

# 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>University of Illinois Hospital & Health Sciences |                     | Medicare Provider Number:<br>14-0150 |  |
| Street:<br>1740 W. Taylor Street                                       |                     | Medicaid Provider Number:<br>3098    |  |
| City:<br>Chicago                                                       | State:<br>Illinois  | Zip:<br>60612                        |  |
| Period Covered by Statement:                                           | From:<br>07/01/2016 | To:<br>06/30/2017                    |  |

## Type of Control

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

## Type of Hospital

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

## Health Care Program

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

|                                               |                                                 |                                |
|-----------------------------------------------|-------------------------------------------------|--------------------------------|
| <input 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)) University of Illinois Hospital & 3098 for the cost report beginning 07/01/2016 and ending 06/30/2017 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Prepared by (Signed):

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

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

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

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

**Hospital Statement of Cost / Statistical Data**

BHF Page 2

**PRELIMINARY**

|                                  |  |                                     |                |
|----------------------------------|--|-------------------------------------|----------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                |
| 14-0150                          |  | 3098                                |                |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                |
| Medicaid-Hospital                |  | From: 07/01/2016                    | To: 06/30/2017 |

| Line No.               | Inpatient Statistics  | Total Beds Available | Total Bed Days Available | Total Private Room Days | Total Inpatient Days Including Private Room Days | Percent Of Occupancy (Column 4 Divided By Column 2) | Number Of Admissions Excluding Newborn | Number Of Discharges Including Deaths Excluding Newborn | Average Length Of Stay By Program Excluding Newborn |
|------------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <b>Part I-Hospital</b> |                       | (1)                  | (2)                      | (3)                     | (4)                                              | (5)                                                 | (6)                                    | (7)                                                     | (8)                                                 |
| 1.                     | Adults and Pediatrics | 312                  | 113,880                  |                         | 64,893                                           | 56.98%                                              |                                        | 19,224                                                  | 4.99                                                |
| 2.                     | Psych                 | 53                   | 19,345                   |                         | 12,060                                           | 62.34%                                              |                                        | 919                                                     | 13.12                                               |
| 3.                     | Rehab                 | 18                   | 6,570                    |                         | 3,431                                            | 52.22%                                              |                                        | 361                                                     | 9.50                                                |
| 4.                     | Other (Sub)           |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 5.                     | Intensive Care Unit   | 45                   | 16,425                   |                         | 13,328                                           | 81.14%                                              |                                        |                                                         |                                                     |
| 6.                     | Coronary Care Unit    | 19                   | 6,935                    |                         | 5,694                                            | 82.11%                                              |                                        |                                                         |                                                     |
| 7.                     | Pediatric ICU         | 18                   | 6,570                    |                         | 1,711                                            | 26.04%                                              |                                        |                                                         |                                                     |
| 8.                     | Neonatal ICU          | 52                   | 18,980                   |                         | 10,363                                           | 54.60%                                              |                                        |                                                         |                                                     |
| 9.                     | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 10.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 11.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 12.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 13.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 14.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 16.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 17.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 18.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 19.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 20.                    | Other                 |                      |                          |                         |                                                  |                                                     |                                        |                                                         |                                                     |
| 21.                    | Newborn Nursery       |                      |                          |                         | 3,810                                            |                                                     |                                        |                                                         |                                                     |
| 22.                    | <b>Total</b>          | <b>517</b>           | <b>188,705</b>           |                         | <b>115,290</b>                                   | <b>61.10%</b>                                       |                                        | <b>20,504</b>                                           | <b>5.44</b>                                         |
| 23.                    | Observation Bed Days  |                      |                          |                         | 7,655                                            |                                                     |                                        |                                                         |                                                     |

|                        |                       |     |     |     |              |              |     |            |              |
|------------------------|-----------------------|-----|-----|-----|--------------|--------------|-----|------------|--------------|
| <b>Part II-Program</b> |                       | (1) | (2) | (3) | (4)          | (5)          | (6) | (7)        | (8)          |
| 1.                     | Adults and Pediatrics |     |     |     |              |              |     |            |              |
| 2.                     | Psych                 |     |     |     | 4,011        |              |     | 161        | 24.91        |
| 3.                     | Rehab                 |     |     |     |              |              |     |            |              |
| 4.                     | Other (Sub)           |     |     |     |              |              |     |            |              |
| 5.                     | Intensive Care Unit   |     |     |     |              |              |     |            |              |
| 6.                     | Coronary Care Unit    |     |     |     |              |              |     |            |              |
| 7.                     | Pediatric ICU         |     |     |     |              |              |     |            |              |
| 8.                     | Neonatal ICU          |     |     |     |              |              |     |            |              |
| 9.                     | Other                 |     |     |     |              |              |     |            |              |
| 10.                    | Other                 |     |     |     |              |              |     |            |              |
| 11.                    | Other                 |     |     |     |              |              |     |            |              |
| 12.                    | Other                 |     |     |     |              |              |     |            |              |
| 13.                    | Other                 |     |     |     |              |              |     |            |              |
| 14.                    | Other                 |     |     |     |              |              |     |            |              |
| 16.                    | Other                 |     |     |     |              |              |     |            |              |
| 17.                    | Other                 |     |     |     |              |              |     |            |              |
| 18.                    | Other                 |     |     |     |              |              |     |            |              |
| 19.                    | Other                 |     |     |     |              |              |     |            |              |
| 20.                    | Other                 |     |     |     |              |              |     |            |              |
| 21.                    | Newborn Nursery       |     |     |     |              |              |     |            |              |
| 22.                    | <b>Total</b>          |     |     |     | <b>4,011</b> | <b>3.48%</b> |     | <b>161</b> | <b>24.91</b> |

