| Heal th Financia                 | al Systems   | METHODI ST HOSPI TAI                                    | _S, INC                          | In Lieu            | u of Form CMS-2552-10  |
|----------------------------------|--|---|----------------------------------|--------------------|--|
| This report is                   | required by law (42 USC 1395g  | g; 42 CFR 413.20(b)). Failu                             | re to report can resu            | lt in all interim  | FORM APPROVED  |
| payments made                    | since the beginning of the cos   | st reporting period being d                             | eemed overpayments (4            | 2 USC 1395g).      | OMB NO. 0938-0050  |
| HOSPITAL AND H<br>AND SETTLEMENT | OSPITAL HEALTH CARE COMPLEX CO<br>SUMMARY  | DST REPORT CERTIFICATION                                | Provider CCN: 150002             | From 01/01/2014    | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>5/28/2015 9:17 am |
| PART I - COST                    | REPORT STATUS  |   |                                  |                    |  |
| Provi der                        | 1. [ X ] Electronically filed  | cost report   |                                  | Date: 5/28/20      | 15 Time: 9:17 am   |
| use only                         | 2. [ ] Manually submitted co   | st report   |                                  |                    |  |
|                                  | 3. [ 0 ] If this is an amended<br>4. [ F ] Medicare Utilization.   | report enter the number of<br>Enter "F" for full or "L" | times the provider r<br>for low. | esubmitted this co | ost report   |
| Contractor<br>use only           | <pre>5. [ 1 ]Cost Report Status   (1) As Submitted   (2) Settled without Audit   (3) Settled with Audit   (4) Reopened   (5) Amended</pre> |   | this Provider CCN 12.            |                    |  |
| PART II - CERT                   | I FI CATI ON   |   |                                  |                    |  |
|                                  |  |   |                                  |                    |  |

MISREPRESENTATION OF FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OF INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METHODIST HOSPITALS, INC (150002) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.



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Officer or Administrator of Provider(s)
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Title

| Dato |  |
|------|--|
| υαιε |  |

|        |                                     |         | Title    | XVIII   |          |               |        |
|--------|-------------------------------------|---------|----------|---------|----------|---------------|--------|
|        | Cost Center Description             | Title V | Part A   | Part B  | HIT      | Title XIX     |        |
|        |                                     | 1.00    | 2.00     | 3.00    | 4.00     | 5.00          |        |
|        | PART III - SETTLEMENT SUMMARY       |         |          |         |          |               |        |
| 1.00   | Hospi tal                           | 0       | 639, 482 | 59, 743 | -71, 909 | -10, 031, 138 | 1.00   |
| 2.00   | Subprovider - IPF                   | 0       | 6, 361   | 0       |          | 112, 023      | 2.00   |
| 3.00   | Subprovider - IRF                   | 0       | 49, 191  | 0       |          | -708, 515     | 3.00   |
| 4.00   | SUBPROVI DER I                      | 0       | 0        | 0       |          | 0             | 4.00   |
| 5.00   | Swing bed - SNF                     | 0       | 0        | 0       |          | 0             | 5.00   |
| 6.00   | Swing bed - NF                      | 0       |          |         |          | 0             | 6.00   |
| 7.00   | SKILLED NURSING FACILITY            | 0       | 0        | 0       |          | 0             | 7.00   |
| 8.00   | NURSING FACILITY                    | 0       |          |         |          | 0             | 8.00   |
| 9.00   | HOME HEALTH AGENCY I                | 0       | 0        | 0       |          | 0             | 9.00   |
| 10.00  | RURAL HEALTH CLINIC I               | 0       |          | 0       |          | 0             | 10.00  |
| 11.00  | FEDERALLY QUALIFIED HEALTH CENTER I | 0       |          | 0       |          | 0             | 11.00  |
| 12.00  | CMHC I                              | 0       |          | 0       |          | 0             | 12.00  |
| 200.00 | Total                               | 0       | 695, 034 | 59, 743 | -71, 909 | -10, 627, 630 | 200.00 |

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

| OSPI T       | Financial Systems<br>AL AND HOSPITAL HEALTH CARE COMPLEX I                                     |                                       | <u>ST HOSPITA</u><br>TA |                       | er CCN:  | 150002             | Period:<br>From 01/01,<br>To 12/31, | /2014<br>/2014 | Worksho<br>Part I<br>Date/Ti | <u>m CMS-2</u><br>eet S-2<br>ime Pre<br>015 9:0 | pared: |
|--------------|--|---------------------------------------|-------------------------|-----------------------|----------|--------------------|-------------------------------------|----------------|------------------------------|---|--------|
|              |  |                                       | 00                      | 3.                    | 00       |                    |                                     | 4.00           |                              |   |        |
| . 00         | Hospital and Hospital Health Care Co<br>Street: 600 GRANT STREET                               | PO Box:                               |                         |                       |          |                    |                                     |                |                              |   | 1.00   |
| 00           | City: GARY   | State: I                              | N Zi                    | p Code:               | 46402    | Coun               | ty: LAKE                            |                |                              |   | 2.00   |
|              |  | Component Na                          |                         | CCN                   | CBSA     | Provi de           |                                     |                | nt Syst                      |   |        |
|              |  |                                       | Nu                      | mber   N              | Number   | Туре               | Certified                           |                | 0, or                        |   | -      |
|              |  | 1.00                                  | 2                       | . 00                  | 3.00     | 4.00               | 5.00                                | V<br>6.00      | XVIII<br>7.00                | XIX<br>8.00                                     | +      |
|              | Hospital and Hospital-Based Componen   |                                       |                         |                       | 3.00     | 1 4.00             | 3.00                                | 0.00           | 1.00                         | 0.00  |        |
| 00           | Hospi tal  | METHODIST HOSPITA                     | ALS, 15                 | 0002                  | 16974    | 1                  | 01/01/1966                          | N              | Р                            | 0   | 3.00   |
| 00           | Subprovider - IPF  | I NC<br>GERI ATRI C PSYCH             | 15                      | S002                  | 16974    | 4                  | 01/01/2012                          | N              | Р                            | 0   | 4.00   |
| 00           | Subprovider - IRF  | REHABI LI TATI ON                     |                         |                       | 16974    | 5                  | 01/01/1984                          |                | P                            | 0   | 5.00   |
| 00           | Subprovider - (Other)  |                                       |                         |                       |          |                    |                                     |                |                              |   | 6.00   |
| 00           | Swing Beds - SNF   |                                       |                         |                       |          |                    |                                     |                |                              |   | 7.00   |
| 00<br>00     | Swing Beds - NF<br>Hospital-Based SNF  |                                       |                         |                       |          |                    |                                     |                |                              |   | 8.00   |
| D. 00        | Hospi tal -Based NF  |                                       |                         |                       |          |                    |                                     |                |                              |   | 10.00  |
| 1.00         | Hospi tal -Based OLTC  |                                       |                         |                       |          |                    |                                     |                |                              |   | 11.00  |
| 2.00         | Hospital-Based HHA   | METHODIST HOME CA                     | ARE 15                  | 7536                  | 16974    |                    | 02/12/2002                          | N              | P                            | 0   | 12.00  |
| 3.00         | Separately Certified ASC   | SERVI CES                             |                         |                       |          |                    |                                     |                |                              |   | 13.00  |
|              | Hospi tal -Based Hospi ce  |                                       |                         |                       |          |                    |                                     |                |                              |   | 14.00  |
|              | Hospital-Based Health Clinic - RHC   |                                       |                         |                       |          |                    |                                     |                |                              |   | 15.00  |
| 6.00<br>7.00 | Hospital-Based Health Clinic - FQHC<br>Hospital-Based (CMHC) I                                 |                                       |                         |                       |          |                    |                                     |                |                              |   | 16.00  |
|              | Hospital-Based (CORF) I  |                                       |                         |                       |          |                    |                                     |                |                              |   | 17.00  |
| 8.00         | Renal Dialysis   |                                       |                         |                       |          |                    |                                     |                |                              |   | 18.00  |
| 9.00         | Other  |                                       |                         |                       |          |                    | From                                | <u> </u>       | To                           |   | 19.00  |
|              |  |                                       |                         |                       |          |                    | 1.00                                |                | 2.                           |   | 1      |
| 0. 00        | Cost Reporting Period (mm/dd/yyyy)   |                                       |                         |                       |          |                    | 01/01/2                             |                | 12/31                        | /2014   | 20.00  |
| 1. 00        | Type of Control (see instructions)<br>Inpatient PPS Information                                |                                       |                         |                       |          |                    |                                     | 2              |                              |   | 21.00  |
| 2. 00        | Does this facility qualify and is it   | currently receiv                      | ing pavmen              | ts for d              | li sprop | ortionate          | e Y                                 |                | N                            | 1   | 22.00  |
|              | share hospital adjustment, in accord   |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              | for yes or "N" for no. Is this facil   |                                       |                         |                       | 06(c)(2  | 2) (Pi ckl e       | •                                   |                |                              |   |        |
| 2. 01        | amendment hospital?) In column 2, en<br>Did this hospital receive interim un                   |                                       |                         |                       | cost re  | eportina           | Y                                   |                | Y                            | /   | 22.01  |
|              | period? Enter in column 1, "Y" for y   | es or "N" for no                      | for the poi             | rtion of              | the co   | ost                |                                     |                |                              |   |        |
|              | reporting period occurring prior to  |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              | for no for the portion of the cost r<br>(see instructions)                                     | eporting period o                     | ccurring or             | n or art              | er Ucto  | ober I.            |                                     |                |                              |   |        |
| 2. 02        | Is this a newly merged hospital that   | requires final u                      | Incompensate            | ed care               | paymen   | ts to be           | N                                   |                | Ν                            | I   | 22. 02 |
|              | determined at cost report settlement   |                                       |                         |                       |          |                    | es                                  |                |                              |   |        |
|              | or "N" for no, for the portion of th<br>in column 2, "Y" for yes or "N" for                    |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              | or after October 1.  |                                       | on or the t             | 5031 100              | orting   | periodit           |                                     |                |                              |   |        |
| 2. 03        | Did this hospital receive a geograph   |                                       |                         |                       |          |                    |                                     |                | Ν                            | 1   | 22.03  |
|              | of the OMB standards for delineating<br>in column 1, "Y" for yes or "N" for                    |                                       |                         |                       |          |                    | -                                   |                |                              |   |        |
|              | prior to October 1. Enter in column  | 2, "Y" for yes or                     | "N" for no              | o for th              | ie porti | on of th           | ne                                  |                |                              |   |        |
|              | cost reporting period occurring on o   | r after October 1                     | . (see inst             | truction              | is) Does | sthis              |                                     |                |                              |   |        |
|              | hospital contain at least 100 but no<br>42 CFR 412.105)? Enter in column 3,                    |                                       |                         | unted in              | accord   | dance wit          | :h                                  |                |                              |   |        |
| 3.00         | Which method is used to determine Me   |                                       |                         | /or 25 b              | elow?    | n columr           | n                                   | 3              | Ν                            | I   | 23.00  |
|              | 1, enter 1 if date of admission, 2 i   |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              | method of identifying the days in th<br>used in the prior cost reporting per                   | 1 5                                   |                         |                       |          |                    |                                     |                |                              |   |        |
|              | laboa in the pirel cost i oper thig per  |                                       | In-State                | In-Sta                | te 0     | ut-of              |                                     | Medi cai       | d 0                          | ther  |        |
|              |  |                                       | Medicaid                | Medi cai              |          | State              |                                     | HMO day        |                              | di cai d  |        |
|              |  |                                       | paid days               | el i gi bl<br>unpai d |          | di cai d<br>d days | Medicaid<br>eligible                |                |                              | days  |        |
|              |  |                                       |                         | days                  | ·        |                    | unpai d                             |                |                              |   |        |
|              |  |                                       | 1.00                    | 2.00                  |          | 3.00               | 4.00                                | 5.00           |                              | 5.00  |        |
| 4.00         | If this provider is an IPPS hospital<br>in-state Medicaid paid days in colum                   |                                       | 13, 186                 | 7,3                   | 351      | 370                | 448                                 | 6, 7           | /56                          | 0   | 24.00  |
|              | Medicaid eligible unpaid days in col   |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              | out-of-state Medicaid paid days in c   | olumn 3,                              |                         |                       |          |                    |                                     |                |                              |   |        |
|              | out-of-state Medicaid eligible unpai   |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              | <ol> <li>Medicaid HMO paid and eligible bu<br/>column 5, and other Medicaid days in</li> </ol> |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
|              |  |                                       | 887                     | :                     | 387      | o                  | о                                   | 1              | 112                          |   | 25.00  |
| 5.00         | If this provider is an IRF, enter th   |                                       |                         |                       |          |                    |                                     |                |                              |   |        |
| 5. 00        | Medicaid paid days in column 1, the  | in-state                              |                         |                       |          |                    |                                     |                |                              |   |        |
| 5. 00        | Medicaid paid days in column 1, the<br>Medicaid eligible unpaid days in col                    | in-state<br>umn 2,                    |                         |                       |          |                    |                                     |                |                              |   |        |
| 5. 00        | Medicaid paid days in column 1, the  | in-state<br>umn 2,<br>3, out-of-state |                         |                       |          |                    |                                     |                |                              |   |        |

|  | AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA  | TA  | Provi der  | CCN: 150002  | Period:<br>From 01/01<br>To 12/31                    |             | Workshe<br>Part I<br>Date/Ti | me Pre | pare                             |
|--|--|---|--|--|--|-------------|------------------------------|--------|----------------------------------|
|  |  |   |  |  | Urban/Ru   | iral S      | <u>5/28/20</u><br>Date of    |        |                                  |
|  |  |   |  |  | 1.00   |             | 2.0                          | U      |                                  |
|  | Enter your standard geographic classification (not wa<br>cost reporting period. Enter "1" for urban or "2" for<br>Enter your standard geographic classification (not wa  | rural.                                      |  | 0  |  | 1           |                              |        | 26.                              |
|  | reporting period. Enter in column 1, "1" for urban or<br>enter the effective date of the geographic reclassifi<br>If this is a sole community hospital (SCH), enter the  | cati on                                     | in column 2.   |  |  | 0           |                              |        | 35.                              |
|  | effect in the cost reporting period.   | e number                                    | or periods 30  | in status in   |  | 0           |                              |        | 35.                              |
|  |  |   |  |  | Begi nni<br>1. 00                                    |             | Endi<br>2. (                 |        | -                                |
| 00   | Enter applicable beginning and ending dates of SCH st  | tatus. S                                    | Subscript line   | 36 for numbe   |  | J           | 2. 0                         |        | 36                               |
| 00   | of periods in excess of one and enter subsequent date<br>If this is a Medicare dependent hospital (MDH), enter<br>in effect in the cost properties region  |   | umber of period  | s MDH statu  | 5  | 0           |                              |        | 37                               |
|  | in effect in the cost reporting period.<br>Enter applicable beginning and ending dates of MDH st<br>of periods in excess of one and enter subsequent date  |   | Subscript line   | 38 for numbe   | er   |             |                              |        | 38                               |
|  |  |   |  |  | Y/N  |             | Y/<br>2.0                    |        |                                  |
| 00   | Does this facility qualify for the inpatient hospital  | paymer                                      | nt adjustment f  | or low volu  |  | J           | 2. €<br>N                    |        | 39                               |
|  | hospitals in accordance with 42 CFR §412.101(b)(2)(ii<br>or "N" for no. Does the facility meet the mileage rec<br>CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes   | )? Ent∉<br>quiremer                         | er in column 1<br>nts in accordan  | "Y" for yes<br>ce with 42  |  |             |                              |        |                                  |
| 00   | Is this hospital subject to the HAC program reduction<br>"N" for no in column 1, for discharges prior to Octob<br>no in column 2, for discharges on or after October 1.  | n adjust<br>per 1. E                        | tment? Enter "Y<br>Enter "Y" for y   | " for yes o  | - N  |             | Y                            |        | 40                               |
|  | no ni cordini z, foi di scharges on or arter october i.  | (366 1                                      | listi de trons)  |  |  | V           | XVIII                        | XIX    |                                  |
|  | Presentative Developt System (DDS) Conital   |   |  |  |  | 1.00        | 2.00                         | 3.00   |                                  |
| 00   | Prospective Payment System (PPS)-Capital<br>Does this facility qualify and receive Capital paymer<br>with 42 CFR Section §412.320? (see instructions)  | nt for a                                    | di sproporti onat  | e share in a   | accordance   | N           | Y                            | N      | 45                               |
| 00   | Is this facility eligible for additional payment exce<br>pursuant to 42 CFR §412.348(f)? If yes, complete Wkst<br>Pt. III.   |   |  |  |  | N           | N                            | N      | 46                               |
| 00   | Is this a new hospital under 42 CFR §412.300 PPS capi<br>Is the facility electing full federal capital payment<br>Teaching Hospitals   |   |  |  |  | N<br>N      | N<br>N                       | N<br>N | 47<br>48                         |
| 00   | Is this a hospital involved in training residents in   | approve                                     | ed GME programs  | ? Enter "Y   | ' for yes  | Y           |                              |        | 56                               |
|  | or "N" for no.<br>If line 56 is yes, is this the first cost reporting p<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mont<br>for yes or "N" for no in column 2. If column 2 is "N"  | r yes or<br>th of th                        | r "N" for no in<br>nis cost report   | column 1.  <br>ing period?   | f column 1<br>Enter "Y"                              | N           |                              |        | 57                               |
|  | IN . COMPLETE WEST, D. PALLS III & LV AND D-2. PL. II  | . if an                                     |  | 2 11 11 000  |  |             |                              |        |                                  |
| 00   | "N", complete Wkst. D, Parts III & IV and D-2, Pt. II<br>If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk  | oursemer<br>kst. D-5                        | oplicable.<br>nt for physicia<br>5.  | ns' service:   | s as   | N           |                              |        |                                  |
| 00   | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15–1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes   | oursemer<br>kst. D-5<br>s, compl            | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,  | ns' service<br>Pt. I.  |  | N           |                              |        | 58<br>59                         |
| 00<br>00<br>00                               | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk   | oursemer<br>kst. D-5<br>s, compl<br>costs f | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br><u>5 or "N" for no</u>                                 | ns' service<br>Pt. I.<br>hat meets th<br>. (see inst   | ne<br>rucțions)                                      | N<br>Y      |                              |        |                                  |
| 00<br>00<br>00                               | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15–1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health   | oursemer<br>kst. D-5<br>s, compl<br>costs f | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t   | ns' service<br>Pt. I.<br>hat meets tl  | ne<br>rucțions)                                      | N<br>Y      | Direct                       | GME    | 59                               |
| 00   | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15–1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"  | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br><u>5 or "N" for no</u>                                 | ns' service<br>Pt. I.<br>hat meets th<br>. (see inst   | ne<br>rucțions)                                      | N<br>Y      | Di rect                      | 00     | 59<br>60                         |
| 00   | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15–1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health   | s, compl<br>costs f<br>for yes              | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for nc<br>IME                                 | ns' service<br>Pt. I.<br>hat meets th<br>. (see instr<br>Direct GMM  | ne<br>ructions)<br>E IME                             | N<br>Y      |                              |        | 59<br>60                         |
| 00<br>00<br>00<br>00<br>00                   | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"<br>Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see   | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for nc<br>IME                                 | ns' services<br>Pt. I.<br>hat meets th<br>. (see instr<br>Direct GMM<br>3.00   | ne<br>ructions)<br>E IME                             | N<br>Y<br>D |                              | 00     | 59<br>60<br>0 61                 |
| 00<br>00<br>00<br>00<br>01                   | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"<br>Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,  | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for nc<br>IME<br>2.00                         | ns' service:<br>Pt. I.<br>hat meets th<br>. (see instr<br>Direct GMH<br>3.00<br>0  | ne<br>ructions)<br>E IME<br>4. Or                    | N<br>Y<br>D |                              | 00     | 59<br>60<br>61<br>61             |
| 000<br>000<br>000<br>001<br>002<br>003       | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"<br>Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of<br>ACA). (see instructions)<br>Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for  | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for no<br>IME<br>2.00<br>0.00                 | ns' services<br>Pt. I.<br>hat meets tH<br><u>. (see instr</u><br>Direct GMH<br><u>3.00</u><br>0  | ne<br>Fuctions)<br>I ME<br>4. 0<br>00                | N<br>Y<br>D |                              | 00     | 59<br>60<br>61<br>61<br>61       |
| 00<br>00<br>00<br>01<br>02<br>03<br>04       | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"<br>Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of<br>ACA). (see instructions)<br>Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for<br>determining compliance with the 75% test. (see<br>instructions)<br>Enter the number of unweighted primary care/or   | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for no<br>IME<br>2.00<br>0.00<br>0.00         | ns' services<br>Pt. I.<br>hat meets th<br><u>. (see instr</u><br>Direct GMH<br><u>3.00</u><br>0  | ne<br><u>cuctions)</u><br>I Me<br>4. 00              | N<br>Y<br>D |                              | 00     | 59<br>60<br>2 61<br>61<br>61     |
| 00<br>00<br>00<br>01<br>02<br>03<br>04       | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"<br>Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of<br>ACA). (see instructions)<br>Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for<br>determining compliance with the 75% test. (see<br>instructions)<br>Enter the number of unweighted primary care/or<br>surgery allopathic and/or osteopathic FTEs in the<br>current cost reporting period. (see instructions).<br>Enter the difference between the baseline primary | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for nc<br>IME<br>2.00<br>0.00<br>0.00         | ns' service<br>Pt. I.<br>hat meets th<br>. (see instr<br>Direct GMH<br>3.00<br>0<br>0<br>0   | ne<br><u>-uctions)</u><br>I ME<br>4. 00<br>. 00      | N<br>Y<br>D |                              | 00     | 59<br>60                         |
| 00<br>00<br>00<br>01<br>02<br>03<br>04<br>05 | If line 56 is yes, did this facility elect cost reimb<br>defined in CMS Pub. 15-1, § 2148? If yes, complete Wk<br>Are costs claimed on line 100 of Worksheet A? If yes<br>Are you claiming nursing school and/or allied health<br>provider-operated criteria under §413.85? Enter "Y"<br>Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of<br>ACA). (see instructions)<br>Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for<br>determining compliance with the 75% test. (see<br>instructions)<br>Enter the number of unweighted primary care/or<br>surgery allopathic and/or osteopathic FTEs in the<br>current cost reporting period. (see instructions).  | s, compl<br>costs f<br>for yes<br>Y/N       | oplicable.<br>nt for physicia<br>5.<br>ete Wkst. D-2,<br>for a program t<br>s or "N" for nc<br>IME<br>2.00<br>0.00<br>0.00<br>0.00 | ns' service:<br>Pt. I.<br>hat meets th<br>. (see instr<br>Direct GMB<br>3.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | ne<br><u>ructions)</u><br>I ME<br>4. 0<br>4. 0<br>00 | N<br>Y<br>D |                              | 00     | 59<br>60<br>61<br>61<br>61<br>61 |

| OSPITAL AND HOSPITAL HEALTH CARE CC  | MPLEX IDENTIFICATION DA   |  | FI   |                             | Worksheet S-2<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:             |
|--|---|--|--|-----------------------------|---|--------------------|
|  |   | Program Name   | Program Code                                 | Unweighted IME<br>FTE Count | Unweighted<br>Direct GME FTE<br>Count                     |                    |
|  |   | 1.00   | 2.00   | 3.00                        | 4.00  |                    |
| <ol> <li>1.10 Of the FTEs in line 61.05, specialty, if any, and the num<br/>for each new program. (see ins<br/>column 1, the program name, en<br/>program code, enter in column<br/>unweighted count and enter in<br/>FTE unweighted count.</li> <li>1.20 Of the FTEs in line 61.05, spe<br/>program specialty, if any, and<br/>residents for each expanded puinstructions) Enter in column<br/>enter in column 2, the program<br/>3, the IME FTE unweighted cound<br/>4, direct GME FTE unweighted cound</li> </ol>   | nber of FTE residents<br>structions) Enter in<br>tter in column 2, the<br>3, the IME FTE<br>column 4, direct GME<br>ecify each expanded<br>d the number of FTE<br>rogram. (see<br>1, the program name,<br>n code, enter in column<br>ht and enter in column |  |  | 0. 00                       |   | 61. 10             |
|  |   |  |  |                             |   |                    |
| ACA Provisions Affecting the   | Health Resources and So   | rvices Administration  | (HRSA)                                       |                             | 1.00  |                    |
| 2.00 Enter the number of FTE reside  |   |  |  | od for which                | 0.00  | 62.00              |
| your hospital received HRSA P  | CRE funding (see instruc  | ctions)  |  |                             |   |                    |
| 2.01 Enter the number of FTE reside<br>during in this cost reporting<br>Teaching Hospitals that Claim  | period of HRSA THC prog   | gram. (see instructio  |  | your hospital               | 0.00  | 62. 0 <sup>-</sup> |
| 3.00 Has your facility trained resi<br>"Y" for yes or "N" for no in o  | dents in nonprovider se   | ettings during this c  | instructions)                                |                             | N   | 63.00              |
|  |   |  | Unwei ghted<br>FTEs<br>Nonprovi der<br>Si te |                             | Ratio (col. 1/<br>(col. 1 + col.<br>2))                   |                    |
|  |   |  | 1.00   | 2.00                        | 3.00  |                    |
| Section 5504 of the ACA Base period that begins on or afte   |   |  | This base year                               | is your cost r              | eporti ng   |                    |
| .00 Enter in column 1, if line 63<br>in the base year period, the i<br>resident FTEs attributable to<br>settings. Enter in column 2<br>resident FTEs that trained in<br>of (column 1 divided by (colum   | is yes, or your facilit<br>number of unweighted nor<br>rotations occurring in<br>the number of unweighted<br>your hospital. Enter in<br>nn 1 + column 2)). (see   | ty trained residents<br>n-primary care<br>all nonprovider<br>d non-primary care<br>n column 3 the ratio<br>instructions) | 0.00   |                             |   | 64.00              |
|  | Program Name  | Program Code   | Unweighted<br>FTEs<br>Nonprovider<br>Site    |                             | Ratio (col. 3/<br>(col. 3 + col.<br>4))                   |                    |
| .00 Enter in column 1, if line 6   | 1.00  | 2.00   | 3.00   | 4.00                        | 5.00<br>0.000000  | 15.0               |
| is yes, or your facility<br>trained residents in the base<br>year period, the program name<br>associated with primary care<br>FTEs for each primary care<br>program in which you trained<br>residents. Enter in column 2,<br>the program code, enter in<br>column 3, the number of<br>unweighted primary care FTE<br>residents attributable to<br>rotations occurring in all<br>non-provider settings. Enter i<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3 | n   |  |  |                             |   |                    |

