unit                                                                                 | 8,893                    |                           |
|          | G. Burn ICU                                                                                           | 421,468                  |                           |
|          | H. Neonatal ICU                                                                                       | 735,614                  |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>5,654,147</b>         |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 3,941,950                 |
| 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>26-0020 | <b>Medicaid Provider Number:</b><br>19029                              |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

| 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)                                        | 1,712,197         |                    |
| 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)                                                     | 1,712,197         |                    |
| 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>1,712,197</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>    |
| 26-0020                          | 19029                               |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid Hospital                | From: 07/01/2016 To: 06/30/2017     |

**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)                                                                                  | 3,941,950 |
| 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>26-0020 | Medicaid Provider Number:<br>19029                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2016 To: 06/30/2017 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

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

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

BHF Supplement No. 2(a)

Preliminary

|                                  |  |                                     |                |
|----------------------------------|--|-------------------------------------|----------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                |
| 26-0020                          |  | 19029                               |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid Hospital                |  | From: 07/01/2016                    | To: 06/30/2017 |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 1.       | Operating Room                      | 2,373,626                                          | 213,698,896                                                 | 0.011107                                            | 367,805                                           |                                                    | 4,085                                                     |                                                            |
| 2.       | Recovery Room                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 3.       | Delivery and Labor Room             | 1,111,541                                          | 63,227,089                                                  | 0.017580                                            | 89,444                                            |                                                    | 1,572                                                     |                                                            |
| 4.       | Anesthesiology                      | 233,509                                            | 86,172,409                                                  | 0.002710                                            | 113,096                                           |                                                    | 306                                                       |                                                            |
| 5.       | Radiology - Diagnostic              | 20,085                                             | 94,618,254                                                  | 0.000212                                            | 88,264                                            |                                                    | 19                                                        |                                                            |
| 6.       | Radiology - Therapeutic             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 11.      | Intravenous Therapy                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 12.      | Respiratory Therapy                 | 126,299                                            | 64,625,482                                                  | 0.001954                                            | 155,908                                           |                                                    | 305                                                       |                                                            |
| 13.      | Physical Therapy                    | 107,209                                            | 54,690,667                                                  | 0.001960                                            | 100,601                                           |                                                    | 197                                                       |                                                            |
| 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                          | 88,120                                             | 46,942,436                                                  | 0.001877                                            | 17,127                                            |                                                    | 32                                                        |                                                            |
| 23.      | CT Scan                             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 24.      | MRI                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 25.      | Cardiac Rehab                       |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 26.      | ASC                                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 27.      | Cardiac Cath Lab                    |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 28.      | GI Lab                              | 140,775                                            | 77,681,629                                                  | 0.001812                                            | 4,918                                             |                                                    | 9                                                         |                                                            |
| 29.      | Electroconvulsive Ther.             |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 30.      | OP Psych                            |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 31.      | Implant Dev. Charged                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 32.      | Hyperbaric/OP Wound                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 33.      | Ambulatory Care Unit                |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 34.      | Oncology                            |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 35.      | Urgent Care-St. Peters              |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 36.      | Natural Fam. Planning               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 37.      | Pain Therapy Center                 |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 38.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 39.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 40.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 41.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 42.      | Other                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 375,821                                            | 11,248,597                                                  | 0.033410                                            |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 453,175                                            | 144,169,185                                                 | 0.003143                                            |                                                   |                                                    |                                                           |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>6,525</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>26-0020</b>           | <b>Medicaid Provider Number:</b>    | <b>19029</b>                           |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2016 To: 06/30/2017</b> |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Days<br>Including<br>Private<br>(CMS 2552-10,<br>W/S S-3, Pt. 1,<br>Col. 8) | GME<br>Cost<br>Per Diem<br>(Col. 1 /<br>Col. 2) | Program<br>Days<br>Including<br>Private<br>(BHF Pg. 2<br>Pt. II, 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>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                 | 8,674,915                                                | 148,831                                                                           | 58.29                                           | 293                                                                      |                                                                | 17,079                                                                |                                                                        |
| 48.      | Psych                                 | 183,567                                                  | 11,790                                                                            | 15.57                                           |                                                                          |                                                                |                                                                       |                                                                        |
| 49.      | Rehab                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 50.      | Other (Sub)                           |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 51.      | Intensive Care Unit                   | 1,105,388                                                | 16,763                                                                            | 65.94                                           | 69                                                                       |                                                                | 4,550                                                                 |                                                                        |
| 52.      | Coronary Care Unit                    | 2,970,742                                                | 6,898                                                                             | 430.67                                          | 1                                                                        |                                                                | 431                                                                   |                                                                        |
| 53.      | Burn ICU                              |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 54.      | Neonatal ICU                          | 86,582                                                   | 29,075                                                                            | 2.98                                            | 133                                                                      |                                                                | 396                                                                   |                                                                        |
| 55.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 56.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 57.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 58.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 59.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 60.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 61.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 62.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 63.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 64.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 65.      | Other                                 |                                                          |                                                                                   |                                                 |                                                                          |                                                                |                                                                       |                                                                        |
| 66.      | Nursery                               | 95,357                                                   | 19,421                                                                            | 4.91                                            | 16                                                                       |                                                                | 79                                                                    |                                                                        |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>22,535</b>                                                         |                                                                        |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>6,525</b>                                                          |                                                                        |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                          |                                                                                   |                                                 |                                                                          |                                                                | <b>29,060</b>                                                         |                                                                        |

# Hospital Statement of Cost Reconciliation of Patient Days and Revenue

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>26-0020 | Medicaid Provider Number:<br>19029                              |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 07/01/2016 To: 06/30/2017 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 683                   |             | 683                    |
| Newborn Days                       | 16                    |             | 16                     |
| Total Inpatient Revenue            | 5,655,113             | (966)       | 5,654,147              |
| Ancillary Revenue                  | 3,487,458             | (966)       | 3,486,492              |
| Routine Revenue                    | 2,167,655             |             | 2,167,655              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

## Notes:

Observation bed days were adjusted to agree with as filed W/S S-3

BHF page 3 - reclassified Blood as Blood Admin.

BHF page 3 costs were adjusted to filed W/S C Part I, col 1, as applicable

BHF Page 3- Removed \$966 of Medicaid charges for Cardiac Rehab as this is non-covered for IL Medicaid.

BHF page 7 - Included Psych R&B charges with Adults & Peds charges.

GME costs were adjusted to as filed W/S B Part 1, col 25 on BHF Supplement No. 2 (a) and (b).

The Hospital is using Old Cost Report Format for their Cost Report.