

# 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>Indiana University Health |                     | Medicare Provider Number:<br>15-0056 |  |
| Street:<br>340 W. 10th Street                  |                     | Medicaid Provider Number:<br>9024    |  |
| City:<br>Indianapolis                          | State:<br>Indiana   | Zip:<br>46204                        |  |
| Period Covered by Statement:                   | From:<br>01/01/2017 | To:<br>12/31/2017                    |  |

## Type of Control

| Voluntary Nonprofit                             | Proprietary                          | Government (Non-Federal)        |                                            |
|-------------------------------------------------|--------------------------------------|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> Church                 | <input type="checkbox"/> Individual  | <input type="checkbox"/> State  | <input type="checkbox"/> Township          |
| <input checked="" 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)) Indiana University Health 9024 for the cost report beginning 01/01/2017 and ending 12/31/2017 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

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

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

Preliminary

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 15-0056           | Medicaid Provider Number:    | 9024                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2017 To: 12/31/2017 |

| 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 | 918                  | 334,982                  |                         | 233,626                                          | 69.74%                                              |                                        | 48,942                                                  | 6.54                                                |
| 2.                     | Psych                 | 26                   | 9,490                    |                         | 5,539                                            | 58.37%                                              |                                        | 796                                                     | 6.96                                                |
| 3.                     | Rehab                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 66                   | 24,090                   |                         | 18,426                                           | 76.49%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 64                   | 23,360                   |                         | 16,050                                           | 68.71%                                              |                                        |                                                         |                                                     |
| 7.                     | Neonatal ICU          | 98                   | 35,770                   |                         | 31,518                                           | 88.11%                                              |                                        |                                                         |                                                     |
| 8.                     | Burn ICU              | 10                   | 3,650                    |                         | 2,288                                            | 62.68%                                              |                                        |                                                         |                                                     |
| 9.                     | UH Surg6IC            | 18                   | 6,570                    |                         | 4,288                                            | 65.27%                                              |                                        |                                                         |                                                     |
| 10.                    | UH NS 3IC             |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | RH Ped IC             | 36                   | 13,140                   |                         | 8,940                                            | 68.04%                                              |                                        |                                                         |                                                     |
| 12.                    | Transplant ICU        | 8                    | 2,920                    |                         | 2,173                                            | 74.42%                                              |                                        |                                                         |                                                     |
| 13.                    | Peds Cancer           | 12                   | 4,380                    |                         | 2,863                                            | 65.37%                                              |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       |                      |                          |                         | 5,948                                            |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>1,256</b>         | <b>458,352</b>           |                         | <b>331,659</b>                                   | <b>72.36%</b>                                       |                                        | <b>49,738</b>                                           | <b>6.55</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 20,869                                           |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |              |              |     |            |             |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|-----|------------|-------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)        | (8)         |
| 1.                     | Adults and Pediatrics |     |     |     | 684          |              |     | 119        | 9.24        |
| 2.                     | Psych                 |     |     |     |              |              |     |            |             |
| 3.                     | Rehab                 |     |     |     |              |              |     |            |             |
| 4.                     | Other (Sub)           |     |     |     |              |              |     |            |             |
| 5.                     | Intensive Care Unit   |     |     |     | 63           |              |     |            |             |
| 6.                     | Coronary Care Unit    |     |     |     | 32           |              |     |            |             |
| 7.                     | Neonatal ICU          |     |     |     | 101          |              |     |            |             |
| 8.                     | Burn ICU              |     |     |     | 65           |              |     |            |             |
| 9.                     | UH Surg6IC            |     |     |     |              |              |     |            |             |
| 10.                    | UH NS 3IC             |     |     |     |              |              |     |            |             |
| 11.                    | RH Ped IC             |     |     |     | 83           |              |     |            |             |
| 12.                    | Transplant ICU        |     |     |     | 3            |              |     |            |             |
| 13.                    | Peds Cancer           |     |     |     | 68           |              |     |            |             |
| 14.                    | Other                 |     |     |     |              |              |     |            |             |
| 16.                    | Other                 |     |     |     |              |              |     |            |             |
| 17.                    | Other                 |     |     |     |              |              |     |            |             |
| 18.                    | Other                 |     |     |     |              |              |     |            |             |
| 19.                    | Other                 |     |     |     |              |              |     |            |             |
| 20.                    | Other                 |     |     |     |              |              |     |            |             |
| 21.                    | Newborn Nursery       |     |     |     |              |              |     |            |             |
| 22.                    | <b>Total</b>          |     |     |     | <b>1,099</b> | <b>0.33%</b> |     | <b>119</b> | <b>9.24</b> |