|  | Financial Systems  |   | IST HOSPITAL   |   | CCN: 150002   |  | n Lie          | u of For            |        |                  |
|--|--|---|--|---|---|--|----------------|---------------------|--------|------------------|
| HUSPI I  | AL AND HOSPITAL HEALTH CARE COMPI  | LEX IDENTIFICATION DA   | ATA  | Provi der   |   | Period:<br>From 01/01<br>To 12/31                      | /2014<br>/2014 |                     |        |                  |
|  |  |   |  |   | Unweighted  | Unwei gł   |                | 5/28/20<br>Ratio (c | 15 9:0 | <u>7 am</u>      |
|  |  |   |  |   | FTEs<br>Nonprovider   | FTEs<br>Hospi  |                | (col. 1<br>2)       |        |                  |
|  |  |   |  |   | Si te<br>1.00   | 2.00   |                | 3.0                 |        |                  |
|  | Section 5504 of the ACA Current  |   | n Nonprovide   | er Setting  |   |  |                |                     |        |                  |
| 66.00  | beginning on or after July 1, 2010         Enter in column 1 the number of unweighted non-primary care resident       0.00       0         FTEs attributable to rotations occurring in all nonprovider settings.       0.00       0         Enter in column 2 the number of unweighted non-primary care resident       0.00       0         FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)       0                                   |   |  |   |   |  | 0. 00          | 0.                  | 000000 | 66.00            |
|  | (column i divided by (column i +   | Program Name  | Program  | Code  | Unwei ghted   | Unwei gł   |                | Ratio (c            |        |                  |
|  |  |   |  |   | FTEs<br>Nonprovider<br>Site   | FTEs<br>Hospi t  |                | (col. 3<br>4)       |        |                  |
| (7.00  | Enter in column 1, the program   | 1.00  | 2.0  | 0   | 3.00  | 4.00   | 0.00           | 5.0                 |        | 67.00            |
|  | name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions) |   |  |   |   |  |                |                     |        |                  |
|  |  |   |  |   |   |  | 1.00           | 0 2.00              | 3.00   |                  |
| 70.00  | Inpatient Psychiatric Facility P<br>Is this facility an Inpatient Ps   |   | IPF), or doe   | s it conta  | ain an IPF sul  | provi der?   | Y              |                     |        | 70.00            |
| 71.00  | Enter "Y" for yes or "N" for no<br>If line 70 yes: Column 1: Did th<br>recent cost report filed on or b<br>42 CFR 412.424(d)(1)(iii)(c)) Co<br>program in accordance with 42 CF<br>Column 3: If column 2 is Y, ente<br>reporting period covers the begi<br>or subsequent academic years of<br>instructions) For cost reporting<br>reporting period covers the begi<br>teaching program in existence, e<br>Inpatient Rehabilitation Facilit   | e facility have an ap<br>efore November 15, 20<br>lumn 2: Did this faci<br>R 412.424 (d)(1)(iii)<br>r 1, 2, or 3, in colu<br>nning of the fourth y<br>the new teaching prog<br>periods beginning or<br>nning of the sixth or<br>nter 6 in column 3. | D04? Enter<br>ility train<br>)(D)? Enter<br>umn 3. (see<br>year, enter<br>gram in exis<br>n or after O<br>r any subseq | "Y" for ye<br>residents<br>"Y" for ye<br>instructie<br>4 in colur<br>tence, en<br>ctober 1,<br>uent acade | es or "N" for<br>in a new tead<br>es or "N" for<br>ons) If this o<br>nn 3, or if th<br>ter 5. (see<br>2012, if this | no. (see<br>ching<br>no.<br>cost<br>ne fifth<br>s cost | N              |                     | 0      | 71.00            |
| 75.00  | Is this facility an Inpatient Re   | habilitation Facility   | y (IRF), or  | does it co  | ontain an IRF   |  | Y              |                     |        | 75.00            |
| subprovider? Enter "Y" for yes and "N" for no.<br>76.00 If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most N<br>recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for<br>no. Column 2: Did this facility train residents in a new teaching program in accordance with 42<br>CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter<br>1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning<br>of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new<br>teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning<br>on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or<br>any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see<br>instructions) |  |   |  |   |   |  |                | 0                   | 76.00  |                  |
|  |  |   |  |   |   |  |                | 1.0                 | 00     |                  |
|  | Long Term Care Hospital PPS<br>Is this a long term care hospita<br>Is this a LTCH co-located within  |   |  |   |   | g period? E  | Inter          | N<br>N              |        | 80. 00<br>81. 00 |
|  | "Y" for yes and "N" for no.<br>TEFRA Providers   |   |  |   |   |  |                |                     |        |                  |
|  | Is this a new hospital under 42<br>Did this facility establish a ne<br>§413.40(f)(1)(ii)? Enter "Y" fo   | w Other subprovider (   | (excluded un   |   |   |  | no.            | N                   |        | 85. 00<br>86. 00 |

| Health Financial Systems     METHODIST HOS       HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA   |   | CCN: 150002 P   | In Lie<br>eriod:               | u of Form CMS-<br>Worksheet S-2          |                    |
|--|---|---|--------------------------------|--|--------------------|
|  |   |   | rom 01/01/2014<br>o 12/31/2014 | Part I<br>Date/Time Pre<br>5/28/2015 9:0 |                    |
|  |   |   | V<br>1.00                      | XI X<br>2.00                             |                    |
| Title V and XIX Services<br>90.00 Does this facility have title V and/or XIX inpatient hospit.   | al services? Er                                       | nter "Y" for  | N                              | Y  | 90.00              |
| yes or "N" for no in the applicable column.<br>91.00 Is this hospital reimbursed for title V and/or XIX through  |   |   | N                              | N  | 91.00              |
| full or in part? Enter "Y" for yes or "N" for no in the app<br>92.00 Are title XIX NF patients occupying title XVIII SNF beds (d   | ual certificati                                       |   |                                | N  | 92.00              |
| <ul> <li>instructions) Enter "Y" for yes or "N" for no in the application</li> <li>93.00 Does this facility operate an ICF/MR facility for purposes</li> </ul>   |   | XIX? Enter  | Ν                              | N  | 93.00              |
| "Y" for yes or "N" for no in the applicable column.<br>94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes,<br>applicable column.   | and "N" for no  | o in the  | Ν                              | N  | 94.00              |
| 95.00 If line 94 is "Y", enter the reduction percentage in the ap<br>96.00 Does title V or XIX reduce operating cost? Enter "Y" for ye   |   |   | 0. 00<br>N                     | O. OC<br>N                               | 95.00<br>96.00     |
| <ul> <li>applicable column.</li> <li>97.00 If line 96 is "Y", enter the reduction percentage in the applicable provides on the provides of the</li></ul> | plicable column                                       | ۱.  | 0.00                           | 0.00                                     | 97.00              |
| Rural Providers<br>105.00 Does this hospital qualify as a Critical Access Hospital (C.<br>106.00 on this facility qualifies as a CAH, has it elected the all   |   | nod of payment  | N<br>N                         |  | 105. 00<br>106. 00 |
| for outpatient services? (see instructions)<br>107.00 Column 1: If this facility qualifies as a CAH, is it eligi   |   |   | Ν                              |  | 107.00             |
| for I &R training programs? Enter "Y" for yes or "N" for no<br>instructions) If yes, the GME elimination would not be on W<br>the program would be cost reimbursed. If yes complete Wkst.<br>this facility is a CAH, do I&Rs in an approved medical educ.<br>CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or<br>instructions)   | kst. B, Pt. I,<br>D-2, Pt. II. (<br>ation program 1   | col. 25 and<br>Column 2: If<br>train in the           |                                |  |                    |
| 108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.   | CRNA fee schee  | dule? See 42  | Ν                              |  | 108.00             |
|  | Physi cal<br>1.00                                     | Occupational<br>2.00                                  | Speech<br>3.00                 | Respi ratory<br>4.00                     | -                  |
| 109.00 If this hospital qualifies as a CAH or a cost provider, are<br>therapy services provided by outside supplier? Enter "Y"<br>for yes or "N" for no for each therapy.  | N   | N   | N                              | N  | 109.00             |
|  |   |   |                                | 1.00                                     |                    |
| 110.00 Did this hospital participate in the Rural Community Hospitation the current cost reporting period? Enter "Y" for yes or "N"  |   | on project (410                                       | DA Demo)for                    | N  | 110.00             |
|  |   |   | 1.00                           | 0 2.00 3.00                              | -                  |
| <ul> <li>Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o is yes, enter the method used (A, B, or E only) in column 2 3 either "93" percent for short term hospital or "98" percer psychiatric, rehabilitation and long term hospitals provide Pub. 15-1, §2208.1.</li> <li>116.00 Ls this facility classified as a referred center? Enter "Y"</li> </ul>  | . If column 2 i<br>nt for long ten<br>rs) based on th | is "E", enter i<br>rm care (includ<br>ne definition i | n column<br>des                | 0  | 115.00             |
| 116.00 Is this facility classified as a referral center? Enter "Y"<br>117.00 Is this facility legally-required to carry malpractice insu<br>no.  | rance? Enter "\                                       | Y" for yes or '                                       | 'N" for Y                      |  | 117.00             |
| 118.00 Is the malpractice insurance a claims-made or occurrence po<br>claim-made. Enter 2 if the policy is occurrence.   | licy? Enter 1 i                                       |   |                                |  | 118.00             |
|  |   | Premi ums   | Losses                         | Insurance                                |                    |
| 118.01 List amounts of malpractice premiums and paid losses:   |   | 1.00<br>1,729,033                                     | 2.00<br>3 0                    | 3.00<br>993,682                          | 118.01             |
|  |   |   | 1.00                           | 2.00                                     | 110.00             |
| 118.02 Are mal practice premiums and paid losses reported in a cost<br>Administrative and General? If yes, submit supporting sche-<br>and amounts contained therein.   |   |   | N                              |  | 118.02             |
| 119.00D0 NOT USE THIS LINE<br>120.00Is this a SCH or EACH that qualifies for the Outpatient Hole<br>§3121 and applicable amendments? (see instructions) Enter in<br>"N" for no. Is this a rural hospital with < 100 beds that q<br>Hold Harmless provision in ACA §3121 and applicable amendment<br>Enter in actions 2. "N" for no. Is this are a "N" for no.  | n column 1, "Y<br>ualifies for th                     | ' for yes or<br>ne Outpatient                         | N                              | Ν  | 119.00<br>120.00   |
| Enter in column 2, "Y" for yes or "N" for no.<br>121.00 Did this facility incur and report costs for high cost imple<br>patients? Enter "Y" for yes or "N" for no.   | antable devices                                       | s charged to  | Y                              |  | 121.00             |
| Transplant Center Information<br>125.00 Does this facility operate a transplant center? Enter "Y" for<br>the product of the product      | or yes and "N"  | for no. If  | N                              |  | 125.00             |
| yes, enter certification date(s) (mm/dd/yyyy) below.<br>126.00 If this is a Medicare certified kidney transplant center, e<br>in column 1 and termination date, if applicable, in column   |   | fication date   |                                |  | 126. 00            |
| 127.00 If this is a Medicare certified heart transplant center, en<br>in column 1 and termination date, if applicable, in column 1   | ter the certifi                                       | cation date   |                                |  | 127. 00            |

| lealth Financial Systems   | METHODI ST HOSE                    |                 |                 |                           | u of Form CMS-                 |                  |
|--|------------------------------------|-----------------|-----------------|---------------------------|--------------------------------|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLE   | X IDENTIFICATION DATA              | Provi der       | F               | Period:<br>rom 01/01/2014 | Worksheet S-2<br>Part I        |                  |
|  |                                    |                 | T               | o 12/31/2014              | Date/Time Pre<br>5/28/2015 9:0 |                  |
|  |                                    |                 |                 | 1.00                      | 2.00                           | -                |
| 28.00 If this is a Medicare certified li   |                                    |                 | cation date     |                           |                                | 128. 0           |
| in column 1 and termination date,<br>29.00 If this is a Medicare certified ار  |                                    |                 | cation date in  |                           |                                | 129.00           |
| column 1 and termination date, if  | applicable, in column 2.           |                 |                 |                           |                                | 100.00           |
| 30.00 If this is a Medicare certified pa<br>date in column 1 and termination of  |                                    |                 | TICATION        |                           |                                | 130.00           |
| 31.00 If this is a Medicare certified in   |                                    |                 | erti fi cati on |                           |                                | 131.00           |
| date in column 1 and termination of<br>32.00 If this is a Medicare certified is  |                                    |                 | cation date     |                           |                                | 132. 0           |
| in column 1 and termination date,<br>33.00 If this is a Medicare certified o   |                                    |                 | cation data     |                           |                                | 133.0            |
| in column 1 and termination date,  | if applicable, in column 2         | 2.              |                 |                           |                                | 133.0            |
| 34.00 If this is an organ procurement or<br>and termination date, if applicabl   |                                    | ne OPO number i | n column 1      |                           |                                | 134.00           |
| ALL Providers  |                                    |                 |                 |                           |                                |                  |
| 40.00 Are there any related organization<br>chapter 10? Enter "Y" for yes or '   |                                    |                 |                 | N                         |                                | 140. 00          |
| are claimed, enter in column 2 the   | <u>home office chain number.</u>   | (see instruct   |                 |                           |                                |                  |
| <u> </u>   | n organization enter on l          |                 | ugh 143 the na  | 3.00<br>me and address    | of the                         |                  |
| home office and enter the home of  | <u>fice contractor name and co</u> |                 | er.             |                           | of the                         |                  |
| 41.00 Name:<br>42.00 Street:   | Contractor's Name:<br>PO Box:      |                 | Contractor      | 's Number:                |                                | 141.00           |
| 43. 00/Ci ty:  | State:                             |                 | Zip Code:       |                           | I                              | 143.0            |
|  |                                    |                 |                 |                           | 1.00                           | -                |
| 44.00 Are provider based physicians' cos   |                                    |                 |                 |                           | Y                              | 144.0            |
| 45.00 If costs for renal services are cl<br>only? Enter "Y" for yes or "N" for   |                                    | e 74, are the c | costs for inpa  | tient services            | Y                              | 145. 0           |
|  |                                    |                 |                 |                           |                                |                  |
| 46.00 Has the cost allocation methodolog   | y changed from the previou         | usly filed cost | report?         | 1.00<br>N                 | 2.00                           | 146.00           |
| Enter "Y" for yes or "N" for no in   | column 1. (See CMS Pub. 1          |                 |                 |                           |                                |                  |
| the approval date (mm/dd/yyyy) in<br>47.00Was there a change in the statisti   |                                    | ves or "N" for  | no              | N                         |                                | 147.00           |
| 48.00 Was there a change in the order of   | allocation? Enter "Y" for          | r yes or "N" fo | or no.          | N                         |                                | 148. 0           |
| 49.00Was there a change to the simplifi<br>no.   | ed cost finding method? Er         | nter "Y" for ye | es or "N" for   | N                         |                                | 149.0            |
| ·  |                                    | Part A          | Part B          | Title V                   | Title XIX                      |                  |
| Does this facility contain a prov  |                                    |                 |                 |                           |                                |                  |
| or charges? Enter "Y" for yes or   | N" for no for each compone         |                 |                 |                           |                                | 455.0            |
| 55.00Hospital<br>56.00Subprovider - IPF  |                                    | N<br>N          | N<br>N          | N<br>N                    | N<br>N                         | 155.0            |
| 57.00 Subprovi der – IRF   |                                    | Ν               | N               | N                         | N                              | 157.0            |
| 58. 00 SUBPROVI DER<br>59. 00 SNF  |                                    | Ν               | N               | N                         | N                              | 158.0<br>159.0   |
| 50.00 HOME HEALTH AGENCY   |                                    | Ν               | N               | N                         | N                              | 160. 0           |
| 51.00CMHC<br>51.10CORF   |                                    |                 | l N<br>N        | N<br>N                    | N<br>N                         | 161. 0<br>161. 1 |
|  |                                    |                 |                 |                           |                                |                  |
| Multicampus  |                                    |                 |                 |                           | 1.00                           |                  |
| 65.00 s this hospital part of a Multica  | ampus hospital that has one        | e or more campu | uses in differ  | ent CBSAs?                | N                              | 165. 00          |
| Enter "Y" for yes or "N" for no.   | Name                               | County          | State Zip       | Code CBSA                 | FTE/Campus                     |                  |
|  | 0                                  | 1.00            |                 | . 00 4. 00                | 5.00                           |                  |
| 66.00 If line 165 is yes, for each<br>campus enter the name in column<br>0, county in column 1, state in<br>column 2, zip code in column 3,<br>CBSA in column 4, FTE/Campus in |                                    |                 |                 |                           | 0.0                            | 0 166. 0         |
| column 5 (see instructions)  |                                    |                 |                 |                           |                                |                  |
|  |                                    |                 |                 |                           | 1.00                           |                  |
| Health Information Technology (HI<br>57.00Is this provider a meaningful user   |                                    |                 |                 |                           | Y                              | 167.0            |
| 57.001's this provider a meaningful user<br>58.001f this provider is a CAH (line 10  |                                    |                 |                 |                           |                                | 0167.0           |
| reasonable cost incurred for the H<br>59.00 f this provider is a meaningful u  |                                    |                 | line 105 ic "   | N") ontor the             | 0.2                            | 5169.0           |
| transition factor. (see instruction  |                                    | is not a GAR (  |                 | , enter the               | 0.2                            |                  |

| Health Financial Systems  | METHODIST HOSPITA   | LS, INC                 | In Lie                     | u of Form CMS- | 2552-10 |  |  |
|---|---|-------------------------|----------------------------|----------------|---------|--|--|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFI                                    | CATION DATA   | Provider CCN: 150002    | Period:<br>From 01/01/2014 | Worksheet S-2  |         |  |  |
|   |   |                         | Date/Time Pre              | pared:         |         |  |  |
|   | 5/28/2015 9:0   | 7 am                    |                            |                |         |  |  |
|   | Begi nni ng   |                         |                            |                |         |  |  |
|   |   |                         | 1.00                       | 2.00           |         |  |  |
| 170.00 Enter in columns 1 and 2 the EHR beginning of period respectively (mm/dd/yyyy) | 170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting 10/01/2 period respectively (mm/dd/vyvy) |                         |                            |                |         |  |  |
|   |   |                         |                            |                |         |  |  |
|   |   |                         |                            | 1.00           |         |  |  |
| 171.00 If line 167 is "Y", does this provider have                                    |   |                         |                            | N              | 171.00  |  |  |
| Medicare cost plans reported on Wkst. S-3, F<br>(see instructions)                    | Pt. I, line 2, col. (   | 5? Enter "Y" for yes ar | nd "N" for no.             |                |         |  |  |

| PI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES  | STI ONNAI RE  | Provi der                       | CCN: 150002    | Period:<br>From 01/01/2014<br>To 12/31/2014 | Date/Time Pre         | epared   |
|------|---|---|---------------------------------|----------------|---|-----------------------|----------|
|      |   |   |                                 |                | Y/N   | 5/28/2015 9:0<br>Date | 07 am    |
|      |   |   |                                 |                | 1.00  | 2.00                  |          |
|      | General Instruction: Enter Y for all YES resp<br>mm/dd/yyyy format.<br>COMPLETED BY ALL HOSPITALS<br>Provider Organization and Operation  | onses. Enter N fo   | r all NO re                     | esponses. Ente |   |                       |          |
| 0    | Has the provider changed ownership immediatel   | v prior to the be   | ainning of                      | the cost       | N   |                       | 1.       |
|      | reporting period? If yes, enter the date of t   |   |                                 |                |   |                       |          |
|      |   |   | -                               | Y/N            | Date  | V/I                   |          |
|      |   |   |                                 | 1.00           | 2.00  | 3.00                  | -        |
| 0    | Has the provider terminated participation in yes, enter in column 2 the date of terminatic voluntary or "I" for involuntary.  |   |                                 | N              |   |                       | 2.       |
| 0    | Is the provider involved in business transact<br>contracts, with individuals or entities (e.g.<br>or medical supply companies) that are related<br>officers, medical staff, management personnel<br>of directors through ownership, control, or f | , chain home offi<br>to the provider<br>, or members of t | ces, drug<br>or its<br>he board | N              |   |                       | 3.       |
|      | relationships? (see instructions)   |   |                                 | Y/N            | Туре  | Date                  |          |
|      |   |   |                                 | 1.00           | 2.00  | 3.00                  |          |
|      | Financial Data and Reports  |   |                                 |                |   |                       |          |
| 0    | Column 1: Were the financial statements prep<br>Accountant? Column 2: If yes, enter "A" for<br>or "R" for Reviewed. Submit complete copy or<br>column 3. (see instructions) If no, see instr  | Audited, "C" for<br>enter date availa                     | Compiled,                       | Y              | A   |                       | 4.       |
| 0    | Are the cost report total expenses and total  |   |                                 | N              |   |                       | 5.       |
|      | those on the filed financial statements? If y   | <u>ves, submit reconc</u>                                 | iliation.                       |                | Y/N   | Legal Oper.           | -        |
|      |   |   |                                 |                | 1.00  | 2.00                  | -        |
| _    | Approved Educational Activities   |   |                                 |                | 1.00  | 2.00                  |          |
| 0    | Column 1: Are costs claimed for nursing scho<br>the legal operator of the program?  | ool? Column 2: If   | yes, is th                      | ne provider is | 5 N   |                       | 6.       |
| 0    | Are costs claimed for Allied Health Programs?<br>Were nursing school and/or allied health prog<br>cost reporting period? If yes, see instruction  | grams approved and  |                                 | l during the   | Y<br>Y                                      |                       | 7.<br>8. |
| 0    | Are costs claimed for Intern-Resident program   |   | current cos                     | t report? If   | Y   |                       | 9.       |
| -    | yes, see instructions.  |   |                                 |                |   |                       |          |
| 00   | Was an Intern-Resident program been initiated   | d or renewed in the                                       | e current c                     | ost reporting  | a N   |                       | 10.      |
| 00   | period? If yes, see instructions.<br>Are GME cost directly assigned to cost center<br>Teaching Program on Worksheet A? If yes, see  |   | R in an App                     | proved         | Ν   |                       | 11.      |
|      |   |   |                                 |                | 1   | Y/N                   |          |
|      |   |   |                                 |                |   | 1.00                  |          |
|      | Bad Debts   |   |                                 |                |   | 1                     |          |
|      | Is the provider seeking reimbursement for bac<br>If line 12 is yes, did the provider's bad deb  |   |                                 |                | ost reporting                               | Y<br>N                | 12.      |
| 00   | period? If yes, submit copy.<br>If line 12 is yes, were patient deductibles a   | und/an an noumanta  | wai yad2 If                     |                | tructions                                   | N                     | 14.      |
|      | Bed Complement  | and/or co-payments  | warveu? II                      | yes, see ms    | structions.                                 | N                     | 14.      |
|      | Did total beds available change from the pric   | or cost reporting   | neriod?lf                       | ves see inst   | ructions                                    | N                     | 15.      |
|      |   |   |                                 | r -            | art A                                       | Part B                |          |
|      |   | Descripti   | on                              | Y/N            | Date  | Y/N                   |          |
|      |   | 0   |                                 | 1.00           | 2.00  | 3.00                  |          |
|      | PS&R Data<br>Was the cost report prepared using the PS&R<br>Report only? If either column 1 or 3 is yes,<br>enter the paid-through date of the PS&R<br>Report used in columns 2 and 4 .(see   |   |                                 | N              |   | N                     | 16.      |
| 00   | instructions)<br>Was the cost report prepared using the PS&R<br>Report for totals and the provider's records<br>for allocation? If either column 1 or 3 is  |   |                                 | Y              | 04/15/2015                                  | Y                     | 17.      |
| 00   | yes, enter the paid-through date in columns<br>2 and 4. (see instructions)<br>If line 16 or 17 is yes, were adjustments<br>made to PS&R Report data for additional<br>claims that have been billed but are not                                    |   |                                 | N              |   | N                     | 18.      |
| 00   | included on the PS&R Report used to file<br>this cost report? If yes, see instructions.<br>If line 16 or 17 is yes, were adjustments<br>made to PS&R Report data for corrections of<br>other PS&R Report information? If yes, see                 |   |                                 | N              |   | Ν                     | 19.      |
| 00   | instructions.<br>If line 16 or 17 is yes, were adjustments<br>made to PS&R Report data for Other? Describe<br>the other adjustments:  |   |                                 | N              |   | N                     | 20.      |