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

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

BHF Page 3

**PRELIMINARY**

|                                  |  |  |                                     |            |                       |
|----------------------------------|--|--|-------------------------------------|------------|-----------------------|
| <b>Medicare Provider Number:</b> |  |  | <b>Medicaid Provider Number:</b>    |            |                       |
| 14-0150                          |  |  | 3098                                |            |                       |
| <b>Program:</b>                  |  |  | <b>Period Covered by Statement:</b> |            |                       |
| Medicaid-Hospital                |  |  | <b>From:</b>                        | 07/01/2016 | <b>To:</b> 06/30/2017 |

| Line No.                               | Ancillary Service Cost Centers | Total Dept. Costs<br>(CMS 2552-10, W/S C, Pt. 1, Col. 1) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Cost to Charges<br>(Col. 1 / 2) | Total Billed I/P Charges<br>(Gross) for Health Care Program Patients | Total Billed O/P Charges<br>(Gross) for Health Care Program Patients | I/P Expenses Applicable to Health Care Program<br>(Col. 3 X 4) | O/P Expenses Applicable to Health Care Program<br>(Col. 3 X 5) |
|----------------------------------------|--------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                        |                                | (1)                                                      | (2)                                                         |                                          | (4)                                                                  | (5)                                                                  | (6)                                                            | (7)                                                            |
| 1.                                     | Operating Room                 | 45,162,954                                               | 161,810,361                                                 | 0.279110                                 | 11,134                                                               |                                                                      | 3,108                                                          |                                                                |
| 2.                                     | Recovery Room                  | 9,154,829                                                | 13,739,724                                                  | 0.666304                                 | 10,508                                                               |                                                                      | 7,002                                                          |                                                                |
| 3.                                     | Delivery and Labor Room        | 17,606,572                                               | 33,224,607                                                  | 0.529926                                 | 24,859                                                               |                                                                      | 13,173                                                         |                                                                |
| 4.                                     | Anesthesiology                 | 4,135,253                                                | 73,512,931                                                  | 0.056252                                 | 7,113                                                                |                                                                      | 400                                                            |                                                                |
| 5.                                     | Radiology - Diagnostic         | 8,041,657                                                | 33,170,031                                                  | 0.242437                                 | 17,260                                                               |                                                                      | 4,184                                                          |                                                                |
| 6.                                     | Radiology - Therapeutic        | 8,923,156                                                | 18,019,094                                                  | 0.495206                                 |                                                                      |                                                                      |                                                                |                                                                |
| 7.                                     | Nuclear Medicine               | 1,966,469                                                | 7,123,494                                                   | 0.276054                                 |                                                                      |                                                                      |                                                                |                                                                |
| 8.                                     | Laboratory                     | 44,613,682                                               | 337,680,863                                                 | 0.132118                                 | 581,018                                                              |                                                                      | 76,763                                                         |                                                                |
| 9.                                     | Blood                          |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 10.                                    | Blood - Administration         | 8,592,599                                                | 38,713,298                                                  | 0.221955                                 | 3,479                                                                |                                                                      | 772                                                            |                                                                |
| 11.                                    | Intravenous Therapy            | 630,214                                                  | 3,520,721                                                   | 0.179001                                 | 2,920                                                                |                                                                      | 523                                                            |                                                                |
| 12.                                    | Respiratory Therapy            | 7,589,436                                                | 43,129,953                                                  | 0.175967                                 | 29,448                                                               |                                                                      | 5,182                                                          |                                                                |
| 13.                                    | Physical Therapy               | 12,286,630                                               | 25,093,302                                                  | 0.489638                                 | 11,929                                                               |                                                                      | 5,841                                                          |                                                                |
| 14.                                    | Occupational Therapy           | 4,328,953                                                | 8,021,159                                                   | 0.539692                                 | 410,225                                                              |                                                                      | 221,395                                                        |                                                                |
| 15.                                    | Speech Pathology               | 1,067,622                                                | 2,103,237                                                   | 0.507609                                 | 3,002                                                                |                                                                      | 1,524                                                          |                                                                |
| 16.                                    | EKG                            | 536,495                                                  | 5,015,833                                                   | 0.106960                                 | 13,035                                                               |                                                                      | 1,394                                                          |                                                                |
| 17.                                    | EEG                            | 863,218                                                  | 8,327,159                                                   | 0.103663                                 | 11,783                                                               |                                                                      | 1,221                                                          |                                                                |
| 18.                                    | Med. / Surg. Supplies          | 73,511,149                                               | 200,027,869                                                 | 0.367505                                 | 190,829                                                              |                                                                      | 70,131                                                         |                                                                |
| 19.                                    | Drugs Charged to Patients      | 88,070,313                                               | 314,227,014                                                 | 0.280276                                 | 1,257,236                                                            |                                                                      | 352,373                                                        |                                                                |
| 20.                                    | Renal Dialysis                 | 10,454,849                                               | 36,096,391                                                  | 0.289637                                 |                                                                      |                                                                      |                                                                |                                                                |
| 21.                                    | Ambulance                      |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 22.                                    | Ultrasound                     | 2,650,637                                                | 14,832,773                                                  | 0.178701                                 | 4,206                                                                |                                                                      | 752                                                            |                                                                |