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

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

BHF Page 3

Preliminary

|                           |  |  |                              |            |                |
|---------------------------|--|--|------------------------------|------------|----------------|
| Medicare Provider Number: |  |  | Medicaid Provider Number:    |            |                |
| 15-0056                   |  |  | 9024                         |            |                |
| Program:                  |  |  | Period Covered by Statement: |            |                |
| Medicaid Hospital         |  |  | From:                        | 01/01/2017 | To: 12/31/2017 |

| 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                 | 118,914,473                                                     | 981,810,828                                                        | 0.121118                                        | 1,712,033                                                                   |                                                                             | 207,358                                                               |                                                                       |
| 2.                              | Recovery Room                  | 19,365,764                                                      | 150,954,000                                                        | 0.128289                                        | 173,608                                                                     |                                                                             | 22,272                                                                |                                                                       |
| 3.                              | Delivery and Labor Room        | 17,181,267                                                      | 58,887,794                                                         | 0.291763                                        | 24,045                                                                      |                                                                             | 7,015                                                                 |                                                                       |
| 4.                              | Anesthesiology                 | 8,050,599                                                       | 75,209,018                                                         | 0.107043                                        | 150,255                                                                     |                                                                             | 16,084                                                                |                                                                       |
| 5.                              | Radiology - Diagnostic         | 79,833,212                                                      | 598,031,325                                                        | 0.133493                                        | 832,660                                                                     |                                                                             | 111,154                                                               |                                                                       |
| 6.                              | Radiology - Therapeutic        | 14,586,719                                                      | 176,160,309                                                        | 0.082804                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 7.                              | Nuclear Medicine               | 3,802,568                                                       | 42,964,490                                                         | 0.088505                                        | 5,347                                                                       |                                                                             | 473                                                                   |                                                                       |
| 8.                              | Laboratory                     | 86,805,469                                                      | 642,396,716                                                        | 0.135128                                        | 911,720                                                                     |                                                                             | 123,199                                                               |                                                                       |
| 9.                              | Blood                          |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 10.                             | Blood - Administration         | 12,137,183                                                      | 96,564,430                                                         | 0.125690                                        | 771,073                                                                     |                                                                             | 96,916                                                                |                                                                       |
| 11.                             | Intravenous Therapy            |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 12.                             | Respiratory Therapy            | 35,586,165                                                      | 142,528,187                                                        | 0.249678                                        | 363,020                                                                     |                                                                             | 90,638                                                                |                                                                       |
| 13.                             | Physical Therapy               | 26,890,704                                                      | 82,216,106                                                         | 0.327073                                        | 184,891                                                                     |                                                                             | 60,473                                                                |                                                                       |
| 14.                             | Occupational Therapy           | 4,827,263                                                       | 18,907,396                                                         | 0.255311                                        | 109,771                                                                     |                                                                             | 28,026                                                                |                                                                       |
| 15.                             | Speech Pathology               | 7,578,131                                                       | 23,914,544                                                         | 0.316884                                        | 60,241                                                                      |                                                                             | 19,089                                                                |                                                                       |
| 16.                             | EKG                            | 5,771,164                                                       | 88,076,608                                                         | 0.065524                                        | 126,628                                                                     |                                                                             | 8,297                                                                 |                                                                       |
| 17.                             | EEG                            | 10,348,629                                                      | 53,127,582                                                         | 0.194788                                        | 109,764                                                                     |                                                                             | 21,381                                                                |                                                                       |
| 18.                             | Med. / Surg. Supplies          | 80,803,068                                                      | 251,076,944                                                        | 0.321826                                        | 362,634                                                                     |                                                                             | 116,705                                                               |                                                                       |
| 19.                             | Drugs Charged to Patients      | 277,811,663                                                     | #####                                                              | 0.217546                                        | 2,619,852                                                                   |                                                                             | 569,938                                                               |                                                                       |
| 20.                             | Renal Dialysis                 | 10,378,113                                                      | 40,823,699                                                         | 0.254218                                        | 1,217                                                                       |                                                                             | 309                                                                   |                                                                       |
| 21.                             | Ambulance                      | 33,488,658                                                      | 129,515,959                                                        | 0.258568                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 22.                             | Endoscopy (50.01)              | 4,085,030                                                       | 28,833,453                                                         | 0.141677                                        | 20,685                                                                      |                                                                             | 2,931                                                                 |                                                                       |
| 23.                             | Pulmonary Function(53.01)      | 6,037,557                                                       | 40,310,946                                                         | 0.149775                                        | 29,926                                                                      |                                                                             | 4,482                                                                 |                                                                       |
| 24.                             | Cardiac Cath 59.00             | 4,179,049                                                       | 59,129,792                                                         | 0.070676                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 25.                             | TXPLT Immun                    | 2,917,845                                                       | 10,988,872                                                         | 0.265527                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 26.                             | BMT LAB                        |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 27.                             | Implmt Dev Charged             | 147,037,224                                                     | 567,672,033                                                        | 0.259018                                        | 964,179                                                                     |                                                                             | 249,740                                                               |                                                                       |
| 28.                             | OP RTL Pharm                   | 113,728,783                                                     | 129,138,779                                                        | 0.880671                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 29.                             | RN NBN ECMO                    | 1,633,981                                                       | 4,419,535                                                          | 0.369718                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 30.                             | CARDIOLOGY                     | 5,123,902                                                       | 55,965,311                                                         | 0.091555                                        | 10,886                                                                      |                                                                             | 997                                                                   |                                                                       |
| 31.                             | PSYCH OTH                      | 518,847                                                         | 5,247,239                                                          | 0.098880                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 32.                             | Cardiac Cath 76.03             | 11,878,175                                                      | 153,562,995                                                        | 0.077351                                        | 29,072                                                                      |                                                                             | 2,249                                                                 |                                                                       |
| 33.                             | Day Surgery                    | 8,255,794                                                       | 4,304,404                                                          | 1.917988                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 34.                             | ECMO - ADULT                   | 1,605,243                                                       | 4,937,156                                                          | 0.325135                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 35.                             | Card Rehabilitation            | 1,670,418                                                       | 3,531,127                                                          | 0.473055                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 36.                             | FQHC                           | 954,297                                                         | 1,046,008                                                          | 0.912323                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 37.                             | Home Dialysis                  | 1,800,573                                                       | 8,317,019                                                          | 0.216493                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 38.                             | HHA                            | 70,161,120                                                      | 152,885,069                                                        | 0.458914                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 39.                             | Organ ACQ                      | 35,225,885                                                      | 65,113,548                                                         | 0.540992                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 40.                             | Other ACQ CST                  | 6,428,859                                                       |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 41.                             | Hospice                        | 13,788,521                                                      | 32,237,865                                                         | 0.427712                                        |                                                                             |                                                                             |                                                                       |                                                                       |
| 42.                             |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| Outpatient Service Cost Centers |                                |                                                                 |                                                                    |                                                 |                                                                             |                                                                             |                                                                       |                                                                       |
| 43.                             | Clinic                         | 73,168,732                                                      | 216,867,931                                                        | 0.337388                                        | 15,025                                                                      |                                                                             | 5,069                                                                 |                                                                       |
| 44.                             | Emergency                      | 52,648,910                                                      | 628,681,944                                                        | 0.083745                                        | 447,171                                                                     |                                                                             | 37,448                                                                |                                                                       |
| 45.                             | Observation                    | 21,652,422                                                      | 69,062,825                                                         | 0.313518                                        | 5,922                                                                       |                                                                             | 1,857                                                                 |                                                                       |
| 46.                             | Total                          |                                                                 |                                                                    |                                                 | 10,041,625                                                                  |                                                                             | 1,804,100                                                             |                                                                       |