| Heal th | Financial Systems  | METHODIST HOSE   | PITALS, INC      |                | In Lie                         | u of Form CMS-           | 2552-10 |
|---------|--|------------------|------------------|----------------|--------------------------------|--------------------------|---------|
| HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE  | STI ONNAI RE     | Provi der        |                | eriod:                         | Worksheet S-2            | 2       |
|         |  |                  |                  |                | rom 01/01/2014<br>o 12/31/2014 | Part II<br>Date/Time Pre | nared.  |
|         |  |                  |                  |                |                                | 5/28/2015 9:0            |         |
|         |  |                  |                  |                | rt A                           | Part B                   |         |
|         |  | Descri<br>0      |                  | Y/N<br>1.00    | Date<br>2.00                   | Y/N<br>3.00              |         |
| 21 00   | Was the cost report prepared only using the  | 0                |                  | N 1.00         | 2.00                           | <u> </u>                 | 21.00   |
| 21.00   | provider's records? If yes, see  |                  |                  |                |                                |                          | 21.00   |
|         | instructions.  |                  |                  |                |                                |                          |         |
|         |  |                  |                  |                | -                              | 1 00                     |         |
|         | COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT  |                  |                  |                |                                | 1.00                     |         |
|         | Capital Related Cost   | ALS UNLT (LACLI  | FI CHILDRENS H   | USFTTALS)      |                                |                          |         |
| 22.00   | Have assets been relifed for Medicare purpose  | es? If yes, see  | instructions     |                |                                | N                        | 22.00   |
| 23.00   | Have changes occurred in the Medicare depreci  | ation expense    | due to apprais   | als made durin | g the cost                     |                          | 23.00   |
| 24.00   | reporting period? If yes, see instructions.<br>Were new leases and/or amendments to existing | · Lassas antara  | d into during    | this sect rang | sting pariod?                  |                          | 24.00   |
| 24.00   | If yes, see instructions   | g reases entere  | u into duiring   | this cost repo | i ting periou?                 |                          | 24.00   |
| 25.00   | Have there been new capitalized leases entere<br>instructions.                               | ed into during   | the cost repor   | ting period? I | f yes, see                     |                          | 25.00   |
| 26.00   | Were assets subject to Sec. 2314 of DEFRA acqu   | uired during th  | e cost reporti   | ng period? If  | yes, see                       |                          | 26.00   |
|         | instructions.  | Ū.               |                  | 0 1            | 5                              |                          |         |
| 27.00   | Has the provider's capitalization policy char  | nged during the  | cost reportin    | g period? If y | es, submit                     |                          | 27.00   |
|         | copy.<br>Interest Expense  |                  |                  |                |                                |                          | -       |
| 28.00   | Were new Loans, mortgage agreements or letter  | rs of credit en  | tered into dur   | ing the cost r | eporting                       |                          | 28.00   |
|         | period? If yes, see instructions.  |                  |                  | 5              | 5                              |                          |         |
| 29.00   | Did the provider have a funded depreciation a  | account and/or   | bond funds (De   | bt Service Res | erve Fund)                     |                          | 29.00   |
| 30.00   | treated as a funded depreciation account? If<br>Has existing debt been replaced prior to its |                  |                  | dobt2 If yos   | 500                            |                          | 30.00   |
| 30.00   | instructions.  | schedul ed liatu | iiity with new   | debt: II yes,  | 366                            |                          | 30.00   |
| 31.00   | Has debt been recalled before scheduled matur  | ity without is   | suance of new    | debt? If yes,  | see                            |                          | 31.00   |
|         | instructions.  |                  |                  |                |                                |                          |         |
| 32.00   | Purchased Services<br>Have changes or new agreements occurred in pa                          | tiont caro cor   | vi cos furni sho | d through cont | ractual                        | N                        | 32.00   |
| 32.00   | arrangements with suppliers of services? If y  |                  |                  | a through cont | lactual                        | IN                       | 32.00   |
| 33.00   | If line 32 is yes, were the requirements of S  |                  |                  | g to competiti | ve bidding? If                 | Ν                        | 33.00   |
|         | no, see instructions.  |                  |                  |                |                                |                          |         |
| 24 00   | Provider-Based Physicians<br>Are services furnished at the provider facili                   | ty under on or   | rangement with   | providor baco  | d physicians?                  | Y                        | 34.00   |
| 34.00   | If yes, see instructions.  | ty under an ar   | rangement with   | provider-base  | u physicians?                  | T                        | 34.00   |
| 35.00   | If line 34 is yes, were there new agreements   | or amended exis  | sting agreemen   | ts with the pr | ovi der-based                  | Ν                        | 35.00   |
|         | physicians during the cost reporting period?   | If yes, see in   | structions.      |                |                                |                          |         |
|         |  |                  |                  |                | Y/N<br>1.00                    | <br>2.00                 |         |
|         | Home Office Costs  |                  |                  |                | 1.00                           | 2.00                     |         |
| 36.00   | Were home office costs claimed on the cost re  | eport?           |                  |                | N                              |                          | 36.00   |
| 37.00   | If line 36 is yes, has a home office cost sta  | atement been pr  | epared by the    | home office?   | N                              |                          | 37.00   |
| 20.00   | If yes, see instructions.  |                  |                  | £              | N                              |                          | 20.00   |
| 38.00   | If line 36 is yes, was the fiscal year end of the provider? If yes, enter in column 2 the 1  |                  |                  |                | N                              |                          | 38.00   |
| 39.00   | If line 36 is yes, did the provider render se  | 2                |                  |                | Ν                              |                          | 39.00   |
|         | see instructions.  |                  |                  | <b>J</b>       |                                |                          |         |
| 40.00   | If line 36 is yes, did the provider render se  | ervices to the   | home office?     | lf yes, see    | N                              |                          | 40.00   |
|         | instructions.  |                  |                  |                |                                |                          |         |
|         |  | -                | 1.               | 00             | 2.                             | 00                       | -       |
|         | Cost Report Preparer Contact Information   |                  |                  |                |                                |                          |         |
| 41.00   | Enter the first name, last name and the title  |                  | MI CHELLE        |                | RI ORDAN                       |                          | 41.00   |
|         | held by the cost report preparer in columns 1  | i, 2, and 3,     |                  |                |                                |                          |         |
| 42.00   | respectively.<br>Enter the employer/company name of the cost r                               | report           | THE METHODIST    | HOSPLTALS      |                                |                          | 42.00   |
| 00      | preparer.  |                  | I NC.            |                |                                |                          |         |
| 43.00   | Enter the telephone number and email address   |                  | 219-885-5679     |                | MRI ORDAN@METHO                | OI STHOSPI TALS.         | 43.00   |
|         | report preparer in columns 1 and 2, respectiv  | /егу.            |                  |                | ORG                            |                          |         |

|         | Financial Systems  | METHODIST HOS |                  |               |   | u of Form CMS-2  |       |
|---------|--|---------------|------------------|---------------|---|--|-------|
| HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE  | STI ONNAI RE  | Provi der        | CCN: 150002   | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet S-2<br>Part II<br>Date/Time Pre<br>5/28/2015 9:0 | pared |
|         |  | Part B        |                  |               |   |  |       |
|         |  | Date          |                  |               |   |  |       |
|         |  | 4.00          |                  |               |   |  |       |
|         | PS&R Data  |               |                  |               |   |  |       |
| 16.00   | Was the cost report prepared using the PS&R<br>Report only? If either column 1 or 3 is yes,<br>enter the paid-through date of the PS&R<br>Report used in columns 2 and 4 . (see<br>instructions) |               |                  |               |   |  | 16.   |
| 17.00   |  | 04/15/2015    |                  |               |   |  | 17.   |
| 18. 00  |  |               |                  |               |   |  | 18.   |
| 19. 00  |  |               |                  |               |   |  | 19.   |
| 20. 00  | If line 16 or 17 is yes, were adjustments<br>made to PS&R Report data for Other? Describe<br>the other adjustments:  |               |                  |               |   |  | 20.   |
| 21.00   | 5  |               |                  |               |   |  | 21.   |
|         |  |               |                  | 00            |   |  |       |
|         | Cost Report Preparer Contact Information   |               | 3                | . 00          |   |  |       |
| 41.00   | Enter the first name, last name and the title<br>held by the cost report preparer in columns 1<br>respectively.  |               | SENI OR REI MBUI | RSEMENT ANALY | ST  |  | 41.   |
| 42.00   | Enter the employer/company name of the cost r  | report        |                  |               |   |  | 42.   |
| 43.00   | preparer.<br>Enter the telephone number and email address  | of the cost   |                  |               |   |  | 43.   |
|         | report preparer in columns 1 and 2, respectiv  |               |                  |               |   |  |       |

| OSPI T   | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC   | AL DATA                    |     | Provi der | CCN: 150002           |        | eriod:<br>com 01/01/2014<br>o 12/31/2014 | Worksheet S-3<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | par |
|----------|---|----------------------------|-----|-----------|-----------------------|--------|--|---|-----|
|          |   |                            |     |           |                       |        |  | I/P Days / O/P  |     |
|          | Component   | Worksheet A<br>Line Number | No. | of Beds   | Bed Days<br>Available |        | CAH Hours                                | <u>Visits / Trips</u><br>Title V                          |     |
|          |   | 1.00                       |     | 2.00      | 3.00                  |        | 4.00                                     | 5.00  |     |
| 00       | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds)<br>HMO and other (see instructions)<br>HMO IPF Subprovider | 30. 00                     |     | 371       | 135, 4                | 15     | 0.00                                     | 0   | 2   |
| 00       | HMO IRF Subprovider   |                            |     |           |                       |        |  | 0   | 4   |
| 00       | Hospital Adults & Peds. Swing Bed SNF<br>Hospital Adults & Peds. Swing Bed NF   |                            |     |           |                       |        |  | 0   |     |
| 00       | Total Adults and Peds. (exclude observation<br>beds) (see instructions)   |                            |     | 371       | 135, 4                | 15     | 0.00                                     | 0   |     |
| 00       | INTENSIVE CARE UNIT   | 31.00                      |     | 33        | 12, 0                 | 45     | 0.00                                     | 0   | 8   |
| 01       | NEONATAL ICU  | 31.01                      |     | 35        | 12, 7                 | 75     | 0.00                                     | 0   | 8   |
| 00       | CORONARY CARE UNIT  | 32.00                      |     | 0         |                       | 0      | 0.00                                     | 0   |     |
| . 00     | BURN INTENSIVE CARE UNIT  | 33.00                      |     | 0         |                       | 0      | 0.00                                     | 0   |     |
| . 00     | SURGICAL INTENSIVE CARE UNIT  | 34.00                      |     | 0         |                       | 0      | 0.00                                     | 0   |     |
| 2. 00    | OTHER SPECIAL CARE (SPECIFY)  |                            |     |           |                       |        |  |   | 12  |
| . 00     | NURSERY   | 43.00                      |     |           |                       |        |  | 0   |     |
| . 00     | Total (see instructions)  |                            |     | 439       | 160, 2                | 35     | 0.00                                     | 0   |     |
| . 00     | CAH visits  | 10.00                      |     |           | <b>F</b> 4            | 10     |  | 0   |     |
| . 00     | SUBPROVIDER - IPF   | 40.00                      |     | 14        | 5, 1                  |        |  | 0   |     |
| . 00     | SUBPROVIDER - IRF   | 41.00                      |     | 39        | 14, 2                 |        |  | 0   |     |
| 00       |   | 42.00                      |     | 0         |                       | 0<br>0 |  | 0   |     |
| 00<br>00 | SKILLED NURSING FACILITY<br>NURSING FACILITY  | 44. 00<br>45. 00           |     | 0         |                       | 0      |  | 0   |     |
| 00       | OTHER LONG TERM CARE  | 45.00                      |     | 0         |                       | 0      |  | 0   | 21  |
| 00       | HOME HEALTH AGENCY  | 101.00                     |     | 0         |                       | 0      |  | 0   |     |
| . 00     | AMBULATORY SURGICAL CENTER (D. P. )   | 115.00                     |     |           |                       |        |  | 0   | 23  |
| 00       | HOSPI CE  | 116.00                     |     | o         |                       | 0      |  |   | 24  |
| 10       | HOSPICE (non-distinct part)   | 30.00                      |     | 0         |                       | Ŭ      |  |   | 24  |
| 00       | CMHC - CMHC   | 99.00                      |     |           |                       |        |  | 0   |     |
| 10       | CMHC - CORF   | 99.10                      |     |           |                       |        |  | 0   |     |
| . 00     | RURAL HEALTH CLINIC   | 88.00                      |     |           |                       |        |  | 0   | 26  |
| 25       | FEDERALLY QUALIFIED HEALTH CENTER   | 89.00                      |     |           |                       |        |  | 0   | 26  |
| . 00     | Total (sum of lines 14-26)  |                            |     | 492       |                       |        |  |   | 27  |
| . 00     | Observation Bed Days  |                            |     |           |                       |        |  | 0   | 28  |
| . 00     | Ambul ance Trips  |                            |     |           |                       |        |  |   | 29  |
| . 00     | Employee discount days (see instruction)  |                            |     |           |                       |        |  |   | 30  |
| . 00     | Employee discount days - IRF  |                            |     |           |                       |        |  |   | 31  |
| . 00     | Labor & delivery days (see instructions)  |                            |     | 0         |                       | 0      |  |   | 32  |
| . 01     | Total ancillary labor & delivery room<br>outpatient days (see instructions)<br>LTCH non-covered days  |                            |     |           |                       |        |  |   | 32  |

| OSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC   | AL DATA  | Provi der   | F   | eriod:<br>rom 01/01/2014<br>o 12/31/2014                    |   | pare   |
|--|--|---|---|---|---|--|
|  | I/P Days   | / O/P Visits  | / Trips   | Full Time B   | Equi val ents   |  |
| Component  | Title XVIII  | Title XIX   | Total All<br>Patients   | Total Interns<br>& Residents                                | Employees On<br>Payroll   |  |
|  | 6.00   | 7.00  | 8.00  | 9.00  | 10.00   |  |
| <ul> <li>NO Hospital Adults &amp; Peds. (columns 5, 6, 7 and<br/>8 exclude Swing Bed, Observation Bed and<br/>Hospice days) (see instructions for col. 2<br/>for the portion of LDP room available beds)</li> <li>NO HMO and other (see instructions)</li> <li>HMO IPF Subprovider</li> <li>HMO IPF Subprovider</li> <li>HMO Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>Hospital Adults and Peds. (exclude observation<br/>beds) (see instructions)</li> <li>INTENSIVE CARE UNIT</li> <li>NO BURN INTENSIVE CARE UNIT</li> <li>OU BURN INTENSIVE CARE UNIT</li> <li>OU SURGICAL INTENSIVE CARE UNIT</li> <li>OU Total (see instructions)</li> <li>OU THER SPECIAL CARE (SPECIFY)</li> <li>OU Total (see instructions)</li> <li>OU Total (see instructions)</li> <li>SUBPROVIDER - IPF</li> <li>OU SUBPROVIDER - IRF</li> <li>SUBPROVIDER</li> <li>OU SKILLED NURSING FACILITY</li> </ul>   | 35, 658<br>3, 331<br>13<br>0<br>0<br>35, 658<br>3, 898<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 13, 186<br>14, 925<br>0<br>499<br>0<br>13, 186<br>0<br>0<br>0<br>0<br>13, 186<br>0<br>277<br>887<br>0<br>0<br>277<br>877<br>0<br>0<br>0 | 80, 933<br>0<br>80, 933<br>8, 385<br>3, 353<br>0<br>0<br>3, 192<br>95, 863<br>0<br>1, 330<br>11, 263<br>0<br>0<br>0 | 3. 00<br>0. 00<br>0. 00<br>0. 00<br>0. 00<br>0. 00          | 1, 876. 76<br>11. 06<br>50. 33<br>0. 00<br>0. 00                      | 15.<br>16.<br>17.<br>18.<br>19.                          |
| <ul> <li>Note Server the server of the serve</li></ul> | 10, 349<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>5, 838<br>0  | 0<br>0<br>18, 581<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0 | 0.00<br>0.00<br>23.45<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 20<br>21<br>22<br>23<br>24<br>24<br>25<br>25<br>26<br>26 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICA   | AL DATA  | Provi der | CCN: 150002            | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet S-3<br>Part I<br>Date/Time Prep<br>5/28/2015 9:0 | pared:   |
|--|--|-----------|------------------------|---|--|--|
|  | Full Time<br>Equivalents   |           | Di s                   | charges                                     | 372072013 7.0  |  |
| Component  | Nonpai d<br>Workers  | Title V   | Title XVIII            | Title XIX                                   | Total All<br>Patients                                      |  |
|  | 11.00  | 12.00     | 13.00                  | 14.00                                       | 15.00  |  |
| <ul> <li>1.00 Hospital Adults &amp; Peds. (columns 5, 6, 7 and<br/>8 exclude Swing Bed, Observation Bed and<br/>Hospice days) (see instructions for col. 2<br/>for the portion of LDP room available beds)</li> <li>2.00 HM0 and other (see instructions)</li> <li>3.00 HM0 IPF Subprovider</li> <li>4.00 HM0 IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation<br/>beds) (see instructions)</li> <li>3.00 INTENSIVE CARE UNIT</li> <li>3.01 NEONATAL I CU</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 OTHER SPECIAL CARE (SPECIFY)</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P. )</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMF</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>20.00 Employee discount days (see instruction)</li> <li>32.01 Labor &amp; delivery days (see instructions)</li> <li>32.01 LTCH non-covered days</li> </ul> | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 0         | 6, 4<br>4<br>6, 4<br>1 | 04 2, 254<br>85 0                           | 18, 096<br>285<br>786<br>0<br>0                            | 1. C<br>2. C<br>3. C<br>4. C<br>5. C<br>6. C<br>7. C<br>8. C<br>9. C<br>10. C<br>11. C<br>13. C<br>15. C<br>16. C<br>17. C<br>15. C<br>16. C<br>17. C<br>15. C<br>16. C<br>17. C<br>19. C<br>21. C<br>22. C<br>23. C<br>24. C<br>25. 1<br>26. C<br>24. C<br>25. C<br>31. C<br>25. C<br>26. C<br>27. C<br>28. C<br>29. C<br>21. C<br>21. C<br>21. C<br>21. C<br>21. C<br>22. C<br>23. C<br>24. C<br>25. C<br>28. C<br>29. C<br>21. C<br>21. C<br>21. C<br>21. C<br>21. C<br>22. C<br>23. C<br>24. C<br>23. C<br>24. C<br>28. C<br>29. C<br>21. C<br>21. C<br>21. C<br>21. C<br>21. C<br>21. C<br>21. C<br>22. C<br>23. C<br>24. C<br>23. C<br>24. C<br>23. C<br>24. C<br>23. C<br>24. C<br>23. C<br>24. C<br>23. |

| DFT 17   | Financial Systems<br>AL WAGE INDEX INFORMATION   |                            |                         | PITALS, INC<br>Provider                                     | F   | eriod:<br>rom 01/01/2014<br>o 12/31/2014 |   | pared:           |
|----------|--|----------------------------|-------------------------|---|---|--|---|------------------|
|          |  | Worksheet A<br>Line Number |                         | Reclassificati<br>on of Salaries<br>(from<br>Worksheet A-6) | Adj usted<br>Sal ari es<br>(col . 2 ± col .<br>3) |  | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |                  |
|          |  | 1.00                       | 2.00                    | 3.00  | 4.00  | 5.00                                     | 6.00  |                  |
|          | PART II - WAGE DATA<br>SALARIES  |                            |                         |   |   |  |   |                  |
| 0        | Total salaries (see  | 200. 00                    | 137, 254, 874           | 0   | 137, 254, 874                                     | 4, 394, 574. 00                          | 31. 23                                      | 1.00             |
| 00       | instructions)<br>Non-physician anesthetist Part  |                            | 0                       | 0   | 0   | 0.00                                     | 0.00  | 2.00             |
| 00       | A<br>Non-physician anesthetist Part<br>B   |                            | 0                       | 0   | 0   | 0.00                                     | 0.00  | 3.00             |
| 00       | Physician-Part A –<br>Administrative   |                            | 0                       | 0   | 0   | 0.00                                     | 0.00  | 4.00             |
|          | Physicians - Part A - Teaching   |                            | 0                       | 0   | 0   | 0.00                                     |   |                  |
|          | Physician-Part B   |                            | 0                       | 0   | 0   | 0.00                                     |   |                  |
|          | Non-physician-Part B<br>Interns & residents (in an   | 21.00                      | 0                       |   |   | 0.00<br>0.00                             |   |                  |
| 0        | approved program)  | 21.00                      | 0                       | 0   |   | 0.00                                     | 0.00  | 7.00             |
| )1       | Contracted interns and residents (in an approved   |                            | 259, 824                | 0   | 259, 824  | 6, 240. 00                               | 41.64                                       | 7. 01            |
| 0        | programs)<br>Home office personnel   |                            | 0                       | 0   | 0   | 0.00                                     | 0.00  | 8.00             |
| 00       | SNF  | 44.00                      | 0                       | 0   | 0   | 0.00                                     |   |                  |
| 00       | Excluded area salaries (see<br>instructions)<br>OTHER WAGES & RELATED COSTS                    |                            | 24, 796, 975            | 159, 527  | 24, 956, 502                                      | 490, 905. 00                             |   | 10.00            |
|          | Contract labor: Direct Patient   |                            | 5, 108, 580             | 0   | 5, 108, 580                                       | 120, 491. 00                             | 42, 40                                      | 11.00            |
|          | Care   |                            | -,,                     |   |   |  |   |                  |
| 00       | Contract labor: Top level<br>management and other<br>management and administrative<br>services |                            | 94, 514                 | 0   | 94, 514   | 2, 210. 00                               | 42. 77                                      | 12.00            |
| 00       | Contract Labor: Physician-Part   |                            | 795, 201                | 0   | 795, 201  | 5, 516. 00                               | 144. 16                                     | 13.00            |
|          | A - Administrative   |                            |                         |   |   |  |   |                  |
| 00       | Home office salaries &   |                            | 0                       | 0   | 0   | 0.00                                     | 0.00  | 14.00            |
| 00       | wage-related costs<br>Home office: Physician Part A  |                            | 0                       | 0   | 0   | 0.00                                     | 0.00  | 15.00            |
|          | - Administrative<br>Home office and Contract   |                            | 0                       |   |   |  |   | 16.00            |
|          | Physicians Part A - Teaching   |                            |                         |   |   |  |   |                  |
|          | WAGE-RELATED COSTS<br>Wage-related costs (core) (see   |                            | 27, 488, 442            | 0   | 27, 488, 442                                      | 1  |   | 17.00            |
| 00       | instructions)  |                            | 27,400,442              |   | 27,400,442  |  |   | 17.00            |
|          | Wage-related costs (other)<br>(see instructions)   |                            | 0                       | _   | _   |  |   | 18.00            |
|          | Excluded areas<br>Non-physician anesthetist Part   |                            | 3, 738, 638<br>0        |   | -,,   |  |   | 19.00<br>20.00   |
| 00       | A<br>Non-physician anesthetist Part  |                            | 0                       | 0   | 0   |  |   | 21.00            |
| 00       | B<br>Physician Part A -  |                            | 0                       | 0   | 0   |  |   | 22.00            |
| 01       | Administrative   |                            | 0                       |   |   |  |   | 22.01            |
|          | Physician Part A - Teaching<br>Physician Part B  |                            | 0                       | 0   | 0   |  |   | 22.01<br>23.00   |
|          | Wage-related costs (RHC/FQHC)  |                            | 0                       | 0   | 0   |  |   | 24.00            |
|          | Interns & residents (in an   |                            | 0                       | 0   | 0   |  |   | 25.00            |
|          | approved program)  | <u>c</u>                   |                         |   |   |  |   |                  |
| 00       | OVERHEAD COSTS - DIRECT SALARIE<br>Employee Benefits Department                                | 4.00                       | 1, 291, 520             | -71, 210  | 1, 220, 310                                       | 32, 158. 00                              | 37.95                                       | 26.00            |
|          | Administrative & General   | 5.00                       | 19, 532, 681            |   |   |  |   |                  |
|          | Administrative & General under contract (see inst.)  |                            | 1, 918, 275             |   |   | 9, 510. 00                               |   |                  |
| 00 00    | Maintenance & Repairs<br>Operation of Plant  | 6. 00<br>7. 00             | 2 240 025               |   | 0<br>3, 249, 025                                  | 0.00<br>153,262.00                       |   |                  |
|          | Laundry & Linen Service  | 8.00                       | 3, 249, 025             |   | 3, 249, 023                                       | 0.00                                     |   |                  |
|          | Housekeepi ng  | 9.00                       | 4, 409, 791             | 1, 367  | 4, 411, 158                                       |  |   |                  |
|          | Housekeeping under contract  |                            | 0                       | 0   | 0   | 0.00                                     |   |                  |
|          | (see instructions)   |                            |                         |   |   |  |   |                  |
|          | Dietary  | 10.00                      | 3, 015, 849             | -836, 090   | 2, 179, 759                                       |  |   |                  |
| 00       | Dietary under contract (see instructions)  |                            | 0                       | 0   |   | 0.00                                     | 0.00  | 35.00            |
| 00       | Cafeteri a   | 11.00                      | 274, 700                | 836, 867  | 1, 111, 567                                       | 67, 657. 00                              | 16. 43                                      | 36.00            |
|          | Maintenance of Personnel   | 12.00                      | 0                       | 0   | 0   | 0.00                                     |   | 37.00            |
|          |  |                            |                         |   |   |  |   |                  |
| 00<br>00 | Nursi ng Admi ni strati on<br>Central Services and Supply                                      | 13.00<br>14.00             | 2, 553, 471<br>565, 599 |   | 1   |  | 42.42                                       | 38. 00<br>39. 00 |