| 23.                                    | Radiology Angiography          | 7,290,104                                                | 65,900,729                                                  | 0.110623                                 |                                                                      |                                                                      |                                                                |                                                                |
| 24.                                    | Radiology W. Harrison          | 2,810,006                                                | 15,997,524                                                  | 0.175653                                 |                                                                      |                                                                      |                                                                |                                                                |
| 25.                                    | CT Scan                        | 6,343,355                                                | 94,139,156                                                  | 0.067383                                 | 32,483                                                               |                                                                      | 2,189                                                          |                                                                |
| 26.                                    | MRI                            | 6,105,513                                                | 57,011,358                                                  | 0.107093                                 | 84,608                                                               |                                                                      | 9,061                                                          |                                                                |
| 27.                                    | Cardiac Catheterization        | 2,517,604                                                | 18,277,664                                                  | 0.137742                                 |                                                                      |                                                                      |                                                                |                                                                |
| 28.                                    | Lab Tissue Typing              | 1,791,411                                                | 5,158,958                                                   | 0.347243                                 |                                                                      |                                                                      |                                                                |                                                                |
| 29.                                    | Lab Outreach                   | 13,134,343                                               | 160,098,876                                                 | 0.082039                                 |                                                                      |                                                                      |                                                                |                                                                |
| 30.                                    | Gastroenterology               | 6,274,832                                                | 28,019,090                                                  | 0.223948                                 | 2,455                                                                |                                                                      | 550                                                            |                                                                |
| 31.                                    | Bone Marrow Transplant         | 2,672,402                                                | 3,105,667                                                   | 0.860492                                 | 45                                                                   |                                                                      | 39                                                             |                                                                |
| 32.                                    | Cardiac Services               | 5,649,124                                                | 33,863,478                                                  | 0.166821                                 | 8,183                                                                |                                                                      | 1,365                                                          |                                                                |
| 33.                                    | Kidney Acquisition             | 11,004,073                                               | 11,105,664                                                  | 0.990852                                 |                                                                      |                                                                      |                                                                |                                                                |
| 34.                                    | Liver Acquisition              | 1,642,031                                                | 3,134,170                                                   | 0.523913                                 |                                                                      |                                                                      |                                                                |                                                                |
| 35.                                    | Pancreas Acquisition           | 588,838                                                  | 964,360                                                     | 0.610600                                 |                                                                      |                                                                      |                                                                |                                                                |
| 36.                                    | Other Organ Acquisition        | 242,556                                                  | 87,695                                                      | 2.765905                                 |                                                                      |                                                                      |                                                                |                                                                |
| 37.                                    | Radio Mile Square              | 692,108                                                  | 2,057,608                                                   | 0.336365                                 |                                                                      |                                                                      |                                                                |                                                                |
| 38.                                    | Telemedicine Prgm              | 2,613,760                                                | 1,427,878                                                   | 1.830521                                 |                                                                      |                                                                      |                                                                |                                                                |
| 39.                                    | Sleep Lab West Harr            | 1,779,803                                                | 5,296,239                                                   | 0.336050                                 |                                                                      |                                                                      |                                                                |                                                                |
| 40.                                    | Sickle Cell Clinic             | 2,172,523                                                | 4,578,391                                                   | 0.474517                                 |                                                                      |                                                                      |                                                                |                                                                |
| 41.                                    | Heart Ctr                      | 141,916                                                  | 616,448                                                     | 0.230216                                 |                                                                      |                                                                      |                                                                |                                                                |
| 42.                                    | Hyperbaric Oxygen Ther.        | 214,334                                                  | 214,208                                                     | 1.000588                                 |                                                                      |                                                                      |                                                                |                                                                |
| <b>Outpatient Service Cost Centers</b> |                                |                                                          |                                                             |                                          |                                                                      |                                                                      |                                                                |                                                                |
| 43.                                    | Clinic                         | 105,743,764                                              | 162,856,643                                                 | 0.649306                                 |                                                                      |                                                                      |                                                                |                                                                |
| 44.                                    | Emergency                      | 20,790,145                                               | 82,765,913                                                  | 0.251192                                 | 183,068                                                              |                                                                      | 45,985                                                         |                                                                |
| 45.                                    | Observation                    | 14,263,179                                               | 20,640,849                                                  | 0.691017                                 |                                                                      |                                                                      |                                                                |                                                                |
| 46.                                    | <b>Total</b>                   |                                                          |                                                             |                                          | <b>2,900,826</b>                                                     |                                                                      | <b>824,927</b>                                                 |                                                                |