\* 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>15-0056 | <b>Medicaid Provider Number:</b><br>9024                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2017 To: 12/31/2017 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 264,047,841           | 8,286,733   |              |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 254,495               | 5,539       |              |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,037.54              | 1,496.07    |              |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     | 684                   |             |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                | 709,677               |             |              |                     |
| 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)                                                           | 709,677               |             |              |                     |

| 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                                                         | 27,947,022                                                  | 18,426                                                     | 1,516.72                                 | 63                                               | 95,553                            |
| 9.       | Coronary Care Unit                                                          | 28,205,329                                                  | 16,050                                                     | 1,757.34                                 | 32                                               | 56,235                            |
| 10.      | Neonatal ICU                                                                | 37,893,247                                                  | 31,518                                                     | 1,202.27                                 | 101                                              | 121,429                           |
| 11.      | Burn ICU                                                                    | 4,220,330                                                   | 2,288                                                      | 1,844.55                                 | 65                                               | 119,896                           |
| 12.      | UH Surg6IC                                                                  | 6,737,398                                                   | 4,288                                                      | 1,571.22                                 |                                                  |                                   |
| 13.      | UH NS 3IC                                                                   |                                                             |                                                            |                                          |                                                  |                                   |
| 14.      | RH Ped IC                                                                   | 18,869,878                                                  | 8,940                                                      | 2,110.72                                 | 83                                               | 175,190                           |
| 15.      | Transplant ICU                                                              | 4,543,965                                                   | 2,173                                                      | 2,091.10                                 | 3                                                | 6,273                             |
| 16.      | Peds Cancer                                                                 | 5,096,469                                                   | 2,863                                                      | 1,780.11                                 | 68                                               | 121,047                           |
| 17.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 18.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 19.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 20.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 21.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 22.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 23.      | Nursery                                                                     | 2,982,034                                                   | 5,948                                                      | 501.35                                   |                                                  |                                   |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 1,804,100                         |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>3,209,400</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: | 15-0056           | Medicaid Provider Number:    | 9024                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2017 To: 12/31/2017 |