| Health Financial Systems                           |             | METHODIST HOS | SPITALS, INC      |               | In Lie         | u of Form CMS-2                 | 2552-10 |
|--|-------------|---------------|-------------------|---------------|----------------|---------------------------------|---------|
| HOSPITAL WAGE INDEX INFORMATION                    |             |               | Provi der         |               | Peri od:       | Worksheet S-3                   |         |
|  |             |               |                   |               | rom 01/01/2014 |                                 |         |
|  |             |               |                   |               | To 12/31/2014  | Date/Time Prep<br>5/28/2015 9:0 |         |
|  | Worksheet A | Amount        | Recl assi fi cati | Adj usted     | Paid Hours     | Average Hourly                  |         |
|  | Line Number | Reported      | on of Salaries    | Sal ari es    | Related to     | Wage (col. 4 ÷                  |         |
|  |             |               | (from             | (col.2 ± col. | Salaries in    | col. 5)                         |         |
|  |             |               | Worksheet A-6)    | 3)            | col. 4         |                                 |         |
|  | 1.00        | 2.00          | 3.00              | 4.00          | 5.00           | 6.00                            |         |
| 41.00 Medical Records & Medical<br>Records Library | 16.00       | 1, 813, 920   | 0                 | 1, 813, 920   | 79, 321. 00    | 22. 87                          | 41.00   |
| 42.00 Social Service                               | 17.00       | 69, 120       | 437, 133          | 506, 253      | 3 15, 212. 00  | 33. 28                          | 42.00   |
| 43.00 Other General Service                        | 18.00       | 0             | 0                 | (             | 0.00           | 0.00                            | 43.00   |

| Heal th | Financial Systems                                |             | METHODIST HOS | FITALS, INC       |               | In Lie                                      | eu of Form CMS-2 | 2552-10 |
|---------|--|-------------|---------------|-------------------|---------------|---|------------------|---------|
| HOSPIT  | AL WAGE INDEX INFORMATION                        |             |               | Provi der         |               | Period:<br>From 01/01/2014<br>To 12/31/2014 |                  |         |
|         |  | Worksheet A | Amount        | Recl assi fi cati |               |   | Average Hourly   |         |
|         |  | Line Number | Reported      | on of Salaries    |               |   | Wage (col. 4 ÷   |         |
|         |  |             |               | (from             | (col.2 ± col. |   | col. 5)          |         |
|         |  |             |               | Worksheet A-6)    | · · · · ·     | col. 4                                      |                  |         |
|         |  | 1.00        | 2.00          | 3.00              | 4.00          | 5.00  | 6.00             |         |
|         | PART III - HOSPITAL WAGE INDEX                   | SUMMARY     |               |                   |               |   |                  |         |
| 1.00    | Net salaries (see                                |             | 138, 913, 325 | 0                 | 138, 913, 32  | 5 4, 397, 844. 00                           | 31.59            | 1.00    |
|         | instructions)                                    |             |               |                   |               |   |                  |         |
| 2.00    | Excluded area salaries (see<br>instructions)     |             | 24, 796, 975  | 159, 527          | 24, 956, 50   | 2 490, 905.00                               | 50. 84           | 2.00    |
| 3.00    | Subtotal salaries (line 1<br>minus line 2)       |             | 114, 116, 350 | -159, 527         | 113, 956, 82  | 3 3, 906, 939. 00                           | 29. 17           | 3.00    |
| 4.00    | Subtotal other wages & related costs (see inst.) |             | 5, 998, 295   | 0                 | 5, 998, 29    | 5 128, 217. 00                              | 46. 78           | 4.00    |
| 5.00    | Subtotal wage-related costs<br>(see inst.)       |             | 27, 488, 442  | 0                 | 27, 488, 44   | 2 0.00                                      | 24. 12           | 5.00    |
| 6.00    | Total (sum of lines 3 thru 5)                    |             | 147, 603, 087 | -159, 527         | 147, 443, 56  | 0 4, 035, 156. 00                           | 36, 54           | 6.00    |
| 7.00    | Total overhead cost (see                         |             | 38, 693, 951  |                   |               |   |                  | 7.00    |
|         | instructions)                                    |             |               |                   |               |   |                  |         |

| Heal th | Financial Systems METHODIS                              | ST_HOSPITALS,   | INC       |           | In Lie  | eu of Form CMS-2   | 2552-10        |
|---------|---|-----------------|-----------|-----------|---|--------------------|----------------|
| HOSPI T | AL WAGE RELATED COSTS                                   | Pro             | ovider CC | N: 150002 | 2 Period:<br>From 01/01/2014<br>To 12/31/2014 |                    | pared:<br>7 am |
|         |   |                 |           |           |   | Amount<br>Reported |                |
|         |   |                 |           |           |   | 1.00               |                |
|         | PART IV - WAGE RELATED COSTS<br>Part A - Core List      |                 |           |           |   |                    |                |
|         | RETIREMENT COST   |                 |           |           |   |                    |                |
| 1.00    | 401K Employer Contributions                             |                 |           |           |   | 1, 825, 631        | 1.00           |
| 2.00    | Tax Sheltered Annuity (TSA) Employer Contribution       |                 |           |           |   | 1, 025, 031        | 2.00           |
| 2.00    | Nonqualified Defined Benefit Plan Cost (see instruction | onc)            |           |           |   | -773, 550          | 2.00           |
| 4.00    | Qualified Defined Benefit Plan Cost (see instructions)  |                 |           |           |   | -773, 550          | 4.00           |
| 4.00    | PLAN ADMINISTRATIVE COSTS (Paid to External Organizati  |                 |           |           |   | 0                  | 4.00           |
| 5.00    | 401K/TSA Plan Administration fees                       |                 |           |           |   | 0                  | 5.00           |
| 6.00    | Legal /Accounting/Management Fees-Pension Plan          |                 |           |           |   | 0                  | 6.00           |
| 7.00    | Employee Managed Care Program Administration Fees       |                 |           |           |   | 0                  | 7.00           |
|         | HEALTH AND INSURANCE COST                               |                 |           |           |   |                    |                |
| 8.00    | Health Insurance (Purchased or Self Funded)             |                 |           |           |   | 14, 962, 964       | 8.00           |
| 9.00    | Prescription Drug Plan                                  |                 |           |           |   | 2, 114, 087        | 9.00           |
| 10.00   | Dental, Hearing and Vision Plan                         |                 |           |           |   | 1, 097, 355        | 10.00          |
| 11.00   | Life Insurance (If employee is owner or beneficiary)    |                 |           |           |   | 647, 664           | 11.00          |
| 12.00   | Accident Insurance (If employee is owner or beneficial  | ry)             |           |           |   | 0                  | 12.00          |
|         | Disability Insurance (If employee is owner or benefici  |                 |           |           |   | 0                  | 13.00          |
|         | Long-Term Care Insurance (If employee is owner or ben   | efi ci ary)     |           |           |   | 0                  | 14.00          |
| 15.00   | 'Workers' Compensation Insurance                        |                 |           |           |   | 1, 129, 914        | 15.00          |
| 16.00   | Retirement Health Care Cost (Only current year, not th  | he extraordi na | iry accru | al requi  | red by FASB 106.                              | 0                  | 16.00          |
|         | Non cumulative portion)                                 |                 |           |           |   |                    |                |
|         | TAXES   |                 |           |           |   | 0 505 740          | 17 00          |
|         | FICA-Employers Portion Only                             |                 |           |           |   | 9, 525, 743        |                |
|         | Medicare Taxes - Employers Portion Only                 |                 |           |           |   | 0                  |                |
|         | Unemployment Insurance                                  |                 |           |           |   | 211, 869           |                |
|         | State or Federal Unemployment Taxes OTHER               |                 |           |           |   | 0                  | 20.00          |
|         | Executive Deferred Compensation (Other Than Retiremen   | t Cost Doporto  | donlin    | oc 1 thr  | ough 1 above (coo                             | 0                  | 21.00          |
| 21.00   | instructions))  | i cost keporte  |           |           | ough 4 above. (See                            | 0                  | 21.00          |
| 22.00   | Day Care Cost and Allowances                            |                 |           |           |   | 0                  | 22.00          |
|         | Tuition Reimbursement                                   |                 |           |           |   | 0                  | 23.00          |
|         | Total Wage Related cost (Sum of lines 1 -23)            |                 |           |           |   | 30, 741, 677       |                |
|         | Part B - Other than Core Related Cost                   |                 |           |           |   |                    |                |
| 25.00   | MI SC BENEFI TS   |                 |           |           |   | 485, 403           | 25.00          |

| Health Financial Systems                        | METHODIST HOSPITALS, INC | In Lie          | u of Form CMS-2                | 2552-10 |
|---|--------------------------|-----------------|--------------------------------|---------|
| HOSPITAL CONTRACT LABOR AND BENEFIT COST        | Provider CCN: 150002     | Peri od:        | Worksheet S-3                  |         |
|   |                          | From 01/01/2014 | Part V                         |         |
|   |                          | To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0 |         |
| Cost Center Description                         |                          | Contract Labor  |                                |         |
| oost oontor bescription                         |                          | 1.00            | 2,00                           |         |
| PART V - Contract Labor and Benefit Cost        |                          |                 | 2100                           |         |
| Hospital and Hospital-Based Component Ident     | ti fi cati on:           |                 |                                | 1       |
| 1.00 Total facility's contract labor and benefi |                          | 0               | 0                              | 1.00    |
| 2.00 Hospital                                   |                          | 0               | 0                              | 2.00    |
| 3.00 Subprovider - IPF                          |                          | 0               | 0                              | 3.00    |
| 4.00 Subprovider - IRF                          |                          | 0               | 0                              | 4.00    |
| 5.00 Subprovider - (Other)                      |                          | 0               | 0                              | 5.00    |
| 6.00 Swing Beds - SNF                           |                          | 0               | 0                              | 6.00    |
| 7.00 Swing Beds - NF                            |                          | 0               | 0                              | 7.00    |
| 8.00 Hospital-Based SNF                         |                          | 0               | 0                              | 8.00    |
| 9.00 Hospital-Based NF                          |                          | 0               | 0                              | 9.00    |
| 10.00 Hospital-Based OLTC                       |                          |                 |                                | 10.00   |
| 11.00 Hospital-Based HHA                        |                          | 0               | 0                              | 11.00   |
| 12.00 Separately Certified ASC                  |                          | 0               | 0                              | 12.00   |
| 13.00 Hospital-Based Hospice                    |                          | 0               | 0                              | 13.00   |
| 14.00 Hospital-Based Health Clinic RHC          |                          | 0               | 0                              | 14.00   |
| 15.00 Hospital-Based Health Clinic FQHC         |                          | 0               | 0                              | 15.00   |
| 16.00 Hospital-Based-CMHC                       |                          | 0               | 0                              | 16.00   |
| 16.10 Hospital-Based-CMHC 10                    |                          | 0               | 0                              | 16.10   |
| 17.00 Renal Dialysis                            |                          | 0               | 0                              | 17.00   |
| 18.00 Other                                     |                          | 0               | 0                              | 18.00   |
|   |                          |                 |                                |         |

| Heal th          | Financial Systems  | METHODIST HOS          | PITALS, INC         |                   | In Lie                                      | eu of Form CMS-:     | 2552-10        |
|------------------|--|------------------------|---------------------|-------------------|---|----------------------|----------------|
| HOME H           | IEALTH AGENCY STATI STI CAL DATA   |                        |                     | CCN: 150002       | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet S-4        |                |
|                  |  |                        | Componen            | t CCN: 157536     |   | 5/28/2015 9:0        |                |
|                  |  |                        |                     |                   | Home Health<br>Agency I                     | PPS                  |                |
|                  |  |                        |                     |                   | 1.  | 00                   | -              |
| 0.00             | County   |                        |                     |                   | LAKE  |                      | 0.00           |
|                  |  | <u>Title V</u><br>1.00 | Title XVIII<br>2.00 | Title XIX<br>3.00 | 0ther<br>4.00                               | Total<br>5.00        |                |
|                  | HOME HEALTH AGENCY STATISTICAL DATA  | 1                      | 1                   | 1                 |   |                      |                |
| 1.00<br>2.00     | Home Health Aide Hours<br>Unduplicated Census Count (see instructions)       | 0.00                   | -                   |                   | 0 0<br>00 0.00                              |                      |                |
|                  | ······································                                       |                        | ,                   |                   | ployees (Full Ti                            |                      |                |
|                  |  |                        |                     |                   |   |                      |                |
|                  |  | Enter the numb         | or of bours in      | Stoff             | Contract                                    | Total                |                |
|                  |  |                        | work week           | Staff             | Contract                                    | Total                |                |
|                  |  |                        |                     |                   |   |                      |                |
|                  |  |                        |                     |                   |   |                      |                |
|                  | HOME HEALTH AGENCY - NUMBER OF EMPLOYEES                                     | (                      | 0                   | 1.00              | 2.00  | 3.00                 |                |
| 3.00             | Administrator and Assistant Administrator(s)                                 |                        | 0.00                | 0.                | 0.00  | 0.00                 | 3.00           |
| 4.00<br>5.00     | Director(s) and Assistant Director(s)<br>Other Administrative Personnel      |                        |                     | 0.<br>0.          |   |                      | 1              |
| 5.00<br>6.00     | Direct Nursing Service   |                        |                     | 0.                |   |                      | 1              |
| 7.00             | Nursi ng Supervi sor   |                        |                     | 0.                |   |                      | 1              |
| 8.00<br>9.00     | Physical Therapy Service<br>Physical Therapy Supervisor                      |                        |                     | 0.<br>0.          |   |                      | 1              |
| 10.00            | Occupational Therapy Service   |                        |                     | 0.                | 0. 00                                       | 0.00                 | 10.00          |
| 11.00<br>12.00   | Occupational Therapy Supervisor<br>Speech Pathology Service                  |                        |                     | 0.<br>0.          |   |                      | 11.00<br>12.00 |
| 13.00            | Speech Pathology Supervisor  |                        |                     | 0.                |   | 0.00                 | 13.00          |
| 14.00            | Medical Social Service   |                        |                     | 0.                |   |                      | 14.00          |
| 15. 00<br>16. 00 | Medical Social Service Supervisor<br>Home Health Aide                        |                        |                     | 0.<br>0.          |   |                      | 15.00<br>16.00 |
| 17.00            | Home Heal th Ai de Supervi sor   |                        |                     | 0.                |   |                      | 17.00          |
| 18.00            | Other (specify)<br>HOME HEALTH AGENCY CBSA CODES                             |                        |                     | 0.                | 0.00  | 0.00                 | 18.00          |
| 19.00            | Enter in column 1 the number of CBSAs where                                  |                        |                     |                   | 1   |                      | 19.00          |
|                  | you provided services during the cost reporting period.                      |                        |                     |                   |   |                      |                |
| 20.00            | List those CBSA code(s) in column 1 serviced                                 |                        |                     | 23844             |   |                      | 20.00          |
|                  | during this cost reporting period (line 20 contains the first code).         |                        |                     |                   |   |                      |                |
|                  |  |                        | oi sodes            |                   |   | <b>T L L L</b>       |                |
|                  |  | Without<br>Outliers    | With Outliers       | LUPA EDI SODE     | es PEP Only<br>Epi sodes                    | Total (cols.<br>1-4) |                |
|                  |  | 1.00                   | 2.00                | 3.00              | 4.00  | 5.00                 |                |
| 21.00            | PPS ACTIVITY DATA<br>Skilled Nursing Visits                                  | 4, 234                 | 417                 | 2                 | 11 228                                      | 5, 090               | 21.00          |
| 22.00            | Skilled Nursing Visit Charges  | 573, 604               |                     |                   |   |                      |                |
| 23.00<br>24.00   | Physical Therapy Visits<br>Physical Therapy Visit Charges                    | 2, 455<br>389, 172     |                     |                   | 27 138<br>72 22, 304                        |                      |                |
| 25.00            | Occupational Therapy Visits  | 654                    | 16                  | þ                 | 0 27  | 697                  | 25.00          |
| 26.00<br>27.00   | Occupational Therapy Visit Charges<br>Speech Pathology Visits                | 106, 590<br>77         |                     |                   | 0 4,455<br>1 0                              |                      |                |
| 28.00            | Speech Pathology Visit Charges   | 13, 629                | 4, 248              | 3 1               | 77 0  | 18, 054              | 28.00          |
| 29.00<br>30.00   | Medical Social Service Visits<br>Medical Social Service Visit Charges        | 15<br>3, 585           |                     |                   | 0 0   | 15<br>3, 585         |                |
| 31.00            | Home Health Aide Visits  | 1, 633                 | 65                  | 5                 | 4 94  | 1, 796               | 31.00          |
| 32.00<br>33.00   | Home Health Aide Visit Charges<br>Total visits (sum of lines 21, 23, 25, 27, | 107, 237<br>9, 068     |                     |                   | 01 6, 164<br>43 487                         |                      |                |
|                  | 29, and 31)  | 7,000                  |                     | 2                 |   | 10, 349              |                |
| 34.00<br>35.00   | Other Charges<br>Total Charges (sum of lines 22, 24, 26, 28,                 | 0<br>1, 193, 817       | C<br>76, 599        |                   | 0 0<br>51 63, 523                           | -                    |                |
|                  | 30, 32, and 34)  |                        |                     | 20,0              |   |                      |                |
| 36.00            | Total Number of Episodes (standard/non outlier)                              | 453                    |                     |                   | 64 23                                       | 540                  | 36.00          |
| 37.00            | Total Number of Outlier Episodes   |                        | 12                  |                   | 2   | 14                   |                |
| 38.00            | Total Non-Routine Medical Supply Charges                                     | 49, 028                | 2, 388              | 3 1, 8            | 08 1,404                                    | 54, 628              | 38.00          |

| Heal th        | Financial Systems METHODIST HOSPITALS,   | INC        |                | In Lie           | eu of Form CM | S-2552-10 |
|----------------|--|------------|----------------|------------------|---------------|-----------|
|                |  | rovider C  |                | Peri od:         | Worksheet S   | -10       |
|                |  |            |                | From 01/01/2014  |               |           |
|                |  |            |                | To 12/31/2014    |               |           |
|                |  |            |                |                  | 5/28/2015 9   | :07 am    |
|                |  |            |                |                  | 1.00          | _         |
|                | Uncompensated and indigent care cost computation   |            |                |                  |               |           |
| 1.00           | Cost to charge ratio (Worksheet C, Part I line 202 column 3 divide   | ed by lin  | e 202 column   | 8)               | 0. 2670       | 49 1.00   |
|                | Medicaid (see instructions for each line)  |            |                |                  |               |           |
| 2.00           | Net revenue from Medicaid  |            |                |                  | 43, 765, 5    | 75 2.00   |
| 3.00           | Did you receive DSH or supplemental payments from Medicaid?  |            |                |                  | Y             | 3.00      |
| 4.00           | If line 3 is "yes", does line 2 include all DSH or supplemental pa   | avments f  | rom Medicaid   | ?                | N             | 4.00      |
| 5.00           | If line 4 is "no", then enter DSH or supplemental payments from Me   |            |                |                  | 908, 7        |           |
| 6.00           | Medi cai d charges   |            |                |                  | 220, 405, 5   |           |
| 7.00           | Medicaid cost (line 1 times line 6)  |            |                |                  | 58, 859, 0    |           |
| 8,00           | Difference between net revenue and costs for Medicaid program (lin   | ne 7 minu: | s sum of line  | es 2 and 5: if   | 14, 184, 7    |           |
|                | < zero then enter zero)  |            |                |                  |               |           |
|                | State Children's Health Insurance Program (SCHIP) (see instruction   | ns for ead | ch line)       |                  |               |           |
| 9.00           | Net revenue from stand-al one SCHIP  |            |                |                  |               | 0 9.00    |
| 10.00          | Stand-alone SCHIP charges  |            |                |                  |               | 0 10.00   |
| 11.00          | Stand-alone SCHIP cost (line 1 times line 10)  |            |                |                  |               | 0 11.00   |
| 12.00          | Difference between net revenue and costs for stand-alone SCHIP (li   | ine 11 mi  | nus line 9; i  | f < zero then    |               | 0 12.00   |
|                | enter zero)  |            |                |                  |               |           |
|                | Other state or local government indigent care program (see instruc   |            |                |                  |               |           |
| 13.00          | Net revenue from state or local indigent care program (Not include   |            |                |                  | 17, 401, 2    | 83 13.00  |
| 14.00          | Charges for patients covered under state or local indigent care p  | rogram (N  | ot included i  | n lines 6 or     |               | 0 14.00   |
|                | 10)  |            |                |                  |               |           |
| 15.00          | State or local indigent care program cost (line 1 times line 14)   |            |                |                  |               | 0 15.00   |
| 16.00          | Difference between net revenue and costs for state or local indige   | ent care   | program (line  | e 15 minus line  |               | 0 16.00   |
|                | 13; if < zero then enter zero)   |            |                |                  |               |           |
| 17 00          | Uncompensated care (see instructions for each line)  |            | •··· ·         |                  |               | 0 17 00   |
| 17.00          |  |            |                |                  |               | 0 17.00   |
| 18.00          | Government grants, appropriations or transfers for support of hosp   |            |                |                  | 44 404 7      | 0 18.00   |
| 19.00          | Total unreimbursed cost for Medicaid, SCHIP and state and local i 8, 12 and 16)  | i nai gent | care program   | s (sum of lines  | 14, 184, 7    | 65 19.00  |
|                |  |            | Uni nsured     | Insured          | Total (col.   | 1         |
|                |  |            | patients       | pati ents        | + col. 2)     |           |
|                |  |            | 1.00           | 2.00             | 3.00          |           |
| 20.00          |  |            | 60, 528, 91    | 9 C              | 60, 528, 9    | 19 20.00  |
|                | charges excluding non-reimbursable cost centers) for the entire fa   |            |                |                  |               |           |
| 21.00          | Cost of initial obligation of patients approved for charity care   | (line 1    | 16, 164, 18    | 7 C              | 16, 164, 1    | 87 21.00  |
|                | times line 20)   |            |                | _                |               |           |
| 22.00          | Partial payment by patients approved for charity care  |            |                | 0 C              |               | 0 22.00   |
| 23.00          | Cost of charity care (line 21 minus line 22)   |            | 16, 164, 18    | 7 C              | 16, 164, 1    | 87 23.00  |
|                |  |            |                |                  | 1.00          |           |
| 0.4.00         |  |            |                | <u> </u>         | 1.00          |           |
| 24.00          |  |            | d a length o   | r stay limit     |               | 24.00     |
| 25.00          | imposed on patients covered by Medicaid or other indigent care pro<br>If line 24 is "yes," charges for patient days beyond an indigent   |            | arom'o Lonati  | a of atom limit  |               | 0 25.00   |
| 25.00<br>26.00 |  |            | yrani s renyti | i ui stay iillit | 18, 545, 8    |           |
|                |  |            |                |                  |               |           |
| 27.00<br>28.00 | Medicare bad debts for the entire hospital complex (see instruction<br>Non-Medicare and non-reimbursable Medicare bad debt expense (line |            | Lino 27)       |                  | 1, 066, 1     |           |
| 28.00<br>29.00 | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (The   |            |                | 201              | 4, 667, 9     |           |
| 29.00<br>30.00 | Cost of uncompensated care (line 23 column 3 plus line 29)   | se (inne   | i times iffie  | 20)              | 20, 832, 1    |           |
|                | Total unreimbursed and uncompensated care cost (line 19 plus line  | 30)        |                |                  |               | 35 30.00  |
| 51.00          | Trotal and chibar sed and uncompensated care cost (The 17 plus The   | 50)        |                |                  | 1 33,010,7    | 001 01.00 |