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

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

BHF Page 4

**PRELIMINARY**

|                                             |                                                                        |
|---------------------------------------------|------------------------------------------------------------------------|
| <b>Medicare Provider Number:</b><br>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

**Program Inpatient Operating Cost**

| Line No. | Description                                                                                                              | Adults and Pediatrics | Sub I Psych | Sub II Rehab | Sub III Other (Sub) |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------|---------------------|
| 1. a)    | Adjusted general inpatient routine service cost (net of swing bed and private room cost differential) (see instructions) | 135,175,088           | 21,373,132  | 6,180,195    |                     |
| b)       | Total inpatient days including private room days (CMS 2552-10, W/S S-3, Part 1, Col. 8)                                  | 72,548                | 12,060      | 3,431        |                     |
| c)       | Adjusted general inpatient routine service cost per diem (Line 1a / 1b)                                                  | 1,863.25              | 1,772.23    | 1,801.28     |                     |
| 2.       | Program general inpatient routine days (BHF Page 2, Part II, Col. 4)                                                     |                       | 4,011       |              |                     |
| 3.       | Program general inpatient routine cost (Line 1c X Line 2)                                                                |                       | 7,108,415   |              |                     |
| 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)                                                           |                       | 7,108,415   |              |                     |

| 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                                                         | 37,320,867                                                  | 13,328                                                     | 2,800.19                                 |                                                  |                                   |
| 9.       | Coronary Care Unit                                                          | 18,761,330                                                  | 5,694                                                      | 3,294.93                                 |                                                  |                                   |
| 10.      | Pediatric ICU                                                               | 8,584,240                                                   | 1,711                                                      | 5,017.09                                 |                                                  |                                   |
| 11.      | Neonatal ICU                                                                | 24,226,958                                                  | 10,363                                                     | 2,337.83                                 |                                                  |                                   |
| 12.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 13.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 14.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 15.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 16.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 17.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 18.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 19.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 20.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 21.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 22.      | Other                                                                       |                                                             |                                                            |                                          |                                                  |                                   |
| 23.      | Nursery                                                                     | 2,918,315                                                   | 3,810                                                      | 765.96                                   |                                                  |                                   |
| 24.      | Program inpatient ancillary care service cost (BHF Page 3, Col. 6, Line 46) |                                                             |                                                            |                                          |                                                  | 824,927                           |
| 25.      | <b>Total Program Inpatient Operating Costs (Sum of Lines 7 through 24)</b>  |                                                             |                                                            |                                          |                                                  | <b>7,933,342</b>                  |

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

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

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

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

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

BHF Page 6(a)

PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| Line No. | Cost Centers                             | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Dept. Charges (CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of Professional Component to Charges (Col. 1 / Col. 2) | Inpatient Program Charges (BHF Page 3, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | <b>Inpatient Ancillary Cost Centers</b>  | <b>(1)</b>                                              | <b>(2)</b>                                               | <b>(3)</b>                                                   | <b>(4)</b>                                     | <b>(5)</b>                                      | <b>(6)</b>                                             | <b>(7)</b>                                              |
| 1.       | Operating Room                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 2.       | Recovery Room                            |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 3.       | Delivery and Labor Room                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 4.       | Anesthesiology                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 5.       | Radiology - Diagnostic                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 6.       | Radiology - Therapeutic                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 7.       | Nuclear Medicine                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 8.       | Laboratory                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 9.       | Blood                                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 10.      | Blood - Administration                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 11.      | Intravenous Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 12.      | Respiratory Therapy                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 13.      | Physical Therapy                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 14.      | Occupational Therapy                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 15.      | Speech Pathology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 16.      | EKG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 17.      | EEG                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 18.      | Med. / Surg. Supplies                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 19.      | Drugs Charged to Patients                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 20.      | Renal Dialysis                           |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 21.      | Ambulance                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 22.      | Ultrasound                               |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 23.      | Radiology Angiography                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 24.      | Radiology W. Harrison                    |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 25.      | CT Scan                                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 26.      | MRI                                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 27.      | Cardiac Catheterization                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 28.      | Lab Tissue Typing                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 29.      | Lab Outreach                             |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 30.      | Gastroenterology                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 31.      | Bone Marrow Transplant                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 32.      | Cardiac Services                         |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 33.      | Kidney Acquisition                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 34.      | Liver Acquisition                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 35.      | Pancreas Acquisition                     |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 36.      | Other Organ Acquisition                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 37.      | Radio Mile Square                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 38.      | Telemedicine Prgm                        |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 39.      | Sleep Lab West Harr                      |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 40.      | Sickle Cell Clinic                       |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 41.      | Heart Ctr                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 42.      | Hyperbarid Oxygen Ther.                  |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
|          | <b>Outpatient Ancillary Cost Centers</b> |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 43.      | Clinic                                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 44.      | Emergency                                |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 45.      | Observation                              |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |
| 46.      | <b>Ancillary Total</b>                   |                                                         |                                                          |                                                              |                                                |                                                 |                                                        |                                                         |