| Line No. | Hospital Inpatient Services                        | Percent of Assignable Time (CMS 2552-10, W/S D-2, Col. 1) | Expense Allocation (CMS 2552-10, W/S D-2, Col. 2) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Average Cost Per Day (Col. 2 / Col. 3) | Program Inpatient Days (BHF Page 2, Part II, Column 4) | Program Inpatient Expenses (Col. 4 X Col. 5) |
|----------|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------|
|          |                                                    | (1)                                                       | (2)                                               | (3)                                                               | (4)                                    | (5)                                                    | (6)                                          |
| 1.       | Total Cost of Svcs. Rendered                       | 100%                                                      |                                                   |                                                                   |                                        |                                                        |                                              |
| 2.       | Adults and Pediatrics (General Service Care)       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 3.       | Psych                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 4.       | Rehab                                              |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 5.       | Other (Sub)                                        |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 6.       | Intensive Care Unit                                |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 7.       | Coronary Care Unit                                 |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 8.       | Neonatal ICU                                       |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 9.       | Burn ICU                                           |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 10.      | UH Surg6IC                                         |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 11.      | UH NS 3IC                                          |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 12.      | RH Ped IC                                          |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 13.      | Transplant ICU                                     |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 14.      | Peds Cancer                                        |                                                           |                                                   |                                                                   |                                        |                                                        |                                              |
| 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                                            | Outpatient | Inpatient                              | Outpatient |
|          |                                                      | (1)                                                       | (2)                                               | (3)                                                         | (4)                                        | (5A)                                                 | (5B)       | (6A)                                   | (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: | 15-0056           | Medicaid Provider Number:    | 9024                            |
| Program:                  | Medicaid Hospital | Period Covered by Statement: | From: 01/01/2017 To: 12/31/2017 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Inpatient Ancillary Cost Centers         | (1)                                                     | (2)                                                      | (3)                                                          | (4)                                            | (5)                                             | (6)                                                    | (7)                                                     |
| 1.       | Operating Room                           | 7,690,046                                               | 981,810,828                                              | 0.007833                                                     | 1,712,033                                      |                                                 | 13,410                                                 |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  | 623,449                                                 | 58,887,794                                               | 0.010587                                                     | 24,045                                         |                                                 | 255                                                    |                                                         |
| 4.       | Anesthesiology                           | 13,838,270                                              | 75,209,018                                               | 0.183997                                                     | 150,255                                        |                                                 | 27,646                                                 |                                                         |
| 5.       | Radiology - Diagnostic                   | 3,576,255                                               | 598,031,325                                              | 0.005980                                                     | 832,660                                        |                                                 | 4,979                                                  |                                                         |
| 6.       | Radiology - Therapeutic                  | 3,134,982                                               | 176,160,309                                              | 0.017796                                                     |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         | 179,832                                                 | 42,964,490                                               | 0.004186                                                     | 5,347                                          |                                                 | 22                                                     |                                                         |
| 8.       | Laboratory                               | (8,000)                                                 | 642,396,716                                              | (0.000012)                                                   | 911,720                                        |                                                 | (11)                                                   |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      | 2,560,993                                               | 88,076,608                                               | 0.029077                                                     | 126,628                                        |                                                 | 3,682                                                  |                                                         |
| 17.      | EEG                                      | 180,305                                                 | 53,127,582                                               | 0.003394                                                     | 109,764                                        |                                                 | 373                                                    |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Endoscopy (50.01)                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Pulmonary Function(53.01)                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Cardiac Cath 59.00                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | TXPLT Immun                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | BMT LAB                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Implmt Dev Charged                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | OP RTL Pharm                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | RN NBN ECMO                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | CARDIOLOGY                               | 182,514                                                 | 55,965,311                                               | 0.003261                                                     | 10,886                                         |                                                 | 35                                                     |                                                         |
| 31.      | PSYCH OTH                                | 1,947,664                                               | 5,247,239                                                | 0.371179                                                     |                                                |                                                 |                                                        |                                                         |
| 32.      | Cardiac Cath 76.03                       | 2,154,056                                               | 153,562,995                                              | 0.014027                                                     | 29,072                                         |                                                 | 408                                                    |                                                         |
| 33.      | Day Surgery                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | ECMO - ADULT                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Card Rehabilitation                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | FQHC                                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Home Dialysis                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | HHA                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Organ ACQ                                | 2,469,911                                               | 65,113,548                                               | 0.037932                                                     |                                                |                                                 |                                                        |                                                         |
| 40.      | Other ACQ CST                            | 1,088,410                                               |                                                          | #DIV/0!                                                      |                                                |                                                 |                                                        |                                                         |
| 41.      | Hospice                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      |                                          |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   | 1,870,419                                               | 216,867,931                                              | 0.008625                                                     | 15,025                                         |                                                 | 130                                                    |                                                         |
| 44.      | Emergency                                | 9,877,780                                               | 628,681,944                                              | 0.015712                                                     | 447,171                                        |                                                 | 7,026                                                  |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 | <b>57,955</b>                                          |                                                         |

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

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

BHF Page 6(b)

Preliminary

|                           |  |                              |                |
|---------------------------|--|------------------------------|----------------|
| Medicare Provider Number: |  | Medicaid Provider Number:    |                |
| 15-0056                   |  | 9024                         |                |
| Program:                  |  | Period Covered by Statement: |                |
| Medicaid Hospital         |  | From: 01/01/2017             | To: 12/31/2017 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 | 28,728,121                                              | 254,495                                                           | 112.88                                                 | 684                                                       |                                                 | 77,210                                                 |                                                         |
| 48.      | Psych                                 | 595,000                                                 | 5,539                                                             | 107.42                                                 |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    | 410,521                                                 | 16,050                                                            | 25.58                                                  | 32                                                        |                                                 | 819                                                    |                                                         |
| 53.      | Neonatal ICU                          |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Burn ICU                              |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | UH Surg6IC                            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | UH NS 3IC                             |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | RH Ped IC                             | 2,346,748                                               | 8,940                                                             | 262.50                                                 | 83                                                        |                                                 | 21,788                                                 |                                                         |
| 58.      | Transplant ICU                        |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Peds Cancer                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>99,817</b>                                          |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>57,955</b>                                          |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 | <b>157,772</b>                                         |                                                         |