| ULA.     | SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C                 | F EXPENSES              | Provi der                    |                          | Period:<br>From 01/01/2014        | Worksheet A  |    |
|----------|--|-------------------------|------------------------------|--------------------------|-----------------------------------|--|----|
|          |  |                         |                              |                          | To 12/31/2014                     | Date/Time Pre<br>5/28/2015 9:0                         |    |
|          | Cost Center Description  | Sal ari es              | Other                        | Total (col.<br>+ col. 2) | 1 Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4) |    |
|          |  | 1.00                    | 2.00                         | 3.00                     | 4.00                              | 5.00   |    |
|          | GENERAL SERVICE COST CENTERS                                   | 1                       |                              |                          |                                   |  |    |
| 00       | 00100 CAP REL COSTS-BLDG & FIXT                                |                         | 0                            |                          | 0 11, 322, 809                    | 11, 322, 809   |    |
| 00       | 00400 EMPLOYEE BENEFITS DEPARTMENT                             | 1, 291, 520             | 23, 017, 990                 |                          |                                   | 24, 238, 293   |    |
| )1<br>)2 | 00550 DATA PROCESSING<br>00560 PURCHASING RECEIVING AND STORES | 4, 074, 418<br>885, 613 | 10, 701, 861<br>2, 446, 026  |                          |                                   | 14, 776, 279<br>3, 289, 463                            |    |
| )2<br>)3 | 00570 ADMI TTI NG  | 2,007,635               | 2, 440, 020<br>363, 192      |                          |                                   | 2, 370, 815  |    |
| )4       | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                        | 1, 802, 327             | -546, 963                    |                          |                                   | 1, 255, 357  | į  |
| )5       | 00590 OTHER A&G  | 10, 199, 206            | 26, 638, 606                 |                          |                                   | 22, 438, 726   |    |
| )6       | 00592 PATIENT TRANSPORTATION                                   | 563, 482                | 106, 495                     |                          |                                   | 669, 961   | !  |
| 00       | 00700 OPERATION OF PLANT                                       | 3, 249, 025             | 6, 786, 867                  | 10, 035, 89              | 2 4, 478, 837                     | 14, 514, 729   |    |
| 00       | 00800 LAUNDRY & LINEN SERVICE                                  | 0                       | 1, 500, 710                  |                          |                                   | 1, 500, 710  |    |
| 00       | 00900 HOUSEKEEPI NG  | 4, 409, 791             | 1, 293, 919                  |                          |                                   | 5, 703, 884  |    |
| 00       |  | 3, 015, 849             | 3, 362, 590                  |                          |                                   | 4, 430, 039  |    |
| 00       | 01100 CAFETERIA<br>01300 NURSING ADMINISTRATION                | 274, 700<br>2, 553, 471 | 35, 750<br>353, 452          |                          |                                   | 2, 259, 533<br>2, 906, 552                             |    |
| 00       | 01400 CENTRAL SERVICES & SUPPLY                                | 565, 599                | 1, 782, 147                  |                          |                                   | 2, 900, 552  |    |
| 00       | 01500 PHARMACY   | 0                       | 15, 708, 838                 |                          |                                   | 5, 212, 389  |    |
| 00       | 01600 MEDICAL RECORDS & LIBRARY                                | 1, 813, 920             | 887, 906                     |                          |                                   | 2, 701, 814  |    |
| 00       | 01700 SOCI AL SERVI CE   | 0                       | 0                            | ,                        | 0 437, 133                        | 437, 133   |    |
| 01       | 01701 STAFF EDUCATION  | 0                       | 0                            |                          | 0 0                               | 0  |    |
| . 02     | 01702 MEDICAL EDUCATION  | 69, 120                 | 26, 121                      | 95, 24                   |                                   | 95, 221  | 1  |
| . 00     | 02100 I & R SERVI CES-SALARY & FRI NGES APPRVD                 | 0                       | 0                            |                          | 0 259, 824                        | 259, 824   |    |
| . 00     | 02200 I & R SERVICES-OTHER PRGM COSTS APPRVD                   | 411.270                 | 0                            | E11 04                   | 0 6,600                           | 6, 600   |    |
| . 00     | 02300 PARAMED ED PROGRAM                                       | 411, 378                | 99, 688                      | 511,06                   | 6 152, 864                        | 663, 930   | 2: |
| 00       | 03000 ADULTS & PEDIATRICS                                      | 29, 771, 726            | 6, 710, 274                  | 36, 482, 00              | 0 -616, 661                       | 35, 865, 339   | 30 |
| 00       | 03100 I NTENSI VE CARE UNI T                                   | 6, 305, 467             | 1, 635, 767                  |                          |                                   | 7, 726, 508  |    |
| 01       | 03101 NEONATAL I CU  | 2, 186, 267             | 660, 708                     |                          |                                   | 2, 775, 882  |    |
| 00       | 03200 CORONARY CARE UNI T                                      | 0                       | 0                            |                          | 0 0                               | 0  | 32 |
| 00       | 03300 BURN INTENSIVE CARE UNIT                                 | 0                       | 0                            |                          | 0 0                               | 0  | 3  |
| 00       | 03400 SURGI CAL I NTENSI VE CARE UNI T                         | 0                       | 0                            |                          | 0 0                               | 0  | 3  |
| 00       | 04000 SUBPROVIDER - IPF  | 768, 860                | 73, 646                      |                          |                                   | 842, 485   |    |
| 00       | 04100 SUBPROVIDER - IRF  | 3, 022, 583             | 486, 606                     | 3, 509, 18               | 9 -46, 389                        | 3, 462, 800  |    |
| 00<br>00 | 04200 SUBPROVI DER<br>04300 NURSERY                            | 684, 612                | 0<br>270, 903                | 955, 51                  | 0 0<br>5 19,789                   | 0<br>975, 304  |    |
| 00       | 04400 SKI LLED NURSI NG FACI LI TY                             | 004,012                 | 270, 903                     |                          | 0 19,789                          | 975, 304   | 4  |
| 00       | 04500 NURSING FACILITY   | 0                       | 0                            |                          | 0 0                               | 0  | 4  |
| 00       | 04600 OTHER LONG TERM CARE                                     | 0                       | 0                            |                          | 0 0                               | 0  | 4  |
|          | ANCI LLARY SERVI CE COST CENTERS                               |                         |                              | 1                        | - 1                               |  |    |
| 00       | 05000 OPERATING ROOM   | 4,072,054               | 17, 463, 795                 |                          |                                   | 8, 425, 174  |    |
| 01       |  | 1, 223, 708<br>942, 259 | 2, 122, 078                  |                          |                                   | 3, 009, 607<br>1, 020, 953                             |    |
|          | 05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM        | 2, 586, 022             | 99, 270<br>514, 915          |                          |                                   | 3, 077, 875  |    |
| 00       | 05300 ANESTHESI OLOGY  | 2, 560, 022             | 514, 915                     | 3, 100, 93               | -23,002                           | 3,077,875  |    |
| 00       | 05400 RADI OLOGY-DI AGNOSTI C                                  | 2, 153, 564             | 1, 669, 544                  | 3, 823, 10               | -124, 096                         | 3, 699, 012  |    |
| 01       | 05401 RADI OLOGY - ULTRASOUND                                  | 1, 319, 642             | 400, 643                     |                          |                                   | 1, 635, 722  |    |
| 00       | 05500 RADI OLOGY-THERAPEUTI C                                  | 533, 013                | 744, 443                     |                          | 6 -13, 589                        | 1, 263, 867  | 5  |
| 00       | 05600 RADI OI SOTOPE   | 495, 114                | 937, 216                     |                          |                                   | 1, 431, 693  |    |
| 00       | 05700 CT SCAN  | 1,005,195               | 904, 080                     |                          |                                   | 1, 840, 751  |    |
| 00       | 05800 MAGNETIC RESONANCE I MAGING (MRI)                        | 396, 414                | 292, 749                     |                          |                                   | 627, 642   |    |
| 00<br>00 | 05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY           | 1,870,388               | 6, 713, 025<br>5, 929, 900   |                          |                                   | 3, 842, 174<br>9, 438, 050                             |    |
| 00       | 06000 LABORATORY   | 3, 512, 759             | 0, 727, 700                  | 9, 442, 65               | -4, 009<br>0 0                    | 9, 438, 050  | 6  |
| 00       | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                      |                         | 0                            |                          | 0 0                               | 0  |    |
| 00       | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                     | 1, 137, 198             | 397,007                      | 1, 534, 20               | 5 -3, 888                         |  | 6  |
| 00       | 06300 BLOOD STORI NG, PROCESSI NG & TRANS.                     | 0                       | 0                            |                          | 0 0                               | 0  |    |
| 00       | 06400 I NTRAVENOUS THERAPY                                     | 0                       | 0                            |                          | 0 0                               | 0  | 6  |
| 00       | 06500 RESPI RATORY THERAPY                                     | 2, 270, 058             | 1, 049, 542                  |                          |                                   | 3, 168, 453  |    |
| 00       | 06600 PHYSI CAL THERAPY  | 1, 456, 860             | 143, 768                     |                          |                                   | 1, 598, 645  |    |
| 00       | 06700 OCCUPATIONAL THERAPY                                     | 996, 917                | 272, 492                     |                          |                                   | 1, 268, 688  |    |
| 00<br>00 | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY             | 398, 195<br>592, 579    | 42, 582<br>272, 368          |                          |                                   | 439, 771<br>863, 496                                   |    |
| 00       | 06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB               | 592, 579<br>343, 854    | 272, 368<br>395, 577         |                          |                                   | 738, 665   |    |
| 00       | 07000 ELECTROENCEPHALOGRAPHY                                   | 909, 535                | 4, 874, 397                  |                          |                                   | 1, 515, 898  |    |
| 00       | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                     | 909, 535                | ι, στ <del>η</del> , ση<br>Ο |                          | 0 10, 302, 312                    | 10, 302, 312   |    |
| 00       | 07200 I MPL. DEV. CHARGED TO PATIENTS                          | o o                     | 0                            |                          | 0 13, 308, 188                    | 13, 308, 188   |    |
| 00       | 07300 DRUGS CHARGED TO PATIENTS                                | 421, 310                | 507, 252                     | 928, 56                  |                                   | 12, 158, 172   |    |
| 00       | 07400 RENAL DI ALYSI S   | 282                     | 1, 517, 177                  |                          |                                   | 1, 517, 010  |    |
|          | 07500 ASC (NON-DISTINCT PART)                                  | 0                       | 0                            |                          | 0 0                               | 0  | 7! |
| . 00     |  |                         |                              |                          |                                   |  | 1  |
| . 00     | OUTPATIENT SERVICE COST CENTERS<br>08800 RURAL HEALTH CLINIC   | 0                       | 0                            |                          | 0 0                               | 0  | 88 |

| Health Financial Systems   | METHODI ST HOSP | PITALS, INC            |                | In Lie                           | u of Form CMS-2         | 2552-10          |
|--|-----------------|------------------------|----------------|----------------------------------|-------------------------|------------------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O                                | F EXPENSES      | Provi der              | CCN: 150002    | Peri od:                         | Worksheet A             |                  |
|  |                 |                        |                | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre           | narod            |
|  |                 |                        |                | 10 12/31/2014                    | 5/28/2015 9:0           |                  |
| Cost Center Description  | Sal ari es      | Other                  |                | 1 Reclassificati                 |                         |                  |
|  |                 |                        | + col. 2)      | ons (See A-6)                    | Trial Balance           |                  |
|  |                 |                        |                |                                  | (col. 3 +-              |                  |
|  | 1.00            | 2.00                   | 3.00           | 4.00                             | col. 4)<br>5.00         |                  |
| 90. 00 09000 CLINIC  | 2, 138, 734     | 1, 794, 668            |                |                                  | 3, 812, 649             | 90.00            |
| 91. 00 09100 EMERGENCY   | 5, 958, 497     | 2, 639, 936            |                |                                  |                         | 91.00            |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                                   | 0,,00,,1,1      | 2,007,700              |                | 007,012                          | 0,010,021               | 92.00            |
| OTHER REIMBURSABLE COST CENTERS  | I               |                        |                |                                  |                         |                  |
| 94.00 09400 HOME PROGRAM DI ALYSI S  | 0               | 0                      |                | 0 0                              | 0                       | 94.00            |
| 95. 00 09500 AMBULANCE SERVICES  | 0               | 0                      |                | 0 0                              | 0                       | 95.00            |
| 96.00 09600 DURABLE MEDICAL EQUIP-RENTED   | 0               | 0                      |                | 0 0                              | 0                       | 96.00            |
| 97.00 09700 DURABLE MEDICAL EQUIP-SOLD   | 0               | 0                      |                | 0 0                              | 0                       | 97.00            |
| 99. 00 09900 CMHC  | 0               | 0                      |                | 0 0                              | 0                       | 99.00            |
| 99. 10 09910 CORF  | 0               | 0                      |                | 0 0                              | 0                       |                  |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM  | 0               | 0                      |                | 0 0                              |                         | 100. 00          |
| 101.00 10100 HOME HEALTH AGENCY  | 1, 661, 830     | 475, 461               | 2, 137, 29     | -2, 466                          | 2, 134, 825             | 101.00           |
| SPECI AL PURPOSE COST CENTERS<br>105. 00 10500 KI DNEY ACQUI SI TI ON              | 0               | 0                      |                | 0 0                              | 0                       | 105.00           |
| 106. 00 10600 HEART ACQUISITION  | 0               | 0                      |                | 0 0                              |                         | 105.00           |
| 107. 00 10700 LI VER ACQUI SI TI ON  | 0               | 0                      |                | 0 0                              |                         | 100.00           |
| 108. 00 10800 LUNG ACQUI SI TI ON  | 0               | 0                      |                | 0 0                              |                         | 107.00           |
| 109. 00 10900 PANCREAS ACQUISITION   | 0               | 0                      |                | 0 0                              |                         | 109.00           |
| 110.00 11000 I NTESTI NAL ACQUI SI TI ON   | 0               | 0                      |                | 0 0                              |                         | 110.00           |
| 111.00 11100 I SLET ACQUI SI TI ON   | 0               | 0                      |                | 0 0                              |                         | 111.00           |
| 113.00 11300 INTEREST EXPENSE  |                 | 0                      |                | 0 0                              | 0                       | 113.00           |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF  | 0               | 0                      |                | 0 0                              | 0                       | 114.00           |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)                                    | 0               | 0                      |                | 0 0                              | 0                       | 115.00           |
| 116. 00 11600 HOSPI CE   | 0               | 0                      |                | 0 0                              |                         | 116. 00          |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)  | 118, 322, 550   | 156, 576, 984          | 274, 899, 53   | 4 1, 566, 296                    | 276, 465, 830           | 118.00           |
| NONREI MBURSABLE COST CENTERS  | I               |                        |                | 1                                |                         |                  |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                   | 56, 979         | 166, 791               | 223, 77        | 0 0                              | 223, 770                |                  |
| 191.00 19100 RESEARCH  |                 | 0                      | 00 (40 54      | 0 0                              |                         | 191.00           |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES                                       | 15, 658, 718    | 17, 984, 799           |                |                                  |                         |                  |
| 192.01 19201 OTHER NON-REIMBURSABLE<br>192.02 19202 FAMILY HEALTH/GARY COMM HEALTH | 3,051,295       | 3, 521, 445<br>56, 098 |                |                                  | 5, 037, 744<br>221, 430 |                  |
| 192. 02/19202/FAMILY HEALTH/GARY COMM HEALTH<br>193. 00/19300/NONPALD WORKERS      | 165, 332        | 50, U98                | 221, 43        |                                  |                         | 192.02<br>193.00 |
| 200.00 TOTAL (SUM OF LINES 118-199)  | 137, 254, 874   | 178, 306, 117          | 315, 560, 99   | 0 0                              | 315, 560, 991           |                  |
| 200.00   10TAL (30W 01 LINES 110-137)  | 137,234,074     | 170, 300, 117          | 1 515, 500, 95 | ч U                              | J 515, 500, 771         | 200.00           |
|  |                 |                        |                |                                  |                         |                  |

| RECLASSI F | nancial Systems<br>TCATION AND ADJUSTMENTS OF TRIAL BALANCE ( | METHODIST HOS        |                | CCN: 150002 | Peri od:                         | u of Form CMS-<br>Worksheet A |       |
|------------|---|----------------------|----------------|-------------|----------------------------------|-------------------------------|-------|
|            |   |                      |                |             | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre                 |       |
|            | Cost Center Description                                       | Adjustments          | Net Expenses   |             |                                  | 5/28/2015 9:0                 | 07 am |
|            | cost center bescription                                       | (See A-8)            | For Allocation |             |                                  |                               |       |
| 0.51       |   | 6.00                 | 7.00           |             |                                  |                               |       |
|            | NERAL SERVICE COST CENTERS<br>100 CAP REL COSTS-BLDG & FIXT   | -2, 735, 542         |                | 1           |                                  |                               | 1 1.  |
|            | 400 EMPLOYEE BENEFITS DEPARTMENT                              | -2, 735, 542         |                |             |                                  |                               | 4.    |
|            | 550 DATA PROCESSING   | -145, 204            |                | 1           |                                  |                               | 5.    |
|            | 560 PURCHASING RECEIVING AND STORES                           | 140,204              |                | 1           |                                  |                               | 5.    |
|            | 570 ADMITTING   |                      |                | 1           |                                  |                               | 5.    |
|            | 580 CASHI ERI NG/ACCOUNTS RECEI VABLE                         | -64, 618             |                |             |                                  |                               | 5     |
|            | 590 OTHER A&G   | -410, 319            |                |             |                                  |                               | 5     |
|            | 592 PATIENT TRANSPORTATION                                    | 0                    |                |             |                                  |                               | 5     |
|            | 700 OPERATION OF PLANT  | -15, 382             |                |             |                                  |                               | 7     |
|            | 800 LAUNDRY & LINEN SERVICE                                   | 0                    |                |             |                                  |                               | 8     |
| 00 00      | 900 HOUSEKEEPI NG   | -2, 846              | 5, 701, 038    |             |                                  |                               | 9     |
| . 00 010   | 000 DI ETARY  | -42, 453             | 4, 387, 586    |             |                                  |                               | 10    |
| . 00 01    | 100 CAFETERI A  | -699, 178            | 1, 560, 355    |             |                                  |                               | 11    |
| . 00  01;  | 300 NURSI NG ADMI NI STRATI ON                                | -1, 537              | 2, 905, 015    |             |                                  |                               | 13    |
| 1. 00  014 | 400 CENTRAL SERVICES & SUPPLY                                 | C                    | 2, 083, 221    |             |                                  |                               | 14    |
|            | 500 PHARMACY  | C                    | 5, 212, 389    |             |                                  |                               | 15    |
|            | 600 MEDICAL RECORDS & LIBRARY                                 | -5, 791              |                |             |                                  |                               | 16    |
|            | 700 SOCIAL SERVICE  | C                    |                |             |                                  |                               | 17    |
|            | 701 STAFF EDUCATION   | C                    |                |             |                                  |                               | 17    |
|            | 702 MEDI CAL EDUCATI ON                                       | C                    | / /////        |             |                                  |                               | 17    |
|            | 100 I &R SERVICES-SALARY & FRINGES APPRVD                     | 0                    |                |             |                                  |                               | 21    |
|            | 200 I &R SERVICES-OTHER PRGM COSTS APPRVD                     | 205 710              | -,             |             |                                  |                               | 22    |
|            | 300 PARAMED ED PROGRAM  | -325, 719            | 338, 211       |             |                                  |                               | 23    |
|            | PATIENT ROUTINE SERVICE COST CENTERS                          | 257.00/              | 25 500 112     | 1           |                                  |                               |       |
|            | 000 ADULTS & PEDIATRICS<br>100 INTENSIVE CARE UNIT            | -357, 226            |                | 1           |                                  |                               | 30    |
|            | 101 NEONATAL I CU   | -467, 500            |                | 1           |                                  |                               | 31    |
|            | 200 CORONARY CARE UNI T                                       | -407, 500            |                | 1           |                                  |                               | 32    |
|            | 300 BURN INTENSIVE CARE UNIT                                  |                      |                | •           |                                  |                               | 33    |
|            | 400 SURGI CAL I NTENSI VE CARE UNI T                          |                      |                |             |                                  |                               | 34    |
|            | 000 SUBPROVIDER - IPF   | 0                    | 842, 485       |             |                                  |                               | 40    |
|            | 100 SUBPROVI DER – I RF                                       | 0                    |                |             |                                  |                               | 41    |
|            | 200 SUBPROVI DER  | 0                    |                | 1           |                                  |                               | 42    |
| 3. 00 043  | 300 NURSERY   | 0                    | 975, 304       |             |                                  |                               | 43    |
| 1.00 044   | 400 SKILLED NURSING FACILITY                                  | 0                    | 0 0            |             |                                  |                               | 44    |
| 5.00 04    | 500 NURSING FACILITY  | C                    | 0 0            |             |                                  |                               | 45    |
|            | 600 OTHER LONG TERM CARE                                      | C                    | 0              |             |                                  |                               | 46    |
|            | CILLARY SERVICE COST CENTERS                                  | 1                    |                | 1           |                                  |                               | 4     |
|            | 000 OPERATING ROOM  | -104, 075            |                |             |                                  |                               | 50    |
|            | 001 ENDOSCOPY   | 0                    |                | •           |                                  |                               | 50    |
|            | 100 RECOVERY ROOM   |                      |                | 1           |                                  |                               | 51    |
|            | 200 DELIVERY ROOM & LABOR ROOM<br>300 ANESTHESIOLOGY          |                      | 3,077,875      |             |                                  |                               | 52    |
|            | 400 RADI OLOGY-DI AGNOSTI C                                   | 9, 094               | 3, 708, 106    |             |                                  |                               | 53    |
|            | 401 RADI OLOGY - ULTRASOUND                                   | ,,,,,,               | 1, 635, 722    |             |                                  |                               | 54    |
|            | 500 RADI OLOGY-THERAPEUTI C                                   |                      | 1, 263, 867    |             |                                  |                               | 55    |
|            | 600 RADI OI SOTOPE  |                      | 1, 431, 693    |             |                                  |                               | 56    |
|            | 700 CT SCAN   | -2, 739              |                |             |                                  |                               | 57    |
|            | 800 MAGNETIC RESONANCE IMAGING (MRI)                          | C                    |                | 1           |                                  |                               | 58    |
|            | 900 CARDI AC CATHETERI ZATI ON                                | C                    | 3, 842, 174    | 1           |                                  |                               | 59    |
|            | 000 LABORATORY  | -828                 | 9, 437, 222    |             |                                  |                               | 60    |
|            | 001 BLOOD LABORATORY  | 0                    | 0 0            |             |                                  |                               | 60    |
|            | 100 PBP CLINICAL LAB SERVICES-PRGM ONLY                       | C                    | 0 0            |             |                                  |                               | 61    |
|            | 200 WHOLE BLOOD & PACKED RED BLOOD CELLS                      | -41,600              | 1, 488, 717    |             |                                  |                               | 62    |
|            | 300 BLOOD STORING, PROCESSING & TRANS.                        | 0                    | 0              |             |                                  |                               | 63    |
|            | 400 I NTRAVENOUS THERAPY                                      | 0                    | 0              |             |                                  |                               | 64    |
|            | 500 RESPI RATORY THERAPY                                      |                      | 3, 168, 453    |             |                                  |                               | 65    |
|            | 600 PHYSI CAL THERAPY   |                      | 1, 598, 645    | 1           |                                  |                               | 66    |
|            | 700 OCCUPATI ONAL THERAPY                                     |                      | 1, 268, 688    |             |                                  |                               | 67    |
|            | 800 SPEECH PATHOLOGY  |                      | 439,771        |             |                                  |                               | 68    |
|            | 900 ELECTROCARDI OLOGY  | E7 014               | 863, 496       |             |                                  |                               | 69    |
|            | 901 CARDI AC REHAB<br>000 ELECTROENCEPHALOGRAPHY              | -57, 214<br>-20, 540 |                |             |                                  |                               | 69    |
| 1          | 100 MEDICAL SUPPLIES CHARGED TO PATIENTS                      | -20, 540             | 10, 302, 312   | 1           |                                  |                               | 71    |
|            | 200 IMPL. DEV. CHARGED TO PATIENTS                            |                      |                | 1           |                                  |                               | 72    |
|            | 300 DRUGS CHARGED TO PATIENTS                                 |                      |                | 1           |                                  |                               | 73    |
|            | 400 RENAL DIALYSIS  |                      |                |             |                                  |                               | 74    |
|            | 500 ASC (NON-DI STINCT PART)                                  |                      |                | 1           |                                  |                               | 75    |
|            | TPATIENT SERVICE COST CENTERS                                 |                      | - U            | 1           |                                  |                               | $\pm$ |
|            | 800 RURAL HEALTH CLINIC                                       | 0                    | 0 0            |             |                                  |                               | 88    |
|            | 900 FEDERALLY QUALIFIED HEALTH CENTER                         |                      |                | •           |                                  |                               | 89    |
|            | 000 CLINIC  | -847                 | 3, 811, 802    |             |                                  |                               | 90    |
|            | 100 EMERGENCY   | 0                    | 8, 010, 621    | L           |                                  |                               | 91    |