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

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

BHF Page 6(b)

## PRELIMINARY

|                           |                   |                              |                                 |
|---------------------------|-------------------|------------------------------|---------------------------------|
| Medicare Provider Number: | 14-0150           | Medicaid Provider Number:    | 3098                            |
| Program:                  | Medicaid-Hospital | Period Covered by Statement: | From: 07/01/2016 To: 06/30/2017 |

| Line No. | Cost Centers                          | Professional Component (CMS 2552-10, W/S A-8-2, Col. 4) | Total Days Including Private (CMS 2552-10, W/S S-3 Pt. 1, Col. 8) | Professional Component Cost Per Diem (Col. 1 / Col. 2) | Program Days Including Private (BHF Pg. 2 Pt. II, Col. 4) | Outpatient Program Charges (BHF Page 3, Col. 5) | Inpatient Program Expenses for H B P (Col. 3 X Col. 4) | Outpatient Program Expenses for H B P (Col. 3 X Col. 5) |
|----------|---------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|          | Routine Service Cost Centers          | (1)                                                     | (2)                                                               | (3)                                                    | (4)                                                       | (5)                                             | (6)                                                    | (7)                                                     |
| 47.      | Adults and Pediatrics                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 48.      | Psych                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 49.      | Rehab                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 50.      | Other (Sub)                           |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 51.      | Intensive Care Unit                   |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 52.      | Coronary Care Unit                    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 53.      | Pediatric ICU                         |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 54.      | Neonatal ICU                          |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 55.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 56.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 57.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 58.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 59.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 60.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 61.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 62.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 63.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 64.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 65.      | Other                                 |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 66.      | Nursery                               |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                         |                                                                   |                                                        |                                                           |                                                 |                                                        |                                                         |

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

BHF Page 7

**PRELIMINARY**

| <b>Medicare Provider Number:</b><br>14-0150 |                                                                                                          | <b>Medicaid Provider Number:</b><br>3098                               |                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| <b>Program:</b><br>Medicaid-Hospital        |                                                                                                          | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |                           |
| Line No.                                    | Reasonable Cost                                                                                          | Program Inpatient<br>(1)                                               | Program Outpatient<br>(2) |
| 1.                                          | Ancillary Services<br>(BHF Page 3, Line 46, Col. 7)                                                      |                                                                        |                           |
| 2.                                          | Inpatient Operating Services<br>(BHF Page 4, Line 25)                                                    | 7,933,342                                                              |                           |
| 3.                                          | Interns and Residents Not in an Approved Teaching Program (BHF Page 5, Line 27, Cols. 6a and 6b)         |                                                                        |                           |
| 4.                                          | Hospital Based Physician Services<br>(BHF Page 6, Line 69, Cols. 6 & 7)                                  |                                                                        |                           |
| 5.                                          | Services of Teaching Physicians<br>(BHF Supplement No. 1, Part 1C, Lines 7 and 8)                        |                                                                        |                           |
| 6.                                          | Graduate Medical Education<br>(BHF Supplement No. 2, Cols. 6 and 7, Line 69)                             | 481,197                                                                |                           |
| 7.                                          | <b>Total Reasonable Cost of Covered Services<br/>(Sum of Lines 1 through 6)</b>                          | <b>8,414,539</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)                                                              | 2,900,826                |                           |
| 10.      | Inpatient Routine Services<br>(Provider's Records)                                                    |                          |                           |
|          | A. Adults and Pediatrics                                                                              |                          |                           |
|          | B. Psych                                                                                              | 8,634,198                |                           |
|          | C. Rehab                                                                                              |                          |                           |
|          | D. Other (Sub)                                                                                        |                          |                           |
|          | E. Intensive Care Unit                                                                                |                          |                           |
|          | F. Coronary Care Unit                                                                                 |                          |                           |
|          | G. Pediatric ICU                                                                                      |                          |                           |
|          | H. Neonatal ICU                                                                                       |                          |                           |
|          | I. Other                                                                                              |                          |                           |
|          | J. Other                                                                                              |                          |                           |
|          | K. Other                                                                                              |                          |                           |
|          | L. Other                                                                                              |                          |                           |
|          | M. Other                                                                                              |                          |                           |
|          | N. Other                                                                                              |                          |                           |
|          | O. Other                                                                                              |                          |                           |
|          | P. Other                                                                                              |                          |                           |
|          | Q. Other                                                                                              |                          |                           |
|          | R. Other                                                                                              |                          |                           |
|          | S. Other                                                                                              |                          |                           |
|          | T. Nursery                                                                                            |                          |                           |
| 11.      | Services of Teaching Physicians<br>(Provider's Records)                                               |                          |                           |
| 12.      | <b>Total Charges for Patient Services<br/>(Sum of Lines 9 through 11)</b>                             | <b>11,535,024</b>        |                           |
| 13.      | Excess of Customary Charges Over Reasonable Cost<br>(Line 12 Minus Line 7, Sum of Cols. 1 through 2)  |                          | 3,120,485                 |
| 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>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