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

BHF Page 7

Preliminary

| <b>Medicare Provider Number:</b><br>15-0056 |                                                                                                          | <b>Medicaid Provider Number:</b><br>9024                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 01/01/2017 To: 12/31/2017 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        |                           |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 3,209,400                                                              |                           |
| 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)                                  | 157,772                                                                |                           |
| 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)                             | 146,632                                                                |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>3,513,804</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)                                                              | 10,041,625               |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              | 2,157,055                |                           |
|          | B. Psych                                                                                              |                          |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                | 210,006                  |                           |
|          | F. Coronary Care Unit                                                                                 | 199,743                  |                           |
|          | G. Neonatal ICU                                                                                       | 573,394                  |                           |
|          | H. Burn ICU                                                                                           | 295,804                  |                           |
|          | I. UH Surg6IC                                                                                         |                          |                           |
|          | J. UH NS 3IC                                                                                          |                          |                           |
|          | K. RH Ped IC                                                                                          | 811,582                  |                           |
|          | L. Transplant ICU                                                                                     | 17,841                   |                           |
|          | M. Peds Cancer                                                                                        |                          |                           |
|          | 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>14,307,050</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 10,793,246                |
| 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>15-0056 | <b>Medicaid Provider Number:</b><br>9024                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2017 To: 12/31/2017 |

| 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)                                        | 3,513,804         |                    |
| 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)                                                     | 3,513,804         |                    |
| 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>3,513,804</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>    |
| 15-0056                          | 9024                                |
| <b>Program:</b>                  | <b>Period Covered by Statement:</b> |
| Medicaid Hospital                | From: 01/01/2017 To: 12/31/2017     |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.       | Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)                                                                               | 10,793,246 |
| 2.       | Carry Over of Excess Reasonable Cost<br>(Must Equal Part II, Line 1, Col. 5)                                                                            |            |
| 3.       | Recovery of Excess Reasonable Cost<br>(Lesser of Line 1 or 2)                                                                                           |            |

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

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

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

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

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

BHF Supplement No. 1

Preliminary

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>15-0056 | <b>Medicaid Provider Number:</b><br>9024                               |
| <b>Program:</b><br>Medicaid Hospital        | <b>Period Covered by Statement:</b><br>From: 01/01/2017 To: 12/31/2017 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

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

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

BHF Supplement No. 2(a)