| Health Financial Systems   | METHODI ST HOS    | PITALS, INC            | In Lieu | of Form CMS-2552-10                      |
|--|-------------------|------------------------|---------|--|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C                                  |                   | Provider CCN: 150      |         | Worksheet A                              |
|  |                   |                        |         | Date/Time Prepared:<br>5/28/2015 9:07 am |
| Cost Center Description  | Adjustments       | Net Expenses           |         |  |
|  | (See A-8)<br>6.00 | For Allocation<br>7.00 |         |  |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)                                 | 0.00              | 7.00                   |         | 92.00                                    |
| OTHER REIMBURSABLE COST CENTERS  |                   | <u> </u>               |         | 72.00                                    |
| 94.00 09400 HOME PROGRAM DI ALYSI S  | 0                 | 0                      |         | 94.00                                    |
| 95. 00 09500 AMBULANCE SERVI CES   | 0                 | 0                      |         | 95.00                                    |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED  | 0                 | 0                      |         | 96.00                                    |
| 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD  | 0                 | 0                      |         | 97.00                                    |
| 99. 00 09900 CMHC  | 0                 | 0                      |         | 99.00                                    |
| 99. 10 09910 CORF  | 0                 | 0                      |         | 99.10                                    |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM  | 0                 | 0                      |         | 100.00                                   |
| 101.00 10100 HOME HEALTH AGENCY  | 0                 | 2, 134, 825            |         | 101.00                                   |
| SPECIAL PURPOSE COST CENTERS   |                   |                        |         |  |
| 105.00 10500 KIDNEY ACQUISITION  | 0                 | 0                      |         | 105.00                                   |
| 106. 00 10600 HEART ACQUI SI TI ON   | 0                 | 0                      |         | 106.00                                   |
| 107.00 10700 LIVER ACQUISITION   | 0                 | 0                      |         | 107.00                                   |
| 108.00 10800 LUNG ACQUISITION  | 0                 | 0                      |         | 108.00                                   |
| 109.00 10900 PANCREAS ACQUI SI TI ON   | 0                 | 0                      |         | 109.00                                   |
| 110.00 11000 INTESTINAL ACQUISITION  | 0                 | 0                      |         | 110.00                                   |
| 111.00 11100 I SLET ACQUI SI TI ON   | 0                 | 0                      |         | 111.00                                   |
| 113.00 11300 INTEREST EXPENSE  | 0                 | 0                      |         | 113.00                                   |
| 114.00 11400 UTI LI ZATI ON REVIEW-SNF   | 0                 | 0                      |         | 114.00                                   |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)                                      | 0                 | 0                      |         | 115.00                                   |
| 116. 00 11600 HOSPI CE   | 0                 | 0                      |         | 116.00                                   |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)  | -5, 497, 751      | 270, 968, 079          |         | 118.00                                   |
| NONREI MBURSABLE COST CENTERS  |                   | 000 770                |         |  |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                     | 0                 | 223, 770               |         | 190.00                                   |
| 191.00 19100 RESEARCH  | 0                 | 0                      |         | 191.00                                   |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES<br>192. 01 19201 OTHER NON-RELMBURSABLE | 0                 | 33, 612, 217           |         | 192. 00<br>192. 01                       |
|  | 0                 | 5,037,744              |         | 192.01                                   |
| 192. 02 19202 FAMILY HEALTH/GARY COMM HEALTH<br>193. 00 19300 NONPALD WORKERS        | 0                 | 221, 430               |         | 192.02                                   |
| 200.00 TOTAL (SUM OF LINES 118-199)  | -5, 497, 751      | 8                      |         | 200.00                                   |
| ZUU. UU   IUTAL (SUM UF LINES ITA-199)   | -5, 497, 751      | 310,003,240            |         | J200. 00                                 |

| SSIFICATIONS                              |                     | METHODIST HOSP              | Provi der CCN: 1                  | 50002 Period:                  | eu of Form CMS-2552<br>Worksheet A-6 |
|---|---------------------|-----------------------------|-----------------------------------|--------------------------------|--------------------------------------|
|   |                     |                             |                                   | From 01/01/201<br>To 12/31/201 |                                      |
| Cost Center                               | Increases<br>Line # | Salary                      | Other                             |                                |                                      |
| 2.00                                      | 3.00                | 4.00                        | 5.00                              |                                |                                      |
| A - CAFETERIA                             | 44.00               | 00/ 0/7                     | 4 440 000                         |                                |                                      |
| CAFETERIA                                 | <u>11.00</u>        | <u>836, 867</u><br>836, 867 | <u>1, 112, 230</u><br>1, 112, 230 |                                | 1.                                   |
| B - CLINICAL TRAINING COST                |                     | 030,007                     | 1, 112, 200                       |                                |                                      |
| PARAMED ED PROGRAM                        | 23.00               | 152, 925                    | 0                                 |                                | 1.                                   |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 2.                                   |
|   | 0.00                | 0                           | 0                                 |                                | 4                                    |
|   | 0.00                | О                           | 0                                 |                                | 5                                    |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 6                                    |
|   | 0.00                | 0                           |                                   |                                | 8                                    |
| TOTALS                                    |                     | 152, 925                    | <u>0</u>                          |                                |                                      |
| C - SOCI AL WORKERS<br>SOCI AL SERVI CE   | 17.00               | 437, 133                    | 0                                 |                                | 1.                                   |
| TOTALS                                    |                     | 437, 133                    | <u>0</u>                          |                                |                                      |
| E – RESI DENTS                            |                     |                             |                                   |                                |                                      |
| I&R SERVICES-SALARY &                     | 21.00               | 0                           | 259, 824                          |                                | 1.                                   |
| FRINGES APPRVD<br>I&R SERVICES-OTHER PRGM | 22.00               | o                           | 6, 600                            |                                | 2                                    |
| COSTS_APPRVD                              |                     |                             |                                   |                                | _                                    |
| TOTALS<br>F - MED SUPPLY                  |                     | 0                           | 266, 424                          |                                |                                      |
| MEDICAL SUPPLIES CHARGED TO               | 71.00               | 0                           | 10, 302, 312                      |                                | 1                                    |
| PATI ENTS                                 |                     |                             |                                   |                                |                                      |
| IMPL. DEV. CHARGED TO<br>PATIENTS         | 72.00               | 0                           | 13, 308, 188                      |                                | 2                                    |
| TATIENTS                                  | 0.00                | о                           | 0                                 |                                | 3                                    |
|   | 0.00                | 0                           | 0                                 |                                | 4                                    |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 5                                    |
|   | 0.00                | 0                           | 0                                 |                                | 7                                    |
|   | 0.00                | О                           | 0                                 |                                | 8                                    |
|   | 0.00                | 0                           | 0                                 |                                | 9                                    |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 10                                   |
|   | 0.00                | 0                           | 0                                 |                                | 12                                   |
|   | 0.00                | 0                           | 0                                 |                                | 13                                   |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 14                                   |
|   | 0.00                | 0                           | 0                                 |                                | 16                                   |
|   | 0.00                | О                           | 0                                 |                                | 17                                   |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 18                                   |
|   | 0.00                | 0                           | 0                                 |                                | 20                                   |
|   | 0.00                | 0                           | 0                                 |                                | 21                                   |
|   | 0.00<br>0.00        | 0<br>0                      | 0<br>0<br>0<br>0                  |                                | 22                                   |
|   | 0.00                | 0                           | 0                                 |                                | 23                                   |
|   | 0.00                | 0                           | 0                                 |                                | 25                                   |
|   | 0.00                | 0                           |                                   |                                | 26                                   |
|   | 0.00<br>0.00        | 0                           | 0<br>0                            |                                | 27                                   |
|   | 0.00                | 0                           | 0                                 |                                | 29                                   |
|   | 0.00                | О                           | 0                                 |                                | 30                                   |
|   | 0.00                | 0                           | 0                                 |                                | 31                                   |
|   | 0.00<br>0.00        | 0                           | 0<br>0                            |                                | 32                                   |
|   | 0.00                | 0                           | 0                                 |                                | 34                                   |
|   | 0.00                | o                           |                                   |                                | 35                                   |
|   | 0.00<br>0.00        | 0                           | 0<br>0                            |                                | 36                                   |
|   | 0.00                | 0                           | 0                                 |                                | 38                                   |
|   | 0.00                | 0                           | 0                                 |                                | 39                                   |
|   | 0.00                | 0                           | 0                                 |                                | 40                                   |
|   | 0.00<br>0.00        | 0                           | 0<br>0                            |                                | 41                                   |
|   | 0.00                | 0                           | 0                                 |                                | 42                                   |
|   | 0.00                | О                           | 0                                 |                                | 44                                   |
|   | 0.00                | 0                           | 0                                 |                                | 45                                   |
|   | 0.00<br>0.00        | 0                           | 0                                 |                                | 46                                   |
|   | 0.00                | 0                           | 0                                 |                                | 48                                   |
| TOTALS                                    | +                   | o                           | 23, 610, 500                      |                                | 1                                    |

| Hoal th | Financial Systems         |              | METHODI ST HOSE    |                                 |             | Inlie                            | u of Form CMS | -2552-10  |
|---------|---------------------------|--------------|--------------------|---------------------------------|-------------|----------------------------------|---------------|-----------|
|         | SIFICATIONS               |              | METHODIST HOS      |                                 | CCN: 150002 | Peri od:                         | Worksheet A-  |           |
|         |                           |              |                    |                                 |             | From 01/01/2014<br>To 12/31/2014 | Date/Time Pr  | epared:   |
|         |                           |              |                    |                                 |             |                                  | 5/28/2015 9:  |           |
|         |                           | Increases    |                    |                                 |             |                                  |               |           |
|         | Cost Center               | Line #       | Sal ary            | Other                           |             |                                  |               |           |
|         | 2.00                      | 3.00         | 4.00               | 5.00                            |             |                                  |               |           |
|         | G - LIGHT DUTY            |              |                    |                                 |             |                                  |               |           |
| 1.00    | HOUSEKEEPI NG             | 9.00         | 1, 367             | 0                               |             |                                  |               | 1.00      |
| 2.00    | DI ETARY                  | 10.00        | 777                | 0                               |             |                                  |               | 2.00      |
| 3.00    | ADULTS & PEDIATRICS       | 30.00        | 14, 802            | 0                               |             |                                  |               | 3.00      |
| 4.00    | SUBPROVI DER – I RF       | 41.00        | 6, 602             | 0                               |             |                                  |               | 4.00      |
| 5.00    | OPERATING ROOM            | 50.00        | 14, 662            | 0                               |             |                                  |               | 5.00      |
| 6.00    | ENDOSCOPY                 | 50.01        | 24, 452            | 0                               |             |                                  |               | 6.00      |
| 7.00    | RESPI RATORY THERAPY      | 65.00        | 8, 548             | 0                               |             |                                  |               | 7.00      |
|         | TOTALS                    | +            | 71, 210            | 0                               |             |                                  |               | 1         |
|         | H - INTEREST EXPENSE      |              | •                  |                                 |             |                                  |               | 1         |
| 1.00    | CAP REL COSTS-BLDG & FIXT | 1.00         | 0                  | 4, 603, 228                     |             |                                  |               | 1.00      |
| 2.00    |                           | 0.00         | 0                  | 0                               |             |                                  |               | 2.00      |
| 3.00    |                           | 0.00         | o                  | 0                               |             |                                  |               | 3.00      |
| 4.00    |                           | 0.00         | 0                  | 0                               |             |                                  |               | 4.00      |
| 5.00    |                           | 0.00         | 0                  | 0                               |             |                                  |               | 5.00      |
| 6.00    |                           | 0.00         | 0                  | 0                               |             |                                  |               | 6.00      |
|         | TOTALS                    |              |                    | 4, 603, 228                     |             |                                  |               |           |
|         | I - CORPORATE EXPENSE     | I            |                    | 1,000,220                       |             |                                  |               | -         |
| 1.00    | CAP REL COSTS-BLDG & FIXT | 1.00         | 0                  | 6, 719, 581                     |             |                                  |               | 1.00      |
| 2.00    | OPERATION OF PLANT        | 7.00         | 0                  | 4, 478, 933                     |             |                                  |               | 2.00      |
| 2.00    | TOTALS                    |              |                    | $-\frac{1,198,514}{11,198,514}$ |             |                                  |               | 2.00      |
|         | J - DRUG EXPENSE          | II_          | <u> </u>           | 11, 170, 011                    |             |                                  |               | -         |
| 1.00    | DRUGS CHARGED TO PATIENTS | 73.00        | 0                  | 11, 234, 505                    |             |                                  |               | 1.00      |
| 2.00    | DRUGS CHARGED TO TATTENTS | 0.00         | 0                  | 0                               |             |                                  |               | 2.00      |
| 2.00    | TOTALS — — — —            |              | — — — <del>0</del> | 11, 234, 505                    |             |                                  |               | 2.00      |
|         | K - NURSERY               |              | 9                  | 11, 234, 303                    |             |                                  |               | -         |
| 1.00    | NURSERY                   | 43.00        | 70, 935            | 0                               |             |                                  |               | 1.00      |
| 1.00    | TOTALS                    | <u>+3.00</u> | 70,935<br>70,935   | 0                               |             |                                  |               | 1.00      |
| 500 00  | Grand Total: Increases    |              | 1, 569, 070        | 52, 025, 401                    |             |                                  |               | 500.00    |
| 500.00  | pi anu iutai. Thcieases   | I I          | 1, 309, 070        | 52, 025, 401                    |             |                                  |               | 1 300. 00 |

| Heal th Financial   | Systems |
|---------------------|---------|
| RECLASSI FI CATI ON | S       |

## METHODIST HOSPITALS, INC In Provider CCN: 150002 Period:

In Lieu of Form CMS-2552-10 Worksheet A-6

|              |  |                      |                             |                                |               | From 01/01/2014<br>To 12/31/2014 | Date/Time Prepared<br>5/28/2015 9:07 am |
|--------------|--|----------------------|-----------------------------|--------------------------------|---------------|----------------------------------|---|
|              | Cost Center  | Decreases<br>Li ne # | Salary                      | Other                          | Wkst. A-7 Ref |                                  |   |
|              | 6.00   | 7.00                 | 8.00                        | 9.00                           | 10.00         | ·                                |   |
| 00           | A - CAFETERIA<br>DI ETARY                          | 10.00                | 836, 867                    | 1, 112, 230                    |               | 0                                | 1.                                      |
| 00           | TOTALS   |                      | 836, 867                    | 1, 112, 230                    |               |                                  |   |
| 00           | B - CLINICAL TRAINING COST<br>ADULTS & PEDIATRICS  | 30.00                | 11, 860                     | C                              |               | 0                                | 1.                                      |
| 00           | INTENSIVE CARE UNIT                                | 31.00                | 14, 848                     | C                              |               | 0                                | 2.                                      |
| 00           | OPERATING ROOM                                     | 50.00                | 9, 696                      | C                              |               | 0                                | 3.                                      |
| 00           | ENDOSCOPY<br>CARDI AC CATHETERI ZATI ON            | 50. 01<br>59. 00     | 3, 367<br>1, 929            | C                              |               | 0                                | 4.<br>5.                                |
| 00           | LABORATORY   | 60.00                | 2, 975                      | C                              |               | 0                                | 6.                                      |
| 00           | RESPI RATORY THERAPY                               | 65.00                | 5, 924                      | C                              |               | o                                | 7.                                      |
| 00           | EMERGENCY  | <u> </u>             | <u>102, 326</u><br>152, 925 | 0                              |               | 0                                | 8.                                      |
|              | C - SOCIAL WORKERS                                 |                      | 152, 725                    |                                |               |                                  |   |
| 00           | OTHER A&G  | 5.05                 | 437, 133                    | 0                              |               | 0                                | 1.                                      |
|              | TOTALS<br>E - RESI DENTS                           |                      | 437, 133                    | C                              |               |                                  |   |
| 00           | EMERGENCY  | 91.00                | 0                           | 266, 424                       |               | 0                                | 1.                                      |
| 00           | TOTALS   |                      | <u>0</u>                    | 266, 424                       |               | 0                                | 2.                                      |
|              | F - MED SUPPLY                                     |                      | <u> </u>                    | 200, 424                       | •             |                                  |   |
| 00           | EMPLOYEE BENEFITS DEPARTMENT                       | 4.00                 | 0                           | 7                              |               | 0                                | 1.                                      |
| 00           | PURCHASING RECEIVING AND STORES                    | 5.02                 | 0                           | 42, 176                        |               | 0                                | 2.                                      |
| 00           | ADMI TTI NG  | 5.03                 | о                           | 12                             | 2             | о                                | 3.                                      |
| 00           | CASHI ERI NG/ACCOUNTS                              | 5.04                 | 0                           | 7                              | 7             | 0                                | 4.                                      |
| 00           | RECEI VABLE<br>OTHER A&G                           | 5.05                 | 0                           | 7                              | 7             | 0                                | 5.                                      |
| 00           | PATI ENT TRANSPORTATI ON                           | 5.06                 | Ő                           | 16                             |               | 0                                | 6.                                      |
| 00           | OPERATION OF PLANT                                 | 7.00                 | 0                           | 96                             |               | 0                                | 7.                                      |
| 00<br>00     | HOUSEKEEPI NG<br>DI ETARY                          | 9.00<br>10.00        | 0                           | 1, 193<br>80                   |               | 0                                | 8.                                      |
| 00           | CAFETERIA  | 11.00                | 0                           | 14                             |               | 0                                | 10.                                     |
| . 00         | NURSING ADMINISTRATION                             | 13.00                | О                           | 371                            |               | o                                | 11.                                     |
| 2.00         | CENTRAL SERVICES & SUPPLY                          | 14.00                | 0                           | 264, 525                       |               | 0                                | 12.                                     |
| . 00<br>. 00 | PHARMACY<br>MEDICAL RECORDS & LIBRARY              | 15.00<br>16.00       | 0                           | 24, 189<br>12                  |               | 0                                | 13.                                     |
| 5.00         | MEDICAL EDUCATION                                  | 17.02                | 0                           | 20                             |               | 0                                | 15.                                     |
| 5.00         | PARAMED ED PROGRAM                                 | 23.00                | 0                           | 61                             |               | 0                                | 16.                                     |
| 7.00<br>3.00 | ADULTS & PEDIATRICS                                | 30. 00<br>31. 00     | 0                           | 619, 603<br>199, 878           |               | 0                                | 17.                                     |
| 9.00<br>9.00 | NEONATAL I CU                                      | 31.00                | 0                           | 158                            |               | 0                                | 18.                                     |
| 0. 00        | SUBPROVI DER – I PF                                | 40.00                | 0                           | 21                             |               | 0                                | 20.                                     |
| . 00         | SUBPROVIDER - IRF                                  | 41.00                | 0                           | 52, 991                        |               | 0                                | 21.                                     |
| 2.00<br>3.00 | NURSERY<br>OPERATING ROOM                          | 43.00<br>50.00       | 0                           | 51, 146<br>13, 115, 641        |               | 0                                | 22.                                     |
| 1.00         | ENDOSCOPY  | 50.01                | Ō                           | 357, 264                       |               | 0                                | 24.                                     |
| . 00         | RECOVERY ROOM                                      | 51.00                | 0                           | 20, 576                        |               | 0                                | 25.                                     |
| 5.00<br>7.00 | DELIVERY ROOM & LABOR ROOM<br>RADIOLOGY-DIAGNOSTIC | 52.00<br>54.00       | 0                           | 23, 062<br>2, 176              |               | 0                                | 26.<br>27.                              |
| . 00         | RADI OLOGY - ULTRASOUND                            | 54.01                | 0                           | 23, 603                        |               | 0                                | 27. 28.                                 |
| . 00         | RADI OLOGY-THERAPEUTI C                            | 55.00                | О                           | 13, 589                        |               | o                                | 29.                                     |
| 0.00         | RADI OI SOTOPE                                     | 56.00                | 0                           | 637                            |               | 0                                | 30.                                     |
| . 00         | CT SCAN<br>MAGNETIC RESONANCE IMAGING              | 57.00<br>58.00       | 0                           | 7, 564<br>561                  |               | 0                                | 31.                                     |
|              | (MRI)  |                      | -                           |                                |               |                                  |   |
| 3.00<br>1.00 | CARDI AC CATHETERI ZATI ON<br>LABORATORY           | 59.00<br>60.00       | 0                           | 4, 739, 310                    |               | 0                                | 33.                                     |
| . 00<br>. 00 | WHOLE BLOOD & PACKED RED                           | 60.00<br>62.00       | 0<br>0                      | 1, 634<br>3, 888               |               | 0                                | 34.<br>35.                              |
| . 00         | BLOOD CELLS<br>RESPI RATORY THERAPY                | 65.00                | o                           | 153, 771                       |               | 0                                | 36.                                     |
| . 00         | PHYSI CAL THERAPY                                  | 66.00                | 0                           | 1, 983                         | 3             | o                                | 37.                                     |
| . 00         | OCCUPATIONAL THERAPY                               | 67.00                | 0                           | 721                            |               | 0                                | 38.                                     |
| . 00<br>. 00 | SPEECH PATHOLOGY<br>ELECTROCARDI OLOGY             | 68.00<br>69.00       | 0                           | 1, 006<br>1, 451               |               | 0                                | 39.<br>40.                              |
| . 00         | CARDI AC REHAB                                     | 69.01                | 0                           | 766                            |               | 0                                | 40.                                     |
| . 00         | ELECTROENCEPHALOGRAPHY                             | 70.00                | Ō                           | 3, 505, 789                    |               | 0                                | 42.                                     |
| . 00         | DRUGS CHARGED TO PATIENTS                          | 73.00                | 0                           | 4, 895                         |               | 0                                | 43.                                     |
| . 00<br>. 00 | RENAL DI ALYSI S<br>CLI NI C                       | 74.00<br>90.00       | 0                           | 449<br>120, 753                |               | 0                                | 44.                                     |
| . 00         | EMERGENCY  | 91.00                | 0                           | 219, 062                       |               | 0                                | 46.                                     |
| . 00         | HOME HEALTH AGENCY                                 | 101.00               | 0                           | 2, 466                         | ò             | 0                                | 47.                                     |
| 3. 00        | PHYSICIANS' PRIVATE OFFICES<br>TOTALS              | 192.00               | 0                           | <u>31, 300</u><br>23, 610, 500 |               | o                                | 48.                                     |

| RECLAS | SIFICATIONS                         |              |                  | Provi der         | CCN: 150002   | Period:<br>From 01/01/2014 | Worksheet A-6                        |
|--------|-------------------------------------|--------------|------------------|-------------------|---------------|----------------------------|--------------------------------------|
|        |                                     |              |                  |                   |               | To 12/31/2014              | Date/Time Prepar<br>5/28/2015 9:07 a |
|        |                                     | Decreases    |                  |                   |               |                            |                                      |
|        | Cost Center                         | Line #       | Sal ary          |                   | Wkst. A-7 Ref | ,                          |                                      |
|        | 6.00                                | 7.00         | 8.00             | 9.00              | 10.00         |                            |                                      |
|        | G - LIGHT DUTY                      |              |                  |                   |               |                            |                                      |
| . 00   | EMPLOYEE BENEFITS DEPARTMENT        | 4.00         | 71, 210          | 0                 |               | 0                          | 1                                    |
| 2.00   |                                     | 0.00         | 0                | 0                 |               | 0                          | 2                                    |
| 8.00   |                                     | 0.00         | 0                | 0                 |               | 0                          | 3                                    |
| 1.00   |                                     | 0.00         | 0                | 0                 |               | 0                          | 4                                    |
| 5.00   |                                     | 0.00         | 0                | 0                 |               | 0                          | 5                                    |
| o. 00  |                                     | 0.00         | 0                | 0                 |               | 0                          | 6                                    |
| . 00   |                                     | 0.00         | 0                | 0                 |               | Q                          | 7                                    |
|        | TOTALS                              |              | 71, 210          | 0                 |               |                            |                                      |
|        | H - INTEREST EXPENSE                |              |                  |                   |               | 1                          |                                      |
| . 00   | OTHER A&G                           | 5.05         | 0                | 2, 763, 432       | 1             |                            | 1                                    |
| 2. 00  | RADI OLOGY-DI AGNOSTI C             | 54.00        | 0                | 121, 920          |               | 0                          | 2                                    |
| 8.00   | RADI OLOGY - ULTRASOUND             | 54.01        | 0                | 60, 960           |               | 0                          | 3                                    |
| . 00   | CT SCAN                             | 57.00        | 0                | 60, 960           |               | 0                          | 4                                    |
| 5.00   | MAGNETIC RESONANCE IMAGING<br>(MRI) | 58.00        | 0                | 60, 960           |               | 0                          | Ę                                    |
| o. 00  | OTHER NON-REIMBURSABLE              | 192.01       | 0                | 1, 534, 996       |               | 0                          | 6                                    |
|        | TOTALS                              |              | 0                | 4, 603, 228       |               |                            |                                      |
|        | I - CORPORATE EXPENSE               |              |                  |                   |               |                            |                                      |
| . 00   | OTHER A&G                           | 5.05         | 0                | 11, 198, 514      |               | 9                          | 1                                    |
| 2.00   |                                     | 0.00         | 0                | 0                 |               | 0                          | 2                                    |
|        | TOTALS                              |              | 0                | 11, 198, 514      |               |                            |                                      |
|        | J – DRUG EXPENSE                    | I            |                  |                   |               | 1                          |                                      |
| . 00   | PHARMACY                            | 15.00        | 0                | 10, 472, 260      |               | 0                          | 1                                    |
| 2.00   | ELECTROENCEPHALOGRAPHY              |              | 0                | 76 <u>2, 2</u> 45 |               | Q                          | 2                                    |
|        | TOTALS                              |              | 0                | 11, 234, 505      |               |                            |                                      |
|        | K - NURSERY                         |              | <b>i</b>         |                   |               | -                          |                                      |
| . 00   | NEONATAL ICU                        | <u>31.01</u> | 7 <u>0, 9</u> 35 | 0                 |               | Q                          | 1                                    |
|        | TOTALS                              |              | 70, 935          | 0                 |               |                            |                                      |
| 500.00 | Grand Total: Decreases              |              | 1, 569, 070      | 52, 025, 401      |               |                            | 500                                  |