| Line No. | Allowable Cost                                                                                                        | Program Inpatient | Program Outpatient |
|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|          |                                                                                                                       | (1)               | (2)                |
| 1.       | Total Reasonable Cost of Covered Services<br>(BHF Page 7, Line 7, Cols. 1 & 2)                                        | 8,414,539         |                    |
| 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)                                                     | 8,414,539         |                    |
| 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>8,414,539</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>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2016 To: 06/30/2017</b> |

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

| Line No. | (Do Not Complete This Part In Any Cost Reporting Period In Which Costs Are Unreimbursed Under 42 CFR Section 405.460) (Limitation on Coverage of Costs) |           |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1.       | Excess of Customary Charges Over Reasonable Cost<br>(BHF Page 7, Line 13)                                                                               | 3,120,485 |
| 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>14-0150 | <b>Medicaid Provider Number:</b><br>3098                               |
| <b>Program:</b><br>Medicaid-Hospital        | <b>Period Covered by Statement:</b><br>From: 07/01/2016 To: 06/30/2017 |

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

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

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

**Part B. Program Data**

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

**Part C. Program Cost**

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

**Part II - Routine Services Questionnaire**

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

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

BHF Supplement No. 2(a)

**PRELIMINARY**

|                                  |  |                                     |                       |
|----------------------------------|--|-------------------------------------|-----------------------|
| <b>Medicare Provider Number:</b> |  | <b>Medicaid Provider Number:</b>    |                       |
| <b>14-0150</b>                   |  | <b>3098</b>                         |                       |
| <b>Program:</b>                  |  | <b>Period Covered by Statement:</b> |                       |
| <b>Medicaid-Hospital</b>         |  | <b>From: 07/01/2016</b>             | <b>To: 06/30/2017</b> |