Preliminary

|                                  |                          |                                     |                                        |
|----------------------------------|--------------------------|-------------------------------------|----------------------------------------|
| <b>Medicare Provider Number:</b> | <b>15-0056</b>           | <b>Medicaid Provider Number:</b>    | <b>9024</b>                            |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 01/01/2017 To: 12/31/2017</b> |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10,<br>W/S B, Pt. 1,<br>Col. 25) | Total Dept.<br>Charges<br>(CMS 2552-10,<br>W/S C,<br>Pt. 1,<br>Col. 8)* | Ratio of<br>G M E<br>Cost<br>to Charges<br>(Col. 1 /<br>Col. 2) | Inpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 4) | Outpatient<br>Program<br>Charges<br>(BHF<br>Page 3,<br>Col. 5) | Inpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 4) | Outpatient<br>Program<br>Expenses<br>for G M E<br>(Col. 3 X<br>Col. 5) |
|----------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                               | <b>(2)</b>                                                              | <b>(3)</b>                                                      | <b>(4)</b>                                                    | <b>(5)</b>                                                     | <b>(6)</b>                                                            | <b>(7)</b>                                                             |
| 1.       | Operating Room                      | 8,508,369                                                | 981,810,828                                                             | 0.008666                                                        | 1,712,033                                                     |                                                                | 14,836                                                                |                                                                        |
| 2.       | Recovery Room                       | 241,362                                                  | 150,954,000                                                             | 0.001599                                                        | 173,608                                                       |                                                                | 278                                                                   |                                                                        |
| 3.       | Delivery and Labor Room             | 251,242                                                  | 58,887,794                                                              | 0.004266                                                        | 24,045                                                        |                                                                | 103                                                                   |                                                                        |
| 4.       | Anesthesiology                      | 7,264,860                                                | 75,209,018                                                              | 0.096596                                                        | 150,255                                                       |                                                                | 14,514                                                                |                                                                        |
| 5.       | Radiology - Diagnostic              | 6,392,569                                                | 598,031,325                                                             | 0.010689                                                        | 832,660                                                       |                                                                | 8,900                                                                 |                                                                        |
| 6.       | Radiology - Therapeutic             | 224,424                                                  | 176,160,309                                                             | 0.001274                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 7.       | Nuclear Medicine                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 8.       | Laboratory                          | 3,037,494                                                | 642,396,716                                                             | 0.004728                                                        | 911,720                                                       |                                                                | 4,311                                                                 |                                                                        |
| 9.       | Blood                               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 10.      | Blood - Administration              |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 11.      | Intravenous Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 12.      | Respiratory Therapy                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 13.      | Physical Therapy                    |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 14.      | Occupational Therapy                |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 15.      | Speech Pathology                    | 73,397                                                   | 23,914,544                                                              | 0.003069                                                        | 60,241                                                        |                                                                | 185                                                                   |                                                                        |
| 16.      | EKG                                 | 949,923                                                  | 88,076,608                                                              | 0.010785                                                        | 126,628                                                       |                                                                | 1,366                                                                 |                                                                        |
| 17.      | EEG                                 | 2,590,056                                                | 53,127,582                                                              | 0.048752                                                        | 109,764                                                       |                                                                | 5,351                                                                 |                                                                        |
| 18.      | Med. / Surg. Supplies               |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 19.      | Drugs Charged to Patients           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 20.      | Renal Dialysis                      | 16,938                                                   | 40,823,699                                                              | 0.000415                                                        | 1,217                                                         |                                                                | 1                                                                     |                                                                        |
| 21.      | Ambulance                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 22.      | Endoscopy (50.01)                   | 101,626                                                  | 28,833,453                                                              | 0.003525                                                        | 20,685                                                        |                                                                | 73                                                                    |                                                                        |
| 23.      | Pulmonary Function(53.01)           | 143,971                                                  | 40,310,946                                                              | 0.003572                                                        | 29,926                                                        |                                                                | 107                                                                   |                                                                        |
| 24.      | Cardiac Cath 59.00                  | 136,913                                                  | 59,129,792                                                              | 0.002315                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 25.      | TXPLT Immun                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 26.      | BMT LAB                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 27.      | Implmt Dev Charged                  |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 28.      | OP RTL Pharm                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 29.      | RN NBN ECMO                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 30.      | CARDIOLOGY                          | 1,213,868                                                | 55,965,311                                                              | 0.021690                                                        | 10,886                                                        |                                                                | 236                                                                   |                                                                        |