| Heal th | Financial Systems                             | METHODI ST HOSI | PITALS, INC  |                |    | In Lie                 | u of Form CMS-2         | 2552-10 |
|---------|---|-----------------|--------------|----------------|----|------------------------|-------------------------|---------|
|         | LLIATION OF CAPITAL COSTS CENTERS             |                 | Provi der    | CCN: 150002    |    | riod:<br>om 01/01/2014 | Worksheet A-7<br>Part I | pared:  |
|         |   |                 |              | Acqui si ti on | IS |                        |                         |         |
|         |   | Begi nni ng     | Purchases    | Donati on      |    | Total                  | Disposals and           |         |
|         |   | Bal ances       |              |                |    |                        | Retirements             |         |
|         |   | 1.00            | 2.00         | 3.00           |    | 4.00                   | 5.00                    |         |
|         | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | F BALANCES      |              |                |    |                        |                         |         |
| 1.00    | Land  | 3, 745, 499     | 0            |                | 0  | 0                      | 0                       | 1.00    |
| 2.00    | Land Improvements                             | 5, 658, 974     | 646, 495     |                | 0  | 646, 495               | 8, 258                  | 2.00    |
| 3.00    | Buildings and Fixtures                        | 272, 319, 133   | 2, 984, 173  |                | 0  | 2, 984, 173            | 2, 108, 177             | 3.00    |
| 4.00    | Building Improvements                         | 0               | 0            |                | 0  | 0                      | 0                       | 4.00    |
| 5.00    | Fixed Equipment                               | 0               | 0            |                | 0  | 0                      | 0                       | 5.00    |
| 6.00    | Movable Equipment                             | 196, 312, 547   | 12, 960, 064 |                | 0  | 12, 960, 064           | 227, 579                | 6.00    |
| 7.00    | HIT designated Assets                         | 9, 847, 047     | 196, 449     |                | 0  | 196, 449               | 0                       | 7.00    |
| 8.00    | Subtotal (sum of lines 1-7)                   | 487, 883, 200   | 16, 787, 181 |                | 0  | 16, 787, 181           | 2, 344, 014             | 8.00    |
| 9.00    | Reconciling Items                             | -20, 950        | 0            |                | 0  | 0                      | 0                       | 9.00    |
| 10.00   | Total (line 8 minus line 9)                   | 487, 904, 150   | 16, 787, 181 |                | 0  | 16, 787, 181           | 2, 344, 014             | 10.00   |
|         |   | Ending Balance  | Fully        |                |    |                        |                         |         |
|         |   | Ũ               | Depreci ated |                |    |                        |                         |         |
|         |   |                 | Assets       |                |    |                        |                         |         |
|         |   | 6.00            | 7.00         |                |    |                        |                         |         |
|         | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET |                 |              |                |    |                        |                         |         |
| 1.00    | Land  | 3, 745, 499     | 0            |                |    |                        |                         | 1.00    |
| 2.00    | Land Improvements                             | 6, 297, 211     | 0            |                |    |                        |                         | 2.00    |
| 3.00    | Buildings and Fixtures                        | 273, 195, 129   | 0            |                |    |                        |                         | 3.00    |
| 4.00    | Building Improvements                         | 0               | 0            |                |    |                        |                         | 4.00    |
| 5.00    | Fixed Equipment                               | 0               | 0            |                |    |                        |                         | 5.00    |
| 6.00    | Movable Equipment                             | 209, 045, 032   | 0            |                |    |                        |                         | 6.00    |
| 7.00    | HIT designated Assets                         | 10, 043, 496    | 0            |                |    |                        |                         | 7.00    |
| 8.00    | Subtotal (sum of lines 1-7)                   | 502, 326, 367   | 0            |                |    |                        |                         | 8.00    |
| 9.00    | Reconciling Items                             | -20, 950        | 0            |                |    |                        |                         | 9.00    |
| 10.00   | Total (line 8 minus line 9)                   | 502, 347, 317   | 0            |                |    |                        |                         | 10.00   |
|         |   |                 |              |                |    |                        |                         |         |

| Health Financial Systems  | METHODIST HOS      | SPITALS, INC    |             | In Lie                           | u of Form CMS-2             | 2552-10        |
|---|--------------------|-----------------|-------------|----------------------------------|-----------------------------|----------------|
| RECONCILIATION OF CAPITAL COSTS CENTERS                                       |                    | Provi der       | CCN: 150002 | Peri od:                         | Worksheet A-7<br>Part II    |                |
|   |                    |                 |             | From 01/01/2014<br>To 12/31/2014 |                             | pared:<br>7 am |
|   | SUMMARY OF CAPITAL |                 |             |                                  |                             |                |
| Cost Center Description   | Depreciation       | Lease           | Interest    | Insurance (see<br>instructions)  | Taxes (see<br>instructions) |                |
|   | 9.00               | 10.00           | 11.00       | 12.00                            | 13.00                       |                |
| PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                    |                 |             |                                  |                             |                |
| 1.00 CAP REL COSTS-BLDG & FIXT  | 0                  | 0               |             | 0 0                              | 0                           | 1.00           |
| 3.00 Total (sum of lines 1-2)   | 0                  | 0               |             | 0 0                              | 0                           | 3.00           |
|   | SUMMARY O          | OF CAPITAL      |             |                                  |                             |                |
| Cost Center Description   | Other              | Total (1) (sum  |             |                                  |                             |                |
|   | Capi tal -Rel ate  | of cols. 9      |             |                                  |                             |                |
|   | d Costs (see       | through 14)     |             |                                  |                             |                |
|   | instructions)      | _               |             |                                  |                             |                |
|   | 14.00              | 15.00           |             |                                  |                             |                |
| PART II - RECONCILIATION OF AMOUNTS FROM WOR                                  | KSHEET A, COLUN    | IN 2, LINES 1 a | nd 2        |                                  |                             |                |
| 1.00 CAP REL COSTS-BLDG & FIXT  | 0                  | 0               |             |                                  |                             | 1.00           |
| 3.00 Total (sum of lines 1-2)   | 0                  | 0               |             |                                  |                             | 3.00           |

| Health Financial Systems                      | METHODIST HOS | PITALS, INC       |                | In Lie                           | u of Form CMS-2 | 2552-10 |
|---|---------------|-------------------|----------------|----------------------------------|-----------------|---------|
| RECONCILIATION OF CAPITAL COSTS CENTERS       |               | Provi der         |                | Period:                          | Worksheet A-7   |         |
|   |               |                   |                | From 01/01/2014<br>To 12/31/2014 |                 | hared   |
|   |               |                   |                |                                  | 5/28/2015 9:0   |         |
|   | COM           | PUTATION OF RAT   | FI OS          | ALLOCATION OF                    | OTHER CAPITAL   |         |
| Cost Center Description                       | Gross Assets  | Capi tal i zed    | Gross Assets   | Ratio (see                       | Insurance       |         |
| Cost center bescription                       | GIUSS ASSELS  | Leases            | for Ratio      | instructions)                    | This in ance    |         |
|   |               | Louses            | (col, 1 - col) |                                  |                 |         |
|   |               |                   | 2)             |                                  |                 |         |
|   | 1.00          | 2.00              | 3.00           | 4.00                             | 5.00            |         |
| PART III - RECONCILIATION OF CAPITAL COSTS CE | NTERS         | 1                 | 1              |                                  |                 |         |
| 1.00 CAP REL COSTS-BLDG & FIXT                | 0             | 0                 |                | 0 1.000000                       |                 | 1.00    |
| 3.00 Total (sum of lines 1-2)                 | 0             | 0                 |                | 0 1.000000                       |                 | 3.00    |
|   | ALLOCA        | TION OF OTHER (   | CAPI TAL       | SUMMARY O                        | F CAPITAL       |         |
| Cost Center Description                       | Taxes         | Other             | Total (sum of  | Depreciation                     | Lease           |         |
|   |               | Capi tal -Rel ate | cols.5         |                                  |                 |         |
|   |               | d Costs           | through 7)     |                                  |                 |         |
|   | 6.00          | 7.00              | 8.00           | 9.00                             | 10.00           |         |
| PART III - RECONCILIATION OF CAPITAL COSTS CE | 1             |                   |                |                                  |                 |         |
| 1.00 CAP REL COSTS-BLDG & FIXT                | 0             | 0                 |                | 6, 485, 006                      |                 | 1.00    |
| 3.00 Total (sum of lines 1-2)                 | 0             | 0                 |                | 0 6, 485, 006                    | 0               | 3.00    |
|   |               | SL                | JMMARY OF CAPI | IAL                              |                 |         |
| Cost Center Description                       | Interest      | Insurance (see    | Taxes (see     | Other                            | Total (2) (sum  |         |
|   |               | instructions)     | instructions)  | Capi tal -Rel ate                |                 |         |
|   |               |                   |                | d Costs (see                     | through 14)     |         |
|   |               |                   |                | instructions)                    |                 |         |
|   | 11.00         | 12.00             | 13.00          | 14.00                            | 15.00           |         |
| PART III - RECONCILIATION OF CAPITAL COSTS CE |               |                   | 1              |                                  | 0.507.0/7       |         |
| 1.00 CAP REL COSTS-BLDG & FLXT                | 2, 102, 261   |                   |                | 0 0                              | -,,             | 1.00    |
| 3.00  Total (sum of lines 1-2)                | 2, 102, 261   | 0                 | 1              | 0 0                              | 8, 587, 267     | 3.00    |

|                  | Financial Systems<br>MENTS TO EXPENSES                       |                         | METHODIST HOS  |                             | In Lie<br>Period:                | u of Form CMS-2<br>Worksheet A-8 |                |
|------------------|--|-------------------------|----------------|-----------------------------|----------------------------------|----------------------------------|----------------|
| 100001           |  |                         |                | F                           | From 01/01/2014<br>Fo 12/31/2014 | Date/Time Prep                   | pared:         |
|                  |  |                         |                | Expense Classification on   | Worksheet A                      | 5/28/2015 9:07                   | 7 am           |
|                  |  |                         |                | To/From Which the Amount is | to be Adjusted                   |                                  |                |
|                  |  |                         |                |                             |                                  |                                  |                |
|                  |  |                         |                |                             |                                  |                                  |                |
|                  | Cost Center Description                                      | Basi s/Code (2)<br>1.00 | Amount<br>2.00 | Cost Center<br>3.00         | Line #<br>4.00                   | Wkst. A-7 Ref.<br>5.00           |                |
| 1.00             | Investment income - CAP REL                                  | В                       |                | CAP REL COSTS-BLDG & FIXT   | 1.00                             |                                  | 1.00           |
| 2.00             | COSTS-BLDG & FIXT (chapter 2)<br>Investment income - CAP REL |                         | C              | *** Cost Center Deleted *** | 2.00                             | 0                                | 2.00           |
| 3.00             | COSTS-MVBLE EQUIP (chapter 2)<br>Investment income - other   |                         | 0              |                             | 0.00                             | 0                                | 3.00           |
|                  | (chapter 2)  |                         | 0              |                             |                                  |                                  |                |
| 4.00             | Trade, quantity, and time<br>discounts (chapter 8)           |                         | Ŭ              |                             | 0.00                             | 0                                | 4.00           |
| 5.00             | Refunds and rebates of expenses (chapter 8)                  |                         | C              |                             | 0.00                             | 0                                | 5.00           |
| 6.00             | Rental of provider space by                                  |                         | O              |                             | 0.00                             | 0                                | 6. 00          |
| 7.00             | suppliers (chapter 8)<br>Telephone services (pay             |                         | 0              |                             | 0.00                             | 0                                | 7.00           |
|                  | stations excluded) (chapter<br>21)                           |                         |                |                             |                                  |                                  |                |
| 8.00             | Television and radio service                                 |                         | O              |                             | 0.00                             | 0                                | 8. 00          |
| 9.00             | (chapter 21)<br>Parking lot (chapter 21)                     |                         | 0              |                             | 0.00                             | 0                                | 9.00           |
| 10.00            | Provider-based physician<br>adjustment                       | A-8-2                   | -740, 322      |                             |                                  | 0                                | 10. 00         |
| 11.00            | Sale of scrap, waste, etc.                                   |                         | C              |                             | 0.00                             | 0                                | 11.00          |
| 12.00            | (chapter 23)<br>Related organization                         | A-8-1                   | C              |                             |                                  | 0                                | 12.00          |
| 13.00            | transactions (chapter 10)<br>Laundry and linen service       |                         | 0              |                             | 0.00                             | 0                                | 13.00          |
| 14.00            | Cafeteria-employees and guests                               |                         | -699, 178      | CAFETERI A                  | 11.00                            | 0                                | 14.00          |
| 15.00            | Rental of quarters to employee<br>and others                 |                         | U              |                             | 0.00                             | 0                                | 15.00          |
| 16.00            | Sale of medical and surgical supplies to other than          |                         | 0              |                             | 0.00                             | 0                                | 16.00          |
| 17.00            | patients<br>Sale of drugs to other than                      |                         | 0              |                             | 0.00                             |                                  | 17.00          |
|                  | patients   |                         | 0              |                             |                                  |                                  |                |
| 18.00            | Sale of medical records and abstracts                        | В                       | -5, 791        | MEDICAL RECORDS & LIBRARY   | 16.00                            | 0                                | 18.00          |
| 19.00            | Nursing school (tuition, fees,<br>books, etc.)               |                         | 0              |                             | 0.00                             | 0                                | 19. 00         |
| 20.00            | Vending machines   | В                       | -42, 453       | DI ETARY                    | 10.00                            | 0                                |                |
| 21.00            | Income from imposition of interest, finance or penalty       |                         | 0              |                             | 0.00                             | 0                                | 21.00          |
| 22.00            | charges (chapter 21)<br>Interest expense on Medicare         |                         | 0              |                             | 0.00                             | 0                                | 22.00          |
| 22.00            | overpayments and borrowings to                               |                         | 0              |                             | 0.00                             | U                                | 22.00          |
| 23.00            | repay Medicare overpayments<br>Adjustment for respiratory    | A-8-3                   | C              | RESPI RATORY THERAPY        | 65.00                            |                                  | 23.00          |
|                  | therapy costs in excess of<br>limitation (chapter 14)        |                         |                |                             |                                  |                                  |                |
| 24.00            | Adjustment for physical                                      | A-8-3                   | 0              | PHYSI CAL THERAPY           | 66.00                            |                                  | 24.00          |
|                  | therapy costs in excess of<br>limitation (chapter 14)        |                         |                |                             |                                  |                                  |                |
| 25.00            | Utilization review -<br>physicians' compensation             |                         | 0              | UTILIZATION REVIEW-SNF      | 114.00                           |                                  | 25.00          |
| 24.00            | (chapter 21)   |                         |                |                             | 1.00                             |                                  | 24.00          |
| 26.00            | Depreciation - CAP REL<br>COSTS-BLDG & FIXT                  | A                       |                | CAP REL COSTS-BLDG & FIXT   | 1.00                             |                                  |                |
| 27.00            | Depreciation - CAP REL<br>COSTS-MVBLE EQUIP                  |                         | 0              | *** Cost Center Deleted *** | 2.00                             | 0                                | 27.00          |
| 28.00            | Non-physician Anesthetist                                    |                         | 0              | *** Cost Center Deleted *** | 19.00                            |                                  | 28.00          |
| 29. 00<br>30. 00 | Physicians' assistant<br>Adjustment for occupational         | A-8-3                   | 0              | OCCUPATI ONAL THERAPY       | 0.00<br>67.00                    |                                  | 29.00<br>30.00 |
|                  | therapy costs in excess of<br>limitation (chapter 14)        |                         |                |                             |                                  |                                  |                |
| 30. 99           | Hospice (non-distinct) (see                                  |                         | 0              | ADULTS & PEDIATRICS         | 30.00                            |                                  | 30. 99         |
| 31.00            | instructions)<br>Adjustment for speech                       | A-8-3                   | 0              | SPEECH PATHOLOGY            | 68.00                            |                                  | 31.00          |
|                  | pathology costs in excess of<br>limitation (chapter 14)      |                         |                |                             |                                  |                                  |                |
| 32.00            | CAH HIT Adjustment for<br>Depreciation and Interest          |                         | 0              |                             | 0.00                             | 0                                | 32. 00         |
| 22.00            | OTHER IT REVENUE   | В                       | -145, 204      | DATA PROCESSING             | 5.01                             | 0                                | 33.00          |

| Health Financial Systems |                                |               | METHODIST HOS        | SPITALS, INC                | In Lieu of Form CMS-2552-10      |                |                |  |
|--------------------------|--------------------------------|---------------|----------------------|-----------------------------|----------------------------------|----------------|----------------|--|
| ADJUSTMENTS TO EXPENSES  |                                |               | Provider CCN: 150002 |                             | Peri od:                         | Worksheet A-8  |                |  |
|                          |                                |               |                      |                             | From 01/01/2014<br>To 12/31/2014 |                | narad          |  |
|                          |                                |               |                      |                             | 10 12/31/2014                    | 5/28/2015 9:0  | pareu.<br>7 am |  |
|                          |                                |               |                      | Expense Classification of   | n Worksheet A                    |                |                |  |
|                          |                                |               |                      | To/From Which the Amount is | s to be Adjusted                 |                |                |  |
|                          |                                |               |                      |                             |                                  |                |                |  |
|                          |                                |               |                      |                             |                                  |                |                |  |
|                          |                                |               |                      |                             |                                  |                |                |  |
|                          | Cost Center Description        | Pasis/Code(2) | Amount               | Cost Center                 | Line #                           | Wkst. A-7 Ref. |                |  |
|                          | cost center bescription        | 1.00          | 2.00                 | 3,00                        | 4,00                             | 5. 00          |                |  |
| 34.00                    | CBO OTHER REVENUE              | B             |                      | CASHI ERI NG/ACCOUNTS       | 5.04                             |                | 34.00          |  |
| 01.00                    |                                | U             | 01, 010              | RECEIVABLE                  | 0.01                             |                |                |  |
| 35.00                    | OTHER A&G                      | В             | -344,757             | OTHER A&G                   | 5.05                             | 0              | 35.00          |  |
| 36.00                    | OTHER REVENUE                  | В             | -15, 382             | OPERATION OF PLANT          | 7.00                             |                | 36.00          |  |
| 37.00                    | OTHER REVENUE                  | В             | -2,846               | HOUSEKEEPI NG               | 9.00                             | 0              | 37.00          |  |
| 38.00                    | PSYCH REVENUE                  | В             | -187, 726            | ADULTS & PEDIATRICS         | 30.00                            | 0              | 38.00          |  |
| 39.00                    | OTHER REVENUE                  | В             | -1, 537              | NURSING ADMINISTRATION      | 13.00                            | 0              | 39.00          |  |
| 40.00                    | PARAMED ED PROGRAM REVENUE     | В             | -325, 719            | PARAMED ED PROGRAM          | 23.00                            | 0              | 40.00          |  |
| 41.00                    | SALE OF SILVER                 | В             | -85                  | RADI OLOGY-DI AGNOSTI C     | 54.00                            | 0              | 41.00          |  |
| 42.00                    | OTHER LAB REVENUE              | В             |                      | LABORATORY                  | 60.00                            | 0              | 42.00          |  |
| 43.00                    | OTHER REVENUE                  | В             | -41,600              | WHOLE BLOOD & PACKED RED    | 62.00                            | 0              | 43.00          |  |
|                          |                                |               |                      | BLOOD CELLS                 |                                  |                |                |  |
| 44.00                    | OTHER REVENUE                  | В             |                      | CARDIAC REHAB               | 69.01                            |                | 1 11 00        |  |
| 45.00                    | OTHER REVENUE                  | В             |                      | ELECTROENCEPHALOGRAPHY      | 70.00                            |                |                |  |
| 46.00                    | OTHER REVENUE                  | В             |                      | CLINIC                      | 90.00                            |                |                |  |
| 47.00                    | LOBBYING EXPENSE               | A             |                      | OTHER A&G                   | 5.05                             |                | 1              |  |
| 48.00                    | I HA LOBBING EXPENSE           | A             |                      | OTHER A&G                   | 5.05                             | 0              | 10.00          |  |
| 50.00                    | TOTAL (sum of lines 1 thru 49) |               | -5, 497, 751         |                             |                                  |                | 50.00          |  |
|                          | (Transfer to Worksheet A,      |               |                      |                             |                                  |                |                |  |
|                          | column 6, line 200.)           |               |                      |                             |                                  |                |                |  |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

|                   | Financial Syste |                             | METHODIST HO               | SPITALS, INC                            |                       |   | eu of Form CMS-                           |         |
|-------------------|-----------------|-----------------------------|----------------------------|---|-----------------------|---|---|---------|
| PROVI DE          | R BASED PHYSIC  | I AN ADJUSTMENT             |                            | Provi der                               |                       | Period:<br>From 01/01/2014<br>To 12/31/2014 |   | epared: |
|                   | Wkst. A Line #  | Identi fi er                | Total<br>Remuneration      | Professi onal<br>Component              | Provider<br>Component |   | Physician/Prov<br>ider Component<br>Hours |         |
|                   | 1.00            | 2.00                        | 3.00                       | 4.00                                    | 5.00                  | 6.00  | 7.00                                      |         |
| 1.00              |                 | EMPLOYEE BENEFITS DEPARTMEN |                            | 4, 913                                  |                       |   | 44  |         |
| 2.00              |                 | ADULTS & PEDIATRICS         | 169, 500                   | 169, 500                                |                       |   | 0   |         |
| 3.00              |                 | NEONATAL ICU                | 467, 500                   | 467, 500                                | (                     |   | 0   |         |
| 4.00              |                 | OPERATI NG ROOM             | 104, 075                   | 104, 075                                |                       | 2011/100                                    | 0   |         |
| 5.00              |                 | RADI OLOGY-DI AGNOSTI C     | -9, 179                    | -9, 179                                 | (                     |   | 0   |         |
| 6.00              |                 | CT SCAN                     | 2, 739                     | 2, 739                                  |                       |   | 0   |         |
| 7.00              | 0.00            |                             | 0                          | 0                                       | (                     | 0 0   | 0   |         |
| 8.00              | 0.00            |                             | 0                          | 0                                       | (                     | 0 0   | 0   |         |
| 9.00              | 0.00            |                             | 0                          | 0                                       | (                     | 0 0   | 0   | ,       |
| 10.00             | 0.00            |                             | 0                          | 0                                       | (                     | 0 0   | 0   | 10100   |
| 200.00            |                 |                             | 743, 948                   | 739, 548                                |                       |   | 44  |         |
|                   | Wkst. A Line #  | Cost Center/Physician       | Unadjusted RCE             |   | Cost of               |   | Physician Cost                            |         |
|                   |                 | I denti fi er               | Limit                      | Unadjusted RCE                          |                       | Component                                   | of Malpractice                            |         |
|                   |                 |                             |                            | Limit                                   | Conti nui ng          | Share of col.                               | Insurance                                 |         |
| -                 | 1.00            | 2.00                        | 8.00                       | 9.00                                    | Education<br>12.00    | 12<br>13.00                                 | 14.00                                     |         |
| 1.00              |                 | EMPLOYEE BENEFITS DEPARTMEN |                            | 9.00                                    | 12.00                 |   | 14.00                                     | 1.00    |
| 2.00              |                 | ADULTS & PEDIATRICS         | 3, 020                     | 0                                       | -                     | -   | 3, 275                                    |         |
| 3.00              |                 | NEONATAL ICU                | 0                          | 0                                       |                       | ° .   | 0   |         |
| 4.00              |                 | OPERATI NG ROOM             |                            | 0                                       | -                     | -   | 0   |         |
| 4.00<br>5.00      |                 | RADI OLOGY-DI AGNOSTI C     | 0                          | 0                                       |                       | °   | 0   |         |
| 6.00              |                 | CT SCAN                     | 0                          | 0                                       |                       |   | 0   |         |
| 7.00              | 0.00            |                             | 0                          | 0                                       | -                     |   | 0   |         |
| 8.00              | 0.00            |                             | 0                          | 0                                       |                       |   | 0   |         |
| 9.00              | 0.00            |                             | 0                          | 0                                       |                       |   | 0   | 0.00    |
| 10.00             | 0.00            |                             | 0                          | 0                                       | (                     | ° .   | 0   | 10.00   |
| 200.00            | 0.00            |                             | 3, 626                     | 181                                     | (                     | °   | 3 275                                     | 200.00  |
|                   | Wkst. A Line #  | Cost Center/Physician       | Provi der                  | Adjusted RCE                            | RCE                   | Adjustment                                  | 0,2,0                                     | 2001.00 |
|                   |                 | I denti fi er               | Component<br>Share of col. | Limit                                   | Di sal I owance       |   |   |         |
|                   |                 |                             | 14                         |   | 47.55                 | 10.55                                       |   |         |
| 4 00              | 1.00            |                             | 15.00                      | 16.00                                   | 17.00                 | 18.00                                       |   | 1.00    |
| 1.00              |                 | EMPLOYEE BENEFITS DEPARTMEN |                            |   |                       |   |   | 1.00    |
| 2.00              |                 | ADULTS & PEDIATRICS         | 0                          | 0                                       | -                     | 10,1000                                     |   | 2.00    |
| 3.00              |                 | NEONATAL I CU               | 0                          | 0                                       | -                     |   |   | 3.00    |
| 4.00              |                 | OPERATING ROOM              | 0                          | 0                                       | -                     | 101/0/0                                     |   | 4.00    |
| 5.00              |                 | RADI OLOGY-DI AGNOSTI C     | 0                          | 0                                       |                       |   |   | 5.00    |
| 6.00              | 57.00<br>0.00   | CT SCAN                     | 0                          | 0                                       |                       | _,  |   | 6.00    |
| 7.00              | 0.00            |                             |                            | , i i i i i i i i i i i i i i i i i i i |                       | 0   |   | 7.00    |
| 8.00              |                 |                             | 0                          | 0                                       |                       |   |   | 8.00    |
| 9.00              | 0.00            |                             | 0                          | 0                                       | -                     | -   |   | 9.00    |
| 10. 00<br>200. 00 | 0.00            |                             | 0                          | 0                                       | (                     | ° .   |   | 10.00   |
|                   |                 |                             | 0                          | 3, 626                                  | 774                   | 740, 322                                    |   | 200.00  |