| Line No. | Cost Centers                        | G M E Cost<br>(CMS 2552-10, W/S B, Pt. 1, Col. 25) | Total Dept. Charges<br>(CMS 2552-10, W/S C, Pt. 1, Col. 8)* | Ratio of G M E Cost to Charges<br>(Col. 1 / Col. 2) | Inpatient Program Charges<br>(BHF Page 3, Col. 4) | Outpatient Program Charges<br>(BHF Page 3, Col. 5) | Inpatient Program Expenses for G M E<br>(Col. 3 X Col. 4) | Outpatient Program Expenses for G M E<br>(Col. 3 X Col. 5) |
|----------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
|          | <b>Inpatient Ancillary Centers</b>  | <b>(1)</b>                                         | <b>(2)</b>                                                  | <b>(3)</b>                                          | <b>(4)</b>                                        | <b>(5)</b>                                         | <b>(6)</b>                                                | <b>(7)</b>                                                 |
| 1.       | Operating Room                      | 10,360,685                                         | 161,810,361                                                 | 0.064030                                            | 11,134                                            |                                                    | 713                                                       |                                                            |
| 2.       | Recovery Room                       | 114,603                                            | 13,739,724                                                  | 0.008341                                            | 10,508                                            |                                                    | 88                                                        |                                                            |
| 3.       | Delivery and Labor Room             | 1,515,707                                          | 33,224,607                                                  | 0.045620                                            | 24,859                                            |                                                    | 1,134                                                     |                                                            |
| 4.       | Anesthesiology                      | 2,603,251                                          | 73,512,931                                                  | 0.035412                                            | 7,113                                             |                                                    | 252                                                       |                                                            |
| 5.       | Radiology - Diagnostic              | 276,671                                            | 33,170,031                                                  | 0.008341                                            | 17,260                                            |                                                    | 144                                                       |                                                            |
| 6.       | Radiology - Therapeutic             | 2,697,042                                          | 18,019,094                                                  | 0.149677                                            |                                                   |                                                    |                                                           |                                                            |
| 7.       | Nuclear Medicine                    | 337,750                                            | 7,123,494                                                   | 0.047414                                            |                                                   |                                                    |                                                           |                                                            |
| 8.       | Laboratory                          | 11,160,072                                         | 337,680,863                                                 | 0.033049                                            | 581,018                                           |                                                    | 19,202                                                    |                                                            |
| 9.       | Blood                               |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 10.      | Blood - Administration              | 2,006,821                                          | 38,713,298                                                  | 0.051838                                            | 3,479                                             |                                                    | 180                                                       |                                                            |
| 11.      | Intravenous Therapy                 | 29,366                                             | 3,520,721                                                   | 0.008341                                            | 2,920                                             |                                                    | 24                                                        |                                                            |
| 12.      | Respiratory Therapy                 | 2,182,827                                          | 43,129,953                                                  | 0.050610                                            | 29,448                                            |                                                    | 1,490                                                     |                                                            |
| 13.      | Physical Therapy                    | 592,011                                            | 25,093,302                                                  | 0.023592                                            | 11,929                                            |                                                    | 281                                                       |                                                            |
| 14.      | Occupational Therapy                | 268,695                                            | 8,021,159                                                   | 0.033498                                            | 410,225                                           |                                                    | 13,742                                                    |                                                            |
| 15.      | Speech Pathology                    | 212,376                                            | 2,103,237                                                   | 0.100976                                            | 3,002                                             |                                                    | 303                                                       |                                                            |
| 16.      | EKG                                 | 612,419                                            | 5,015,833                                                   | 0.122097                                            | 13,035                                            |                                                    | 1,592                                                     |                                                            |
| 17.      | EEG                                 | 69,457                                             | 8,327,159                                                   | 0.008341                                            | 11,783                                            |                                                    | 98                                                        |                                                            |
| 18.      | Med. / Surg. Supplies               | 4,082,969                                          | 200,027,869                                                 | 0.020412                                            | 190,829                                           |                                                    | 3,895                                                     |                                                            |
| 19.      | Drugs Charged to Patients           | 13,649,906                                         | 314,227,014                                                 | 0.043440                                            | 1,257,236                                         |                                                    | 54,614                                                    |                                                            |
| 20.      | Renal Dialysis                      | 1,809,717                                          | 36,096,391                                                  | 0.050136                                            |                                                   |                                                    |                                                           |                                                            |
| 21.      | Ambulance                           |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 22.      | Ultrasound                          | 381,178                                            | 14,832,773                                                  | 0.025698                                            | 4,206                                             |                                                    | 108                                                       |                                                            |
| 23.      | Radiology Angiography               | 2,616,299                                          | 65,900,729                                                  | 0.039701                                            |                                                   |                                                    |                                                           |                                                            |
| 24.      | Radiology W. Harrison               | 133,435                                            | 15,997,524                                                  | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 25.      | CT Scan                             | 1,989,004                                          | 94,139,156                                                  | 0.021128                                            | 32,483                                            |                                                    | 686                                                       |                                                            |
| 26.      | MRI                                 | 1,651,488                                          | 57,011,358                                                  | 0.028968                                            | 84,608                                            |                                                    | 2,451                                                     |                                                            |
| 27.      | Cardiac Catheterization             | 2,685,283                                          | 18,277,664                                                  | 0.146916                                            |                                                   |                                                    |                                                           |                                                            |
| 28.      | Lab Tissue Typing                   | 43,031                                             | 5,158,958                                                   | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 29.      | Lab Outreach                        | 1,335,385                                          | 160,098,876                                                 | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 30.      | Gastroenterology                    | 233,707                                            | 28,019,090                                                  | 0.008341                                            | 2,455                                             |                                                    | 20                                                        |                                                            |
| 31.      | Bone Marrow Transplant              | 25,904                                             | 3,105,667                                                   | 0.008341                                            | 45                                                |                                                    |                                                           |                                                            |
| 32.      | Cardiac Services                    | 282,455                                            | 33,863,478                                                  | 0.008341                                            | 8,183                                             |                                                    | 68                                                        |                                                            |
| 33.      | Kidney Acquisition                  | 426,631                                            | 11,105,664                                                  | 0.038416                                            |                                                   |                                                    |                                                           |                                                            |
| 34.      | Liver Acquisition                   | 332,308                                            | 3,134,170                                                   | 0.106027                                            |                                                   |                                                    |                                                           |                                                            |
| 35.      | Pancreas Acquisition                | 8,044                                              | 964,360                                                     | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 36.      | Other Organ Acquisition             | 70,314                                             | 87,695                                                      | 0.801802                                            |                                                   |                                                    |                                                           |                                                            |
| 37.      | Radio Mile Square                   | 17,163                                             | 2,057,608                                                   | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 38.      | Telemedicine Prgm                   | 11,910                                             | 1,427,878                                                   | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 39.      | Sleep Lab West Harr                 | 44,176                                             | 5,296,239                                                   | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 40.      | Sickle Cell Clinic                  | 38,188                                             | 4,578,391                                                   | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 41.      | Heart Ctr                           | 5,142                                              | 616,448                                                     | 0.008341                                            |                                                   |                                                    |                                                           |                                                            |
| 42.      | Hyperbaric Oxygen Ther.             | 1,787                                              | 214,208                                                     | 0.008342                                            |                                                   |                                                    |                                                           |                                                            |
|          | <b>Outpatient Ancillary Centers</b> |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 43.      | Clinic                              | 4,941,923                                          | 162,856,643                                                 | 0.030345                                            |                                                   |                                                    |                                                           |                                                            |
| 44.      | Emergency                           | 2,715,221                                          | 82,765,913                                                  | 0.032806                                            | 183,068                                           |                                                    | 6,006                                                     |                                                            |
| 45.      | Observation                         |                                                    |                                                             |                                                     |                                                   |                                                    |                                                           |                                                            |
| 46.      | <b>Ancillary Total</b>              |                                                    |                                                             |                                                     |                                                   |                                                    | <b>107,091</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>14-0150</b>           | <b>Medicaid Provider Number:</b>    | <b>3098</b>                            |
| <b>Program:</b>                  | <b>Medicaid-Hospital</b> | <b>Period Covered by Statement:</b> | <b>From: 07/01/2016 To: 06/30/2017</b> |