| 31.      | PSYCH OTH                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 32.      | Cardiac Cath 76.03                  |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 33.      | Day Surgery                         | 175,023                                                  | 4,304,404                                                               | 0.040661                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 34.      | ECMO - ADULT                        |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 35.      | Card Rehabilitation                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 36.      | FQHC                                | 189,137                                                  | 1,046,008                                                               | 0.180818                                                        |                                                               |                                                                |                                                                       |                                                                        |
| 37.      | Home Dialysis                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 38.      | HHA                                 |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 39.      | Organ ACQ                           |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 40.      | Other ACQ CST                       |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 41.      | Hospice                             |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 42.      |                                     |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
|          | <b>Outpatient Ancillary Centers</b> |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 43.      | Clinic                              | 6,187,905                                                | 216,867,931                                                             | 0.028533                                                        | 15,025                                                        |                                                                | 429                                                                   |                                                                        |
| 44.      | Emergency                           | 6,063,695                                                | 628,681,944                                                             | 0.009645                                                        | 447,171                                                       |                                                                | 4,313                                                                 |                                                                        |
| 45.      | Observation                         |                                                          |                                                                         |                                                                 |                                                               |                                                                |                                                                       |                                                                        |
| 46.      | <b>Ancillary Total</b>              |                                                          |                                                                         |                                                                 |                                                               |                                                                | <b>55,003</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>15-0056</b>           | <b>Medicaid Provider Number:</b>    | <b>9024</b>                            |
| <b>Program:</b>                  | <b>Medicaid Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 01/01/2017 To: 12/31/2017</b> |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Days Including Private<br>(CMS 2552-10, W/S S-3, Pt. 1, Col. 8) | GME Cost Per Diem<br>(Col. 1 / Col. 2) | Program Days Including Private<br>(BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Routine Service Cost Centers</b>   | <b>(1)</b>                                         | <b>(2)</b>                                                            | <b>(3)</b>                             | <b>(4)</b>                                                   | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 47.      | Adults and Pediatrics                 | 23,474,237                                         | 254,495                                                               | 92.24                                  | 684                                                          |                                                    | 63,092                                                    |                                                            |
| 48.      | Psych                                 | 368,395                                            | 5,539                                                                 | 66.51                                  |                                                              |                                                    |                                                           |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 3,717,824                                          | 18,426                                                                | 201.77                                 | 63                                                           |                                                    | 12,712                                                    |                                                            |
| 52.      | Coronary Care Unit                    | 141,147                                            | 16,050                                                                | 8.79                                   | 32                                                           |                                                    | 281                                                       |                                                            |
| 53.      | Neonatal ICU                          | 1,355,015                                          | 31,518                                                                | 42.99                                  | 101                                                          |                                                    | 4,342                                                     |                                                            |
| 54.      | Burn ICU                              | 50,813                                             | 2,288                                                                 | 22.21                                  | 65                                                           |                                                    | 1,444                                                     |                                                            |
| 55.      | UH Surg6IC                            | 297,821                                            | 4,288                                                                 | 69.45                                  |                                                              |                                                    |                                                           |                                                            |
| 56.      | UH NS 3IC                             |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | RH Ped IC                             | 1,027,553                                          | 8,940                                                                 | 114.94                                 | 83                                                           |                                                    | 9,540                                                     |                                                            |
| 58.      | Transplant ICU                        | 158,085                                            | 2,173                                                                 | 72.75                                  | 3                                                            |                                                    | 218                                                       |                                                            |
| 59.      | Peds Cancer                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               | 90,334                                             | 5,948                                                                 | 15.19                                  |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>91,629</b>                                             |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>55,003</b>                                             |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>146,632</b>                                            |                                                            |