| Line No. | Cost Centers                          | G M E Cost<br>(CMS 2552-10, 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                 | 8,151,649                                          | 72,548                                                                | 112.36                                 |                                                              |                                                    |                                                           |                                                            |
| 48.      | Psych                                 | 1,124,874                                          | 12,060                                                                | 93.27                                  | 4,011                                                        |                                                    | 374,106                                                   |                                                            |
| 49.      | Rehab                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 50.      | Other (Sub)                           |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 51.      | Intensive Care Unit                   | 1,530,205                                          | 13,328                                                                | 114.81                                 |                                                              |                                                    |                                                           |                                                            |
| 52.      | Coronary Care Unit                    | 1,164,088                                          | 5,694                                                                 | 204.44                                 |                                                              |                                                    |                                                           |                                                            |
| 53.      | Pediatric ICU                         | 654,833                                            | 1,711                                                                 | 382.72                                 |                                                              |                                                    |                                                           |                                                            |
| 54.      | Neonatal ICU                          | 2,350,911                                          | 10,363                                                                | 226.86                                 |                                                              |                                                    |                                                           |                                                            |
| 55.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 56.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 57.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 58.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 59.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 60.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 61.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 62.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 63.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 64.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 65.      | Other                                 |                                                    |                                                                       |                                        |                                                              |                                                    |                                                           |                                                            |
| 66.      | Nursery                               | 192,129                                            | 3,810                                                                 | 50.43                                  |                                                              |                                                    |                                                           |                                                            |
| 67.      | <b>Routine Total (lines 47-66)</b>    |                                                    |                                                                       |                                        |                                                              |                                                    | <b>374,106</b>                                            |                                                            |
| 68.      | <b>Ancillary Total (from line 46)</b> |                                                    |                                                                       |                                        |                                                              |                                                    | <b>107,091</b>                                            |                                                            |
| 69.      | <b>Total (Lines 67-68)</b>            |                                                    |                                                                       |                                        |                                                              |                                                    | <b>481,197</b>                                            |                                                            |

## PRELIMINARY

|                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| Medicare Provider Number:<br>14-0150 | Medicaid Provider Number:<br>3098                               |
| Program:<br>Medicaid-Hospital        | Period Covered by Statement:<br>From: 07/01/2016 To: 06/30/2017 |

| Inpatient Reconciliation           | Provider's Records | Adjustments | Audited Cost Report |
|------------------------------------|--------------------|-------------|---------------------|
| Adult Days                         | 4,011              |             | 4,011               |
| Newborn Days                       |                    |             |                     |
| Total Inpatient Revenue            | 11,535,024         |             | 11,535,024          |
| Ancillary Revenue                  | 2,900,826          |             | 2,900,826           |
| Routine Revenue                    | 8,634,198          |             | 8,634,198           |
| Inpatient Received and Receivable  |                    |             |                     |
| Outpatient Reconciliation          |                    |             |                     |
| Outpatient Occasions of Service    |                    |             |                     |
| Total Outpatient Revenue           |                    |             |                     |
| Outpatient Received and Receivable |                    |             |                     |

**Notes:**

Reclassified Blood charges as Blood Admin.

BHF Page 3, Column 1 Costs were adjusted to filed W/S C, Pt 1, Col 1, as directed in the instructions. Not sure where filed numbers came from.

Clinic costs and charges include Medicare lines 93.01, 93.02, and 93.03.

GME Costs were adjusted to filed W/S B, Pt 1, Col 25.

BHF Page 3-Filed report did not list all ancillary cost centers but BHF could trace to Medicare report.