Hospital Statement of Cost  
Reconciliation of Patient Days and Revenue

Preliminary

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>15-0056 | Medicaid Provider Number:<br>9024                               |
| Program:<br>Medicaid Hospital        | Period Covered by Statement:<br>From: 01/01/2017 To: 12/31/2017 |

| Inpatient Reconciliation           | Provider's<br>Records | Adjustments | Audited<br>Cost Report |
|------------------------------------|-----------------------|-------------|------------------------|
| Adult Days                         | 1,099                 |             | 1,099                  |
| Newborn Days                       |                       |             |                        |
| Total Inpatient Revenue            | 14,307,050            |             | 14,307,050             |
| Ancillary Revenue                  | 10,041,625            |             | 10,041,625             |
| Routine Revenue                    | 4,265,425             |             | 4,265,425              |
| Inpatient Received and Receivable  |                       |             |                        |
| Outpatient Reconciliation          |                       |             |                        |
| Outpatient Occasions of Service    |                       |             |                        |
| Total Outpatient Revenue           |                       |             |                        |
| Outpatient Received and Receivable |                       |             |                        |

Notes:

BHF Page 3 - Total costs/total charges agree with as filed W/S C

BHF Page 3 - Clinic is Medicare lines 90.01-90.24.

BHF Page 7 - Included Peds Cancer charges with Riley Hospital - RH PEDS ICU.