| Health Financial Systems<br>COST ALLOCATION - GENERAL SERVICE COSTS |  | METHODIST HOS                |                              |                      | Period:                          | eu of Form CMS-2552-10<br>Worksheet B |                            |
|---|--|------------------------------|------------------------------|----------------------|----------------------------------|---------------------------------------|----------------------------|
|   |  |                              |                              |                      | From 01/01/2014<br>Fo 12/31/2014 |                                       |                            |
|   |  |                              | CAPI TAL                     |                      |                                  | 5/28/2015 9:0                         | 7 am                       |
|   | Cost Center Description  | Not Experses                 | RELATED COSTS<br>BLDG & FIXT |                      | DATA                             | PURCHASI NG                           |                            |
|   | cost center bescription  | Net Expenses<br>for Cost     | BLDG & FIXI                  | EMPLOYEE<br>BENEFITS | DATA<br>PROCESSI NG              | RECEIVING AND                         |                            |
|   |  | Allocation                   |                              | DEPARTMENT           |                                  | STORES                                |                            |
|   |  | (from Wkst A col. 7)         |                              |                      |                                  |                                       |                            |
|   |  | 0                            | 1.00                         | 4.00                 | 5. 01                            | 5. 02                                 |                            |
| 00  | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT          | 0 507 247                    |                              |                      |                                  |                                       | 1 1 00                     |
| . 00<br>. 00  | 00400 EMPLOYEE BENEFITS DEPARTMENT                                       | 8, 587, 267<br>24, 232, 606  |                              |                      | 2                                |                                       | 1.00<br>4.00               |
| . 01  | 00550 DATA PROCESSI NG   | 14, 631, 075                 |                              |                      |                                  |                                       | 5.01                       |
| . 02  | 00560 PURCHASING RECEIVING AND STORES                                    | 3, 289, 463                  |                              |                      |                                  | 3, 492, 106                           | 5.02                       |
| . 03<br>. 04  | 00570 ADMI TTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE             | 2, 370, 815                  |                              |                      |                                  | 4, 799<br>1, 878                      | 5.03<br>5.04               |
| . 05  | 00590 OTHER A&G  | 22, 028, 407                 |                              | 1, 741, 554          |                                  |                                       | 5.05                       |
| . 06  | 00592 PATIENT TRANSPORTATION   | 669, 961                     |                              | 100, 52              |                                  | 879                                   | 5.06                       |
| . 00<br>. 00  | 00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE                | 14, 499, 347                 |                              | 579, 620             |                                  | 32, 572<br>209                        | 7.00                       |
| . 00  | 00900 HOUSEKEEPING   | 5, 701, 038                  |                              | 786, 95              |                                  | 40, 571                               | 9.00                       |
| 0. 00   | 01000 DI ETARY   | 4, 387, 586                  | 114, 778                     |                      |                                  | 38, 739                               | 10.00                      |
| 1.00  | 01100 CAFETERIA<br>01300 NURSING ADMINISTRATION                          | 1, 560, 355                  |                              |                      |                                  | 128                                   | 11.00                      |
| 3.00<br>4.00  | 01400 CENTRAL SERVICES & SUPPLY  | 2, 905, 015                  |                              |                      |                                  | 948<br>10, 392                        | 13.00<br>14.00             |
|   | 01500 PHARMACY   | 5, 212, 389                  |                              |                      |                                  | 11, 715                               |                            |
| 6.00  | 01600 MEDICAL RECORDS & LIBRARY  | 2, 696, 023                  |                              |                      |                                  | 1, 089                                |                            |
|   | 01700 SOCIAL SERVICE<br>01701 STAFF EDUCATION                            | 437, 133                     |                              | 77, 98               |                                  | 0                                     | 17.00<br>17.01             |
|   | 01702 MEDICAL EDUCATION  | 95, 221                      |                              |                      | ,<br>,                           | 37                                    | 17.02                      |
|   | 02100 I &R SERVICES-SALARY & FRINGES APPRVD                              | 259, 824                     |                              | (                    |                                  | 0                                     | 21.00                      |
| 2.00<br>3.00  | 02200 I & SERVICES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PROGRAM   | 6, 600<br>338, 211           |                              | 100, 672             |                                  | 0                                     | 22.00<br>23.00             |
| 5.00  | INPATIENT ROUTINE SERVICE COST CENTERS                                   | 550, 211                     | 20,400                       | 100, 07.             |                                  | 1,775                                 | 23.00                      |
|   | 03000 ADULTS & PEDIATRICS  | 35, 508, 113                 |                              |                      |                                  |                                       | 30.00                      |
|   | 03100 INTENSIVE CARE UNIT<br>03101 NEONATAL ICU                          | 7, 726, 508                  |                              |                      |                                  | 63, 601<br>800                        | 31.00<br>31.01             |
| 2.00  | 03200 CORONARY CARE UNIT   | 2, 308, 382                  |                              | 377, 37              |                                  | 800                                   | 31.0                       |
| 3.00  | 03300 BURN INTENSIVE CARE UNIT   | C                            | 0                            |                      | 0 0                              | 0                                     | 33.00                      |
| 4.00  | 03400 SURGI CAL I NTENSI VE CARE UNI T                                   | 042,405                      | 0                            | (                    | 0                                | 0                                     | 34.00                      |
| 0.00  | 04000 SUBPROVI DER – I PF<br>04100 SUBPROVI DER – I RF                   | 842, 485<br>3, 462, 800      |                              | 137, 16<br>540, 40   |                                  | 187<br>10, 618                        | 40.00                      |
| 2.00  | 04200 SUBPROVI DER   | C                            | 0                            | (                    | 0 0                              | 0                                     | 42.00                      |
| 3.00  | 04300 NURSERY  | 975, 304                     | 148, 734                     | 134, 790             |                                  | 12, 641                               |                            |
| 4.00<br>5.00  | 04400 SKILLED NURSING FACILITY<br>04500 NURSING FACILITY                 |                              |                              |                      | -                                | 0                                     | 44.00<br>45.00             |
| 6.00  | 04600 OTHER LONG TERM CARE   | C                            | 0                            | (                    | 0 0                              |                                       |                            |
| 0. 00   | ANCI LLARY SERVICE COST CENTERS  | 0.221.000                    | 2(2.22)                      | 707 24               |                                  | 157 (71                               |                            |
| 0.00  | 05000 OPERATING ROOM<br>05001 ENDOSCOPY                                  | 8, 321, 099<br>3, 009, 607   |                              | 727, 340             |                                  | 157, 671<br>56, 877                   | 50.00<br>50.01             |
| 1.00  | 05100 RECOVERY ROOM  | 1, 020, 953                  |                              | 168, 099             |                                  | 159                                   |                            |
| 2.00  | 05200 DELIVERY ROOM & LABOR ROOM   | 3, 077, 875                  |                              |                      |                                  | 10, 171                               |                            |
| 3.00<br>4.00  | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C                   | 3, 708, 106                  | 0 0<br>323, 113              | 384, 196             |                                  | 0 13, 770                             | 53.00<br>54.00             |
| 4.01  | 05401 RADI OLOGY - ULTRASOUND  | 1, 635, 722                  |                              | 235, 424             |                                  | 9, 293                                | 54.01                      |
| 5.00  | 05500 RADI OLOGY-THERAPEUTI C  | 1, 263, 867                  |                              |                      |                                  | 1, 497                                | 55.00                      |
| 6.00<br>7.00  | 05600 RADI OI SOTOPE<br>05700 CT SCAN                                    | 1, 431, 693                  |                              |                      |                                  | 49, 359<br>26, 001                    | 56.00<br>57.00             |
| 8.00  | 05800 MAGNETIC RESONANCE IMAGING (MRI)                                   | 627, 642                     |                              |                      |                                  | 6, 706                                | 58.00                      |
| 9.00  | 05900 CARDI AC CATHETERI ZATI ON   | 3, 842, 174                  | 51, 111                      | 333, 333             | 3 0                              | 61, 357                               | 59.00                      |
| 0.00  |  | 9, 437, 222                  |                              |                      |                                  |                                       |                            |
| 0. 01<br>1. 00  | 06001 BLOOD LABORATORY<br>06100 PBP CLINICAL LAB SERVICES-PRGM ONLY      |                              | 0                            |                      | 0                                | 0                                     | 60.0 <sup>°</sup><br>61.00 |
| 2.00  | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                               | 1, 488, 717                  | 2, 345                       | 202, 870             | 6 0                              | 26, 816                               |                            |
| 3.00  | 06300 BLOOD STORING, PROCESSING & TRANS.                                 | C                            | 0                            | (                    | 0                                | 0                                     | 63.00                      |
| 4.00<br>5.00  | 06400 I NTRAVENOUS THERAPY<br>06500 RESPI RATORY THERAPY                 | 3, 168, 453                  | 0<br>47, 293                 | 405, 440             | 0 J                              | 0<br>44, 829                          | 64.0<br>65.0               |
| 6.00  | 06600 PHYSI CAL THERAPY  | 1, 598, 645                  |                              |                      |                                  | 1, 102                                |                            |
| 7.00  | 06700 OCCUPATI ONAL THERAPY  | 1, 268, 688                  | 64, 216                      | 177, 850             | 0 0                              | 1, 185                                | 67.0                       |
| 8.00  | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY                       | 439, 771                     |                              |                      |                                  | 588                                   |                            |
| 9.00<br>9.01  | 06901 CARDI AC REHAB   | 863, 496<br>681, 451         |                              | 105, 710<br>61, 344  |                                  | 1, 674                                |                            |
| 0. 00   | 07000 ELECTROENCEPHALOGRAPHY   | 1, 495, 358                  | 0                            | 162, 26              |                                  | 22, 801                               | 70.0                       |
|   | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS                              | 10, 302, 312                 | 0                            | (                    |                                  | 940, 333                              |                            |
| 2.00<br>3.00  | 07200 I MPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS | 13, 308, 188<br>12, 158, 172 |                              | 75, 16               | ט וי<br>ח גר                     | 1, 214, 709<br>41, 736                |                            |
|   |  |                              |                              |                      |                                  |                                       |                            |
| 4.00  | 07400 RENAL DI ALYSI S   | 1, 517, 010                  | 26, 691                      | 50                   | 0                                | 1, 567                                | 74.0                       |

| Health Financial Systems  | METHODIST HOS | PITALS, INC   |             | In Lie          | u of Form CMS-                 | 2552-10 |
|---|---------------|---------------|-------------|-----------------|--------------------------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS                         |               | Provi der     | CCN: 150002 | Period:         | Worksheet B                    |         |
|   |               |               |             | From 01/01/2014 | Part I                         |         |
|   |               |               |             | To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0 | pared:  |
|   |               | CAPI TAL      |             |                 | 572072015 9.0                  |         |
|   |               | RELATED COSTS |             |                 |                                |         |
| Cost Center Description   | Net Expenses  | BLDG & FIXT   | EMPLOYEE    | DATA            | PURCHASI NG                    |         |
|   | for Cost      |               | BENEFITS    | PROCESSI NG     | RECEIVING AND                  |         |
|   | Allocation    |               | DEPARTMENT  |                 | STORES                         |         |
|   | (from Wkst A  |               |             |                 |                                |         |
|   | col. 7)       |               |             |                 |                                |         |
|   | 0             | 1.00          | 4.00        | 5. 01           | 5. 02                          |         |
| OUTPATIENT SERVICE COST CENTERS                                 | 1             |               |             |                 |                                |         |
| 88.00 08800 RURAL HEALTH CLINIC                                 | 0             | 0             |             | 0 0             | 0                              | 88.00   |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER                   | 0             | 0             |             | 0 0             | 0                              | 89.00   |
| 90. 00 09000 CLINIC   | 3, 811, 802   |               |             |                 | 6, 064                         | 90.00   |
| 91. 00 09100 EMERGENCY  | 8, 010, 621   | 164, 805      | 1, 044, 74  | 1 0             | 112, 194                       | •       |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                |               |               |             |                 |                                | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                                 | 1             | 1             | 1           |                 |                                |         |
| 94.00 09400 HOME PROGRAM DI ALYSI S                             | 0             | 0             |             | 0 0             | 0                              | 94.00   |
| 95. 00 09500 AMBULANCE SERVICES                                 | 0             | 0             |             | 0 0             | 0                              | 95.00   |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED                     | 0             | 0             |             | 0 0             | 0                              | 96.00   |
| 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD                       | 0             | 0             |             | 0 0             | 0                              | 97.00   |
| 99.00 09900 CMHC  | 0             | 0             |             | 0 0             | 0                              | 99.00   |
| 99.10 09910 CORF  | 0             | 0             |             | 0 0             | 0                              | 99.10   |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM                      | 0             | 0             | 20/ 4-      | 0 0             | 0                              |         |
| 101.00 10100 HOME HEALTH AGENCY<br>SPECIAL PURPOSE COST CENTERS | 2, 134, 825   | 0             | 296, 47     | 0 0             | 8, 437                         | 101.00  |
| 105. 00 10500 KI DNEY ACQUI SI TI ON                            | 0             | 0             |             | 0 0             | 0                              | 105.00  |
| 106. 00 10600 HEART ACQUISITION                                 | 0             | 0             |             | 0 0             |                                | 105.00  |
| 107. 00 10700 LI VER ACQUI SI TI ON                             | 0             | 0             |             | 0 0             |                                | 107.00  |
| 108. 00 10800 LUNG ACQUI SI TI ON                               | 0             | 0             |             |                 |                                | 108.00  |
| 109. 00 10900 PANCREAS ACQUISITION                              | 0             | 0             |             |                 |                                | 109.00  |
| 110. 00 11000 I NTESTI NAL ACQUI SI TI ON                       | 0             | 0             |             | 0 0             |                                | 110,00  |
| 111. 00 11100   SLET ACQUI SI TI ON                             | 0             | 0             |             | 0 0             |                                | 111.00  |
| 113. 00 11300 I NTEREST EXPENSE                                 |               | 0             |             | ° °             | 0                              | 113.00  |
| 114. 00 11400 UTI LI ZATI ON REVI EW-SNF                        |               |               |             |                 |                                | 114.00  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D. P. )                | 0             | 0             |             | 0 0             | 0                              | 115.00  |
| 116. 00 11600 HOSPI CE  | 0             | 0             |             | 0 0             |                                | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)                           | 270, 968, 079 | 8, 337, 796   | 20, 891, 04 | 6 15, 413, 915  | 3, 443, 434                    | 118.00  |
| NONREI MBURSABLE COST CENTERS                                   |               |               |             |                 |                                |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                | 223, 770      | 10, 968       | 10, 16      | 5 0             | 13, 948                        | 190.00  |
| 191. 00 19100 RESEARCH  | 0             | 0             |             | 0 0             | 0                              | 191.00  |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES                     | 33, 612, 217  | 162, 662      | 2, 793, 51  | 5 0             | 34, 334                        | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE                            | 5, 037, 744   | 21, 052       | 544, 35     | 0               | 352                            | 192. 01 |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH                     | 221, 430      | 54, 789       | 29, 49      | 95 0            |                                | 192. 02 |
| 193. 00 19300 NONPALD WORKERS                                   | 0             | 0             |             | 0 0             | 0                              | 193.00  |
| 200.00 Cross Foot Adjustments                                   |               |               |             |                 |                                | 200. 00 |
| 201.00 Negative Cost Centers                                    |               | 0             |             | 0 0             |                                | 201.00  |
| 202.00  TOTAL (sum lines 118-201)                               | 310, 063, 240 | 8, 587, 267   | 24, 268, 57 | 15, 413, 915    | 3, 492, 106                    | 202.00  |
|   |               |               |             |                 |                                |         |

|                  | Financial Systems  | METHODI ST HOSE     |  |                             |  | u of Form CMS-2   | 2552-10          |
|------------------|--|---------------------|--|-----------------------------|--|---|------------------|
| COST A           | LLOCATION - GENERAL SERVICE COSTS  |                     | Provi der                                |                             | eriod:<br>com 01/01/2014<br>p 12/31/2014 | Worksheet B<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am   |
|                  | Cost Center Description  | ADMI TTI NG         | CASHI ERI NG/ACC<br>OUNTS<br>RECEI VABLE | Subtotal                    | OTHER A&G                                | PATIENT<br>TRANSPORTATION                               |                  |
|                  |  | 5.03                | 5.04                                     | 5A. 04                      | 5.05                                     | 5.06  |                  |
| 1 00             | GENERAL SERVICE COST CENTERS   | 1                   |  |                             |  |   | 1 00             |
| 1.00<br>4.00     | 00100 CAP REL COSTS-BLDG & FIXT<br>00400 EMPLOYEE BENEFITS DEPARTMENT      |                     |  |                             |  |   | 1.00<br>4.00     |
| 5.01             | 00550 DATA PROCESSING  |                     |  |                             |  |   | 5.01             |
| 5.02             | 00560 PURCHASING RECEIVING AND STORES                                      |                     |  |                             |  |   | 5.02             |
| 5.03             | 00570 ADMI TTI NG  | 2, 792, 949         |  |                             |  |   | 5.03             |
| 5.04<br>5.05     | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE<br>00590 OTHER A&G                 | 62, 114<br>201, 830 | 1, 762, 891<br>130, 291                  | 40, 131, 739                | 40, 131, 739                             |   | 5.04<br>5.05     |
| 5.06             | 00592 PATIENT TRANSPORTATION   | 201, 030            | 130, 271                                 | 771, 365                    | 114, 682                                 | 886, 047  | 5.06             |
| 7.00             | 00700 OPERATION OF PLANT   | 606, 689            | 391, 648                                 | 17, 932, 702                | 2, 666, 127                              | 0   | 7.00             |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE  | 36, 128             | 23, 323                                  | 1, 668, 919                 | 248, 125                                 | 0   | 8.00             |
| 9. 00<br>10. 00  | 00900 HOUSEKEEPI NG<br>01000 DI ETARY                                      | 41, 824<br>38, 202  | 26, 999<br>24, 661                       | 6, 723, 044<br>4, 992, 835  | 999, 542<br>742, 305                     | 0   | 9.00<br>10.00    |
| 11.00            | 01100 CAFETERIA  | 26, 708             | 17, 241                                  | 4, 992, 835<br>1, 882, 980  | 279, 950                                 | 0   | 11.00            |
| 13.00            | 01300 NURSI NG ADMI NI STRATI ON   | 12, 870             | 8, 308                                   | 3, 421, 350                 | 508, 666                                 | 1, 502  | 13.00            |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY  | 72, 648             | 46, 898                                  |                             | 376, 492                                 | 0   | 14.00            |
| 15.00            |  | 38, 423             | 24,804                                   | 5, 402, 773                 | 803, 252                                 | 0   | 15.00<br>16.00   |
| 16.00<br>17.00   | 01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE                    | 22, 917<br>3, 302   | 14, 794<br>2, 131                        | 3, 127, 282<br>530, 471     | 464, 946<br>78, 867                      | 0   | 17.00            |
| 17.01            | 01701 STAFF EDUCATION  | 22, 593             | 14, 585                                  | 105, 060                    | 15, 620                                  | 0   | 17.01            |
| 17.02            | 01702 MEDI CAL EDUCATI ON  | 758                 | 489                                      | 111, 114                    | 16, 520                                  | 0   | 17.02            |
| 21.00            | 02100 I &R SERVICES-SALARY & FRINGES APPRVD                                | 0                   | 0  | 259, 824                    | 38, 629                                  | 0   | 21.00            |
| 22.00<br>23.00   | 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PROGRAM  | 9, 054<br>6, 818    | 5, 845<br>4, 402                         | 48, 702<br>472, 382         | 7, 241<br>70, 231                        | 0   | 22.00<br>23.00   |
| 20.00            | I NPATI ENT ROUTI NE SERVI CE COST CENTERS                                 | 0,010               | 1, 102                                   | 172,002                     | 70,201                                   |   | 20.00            |
| 30.00            | 03000 ADULTS & PEDIATRICS  | 634, 837            | 409, 822                                 | 43, 958, 239                | 6, 535, 389                              | 331, 071  | 30.00            |
| 31.00            | 03100 I NTENSI VE CARE UNI T   | 40, 261             | 25, 990                                  |                             | 1, 352, 870                              |   | 31.00            |
| 31. 01<br>32. 00 | 03101 NEONATAL I CU<br>03200 CORONARY CARE UNI T                           | 4, 577<br>0         | 2, 954                                   | 2, 707, 839<br>0            | 402, 585<br>0                            | 0   | 31. 01<br>32. 00 |
| 33.00            | 03300 BURN I NTENSI VE CARE UNI T  | 0                   | 0  | 0                           | 0  | 0   | 33.00            |
| 34.00            | 03400 SURGICAL INTENSIVE CARE UNIT   | 0                   | 0  | 0                           | 0  | 0   | 34.00            |
| 40.00            | 04000 SUBPROVIDER - IPF  | 8, 051              | 5, 197                                   | 1, 017, 273                 | 151, 242                                 | 0   | 40.00            |
| 41.00<br>42.00   | 04100 SUBPROVI DER – I RF<br>04200 SUBPROVI DER                            | 63, 324             | 40, 879                                  | 4, 308, 288<br>0            | 640, 530<br>0                            | 11, 948<br>0  | 41.00<br>42.00   |
| 42.00            | 04300 NURSERY  | 49, 503             | 31, 957                                  | 1, 352, 929                 | 201, 145                                 | 0   | 42.00            |
| 44.00            | 04400 SKILLED NURSING FACILITY   | 0                   | 0  | 0                           | 0  | 0   | 44.00            |
| 45.00            | 04500 NURSI NG FACI LI TY  | 0                   | 0  | 0                           | 0  | 0   | 45.00            |
| 46.00            | 04600 OTHER LONG TERM CARE<br>ANCI LLARY SERVI CE COST CENTERS             | 0                   | 0  | 0                           | 0  | 0   | 46.00            |
| 50.00            | 05000 OPERATI NG ROOM  | 120, 894            | 78, 043                                  | 9, 768, 279                 | 1, 452, 289                              | 0   | 50.00            |
| 50. 01           | 05001 ENDOSCOPY  | 0                   | 0  | 3, 288, 555                 | 488, 923                                 | 26, 599   | 50. 01           |
| 51.00            | 05100 RECOVERY ROOM  | 29, 482             | 19, 032                                  | 1, 326, 306                 | 197, 187                                 | 0   |                  |
| 52.00<br>53.00   | 05200 DELIVERY ROOM & LABOR ROOM<br>05300 ANESTHESIOLOGY                   | 14, 194             | 9, 163<br>0                              | 3, 615, 395<br>0            | 537, 515                                 | 9, 161<br>0   | 52.00<br>53.00   |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C  | 107, 542            | 69, 424                                  | 4, 606, 151                 | 684, 815                                 | 102, 809  |                  |
| 54.01            | 05401 RADI OLOGY - ULTRASOUND  | 10, 244             | 6, 613                                   | 1, 928, 073                 | 286, 654                                 | 95, 533   |                  |
| 55.00            | 05500 RADI OLOGY-THERAPEUTI C  | 27, 332             | 17, 644                                  | 1, 487, 549                 | 221, 160                                 |   |                  |
| 56.00<br>57.00   | 05600 RADI 0I SOTOPE<br>05700 CT SCAN                                      | 18, 329<br>17, 356  | 11, 832<br>11, 204                       | 1, 654, 610<br>2, 124, 046  | 245, 997<br>315, 790                     | 50, 328<br>123, 968                                     |                  |
| 58.00            | 05800 MAGNETIC RESONANCE IMAGING (MRI)                                     | 8, 523              | 5, 502                                   | 744, 700                    | 110, 718                                 |   |                  |
| 59.00            | 05900 CARDI AC CATHETERI ZATI ON   | 17, 011             | 10, 982                                  | 4, 315, 968                 | 641, 672                                 | 22, 210   | 59.00            |
| 60.00            | 06000 LABORATORY   | 47,667              | 30, 771                                  | 10, 481, 968                | 1, 558, 396                              | 0   | 60.00            |
| 60. 01<br>61. 00 | 06001 BLOOD LABORATORY<br>06100 PBP CLINICAL LAB SERVICES-PRGM ONLY        | 0                   | 0  | 0                           | 0  | 0   | 60. 01<br>61. 00 |
| 62.00            | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                 | 780                 | 504                                      | 1, 722, 038                 | 256, 022                                 | 0   | 62.00            |
| 63.00            | 06300 BLOOD STORI NG, PROCESSI NG & TRANS.                                 | 0                   | 0  | 0                           | 0  | 0   | 63.00            |
| 64.00            | 06400 I NTRAVENOUS THERAPY   | 0                   | 0  | 0                           | 0  | 0   | 64.00            |
| 65.00            |  | 15, 740             | 10, 161                                  | 3, 691, 922                 | 548, 893                                 | 1, 685  | 65.00            |
| 66.00<br>67.00   | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY                     | 24, 869<br>21, 373  | 16, 054<br>13, 797                       | 1, 975, 294<br>1, 547, 109  | 293, 675<br>230, 015                     | 0   | 66.00<br>67.00   |
| 68.00            | 06800 SPEECH PATHOLOGY   | 3, 640              | 2, 350                                   | 528, 324                    | 78, 548                                  | 0   | 68.00            |
| 69.00            | 06900 ELECTROCARDI OLOGY   | 0                   | 0  | 970, 886                    | 144, 346                                 | 4, 289  |                  |
| 69.01            | 06901 CARDI AC REHAB   | 0                   | 0  | 743, 183                    | 110, 492                                 | 0   |                  |
| 70.00<br>71.00   | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                   | 0  | 1, 680, 420<br>11, 242, 645 | 249, 835<br>1, 671, 489                  | 3, 521<br>0   | 70.00<br>71.00   |
| 72.00            | 07200 I MPL. DEV. CHARGED TO PATTENTS                                      | 0                   | 0  | 14, 522, 897                | 2, 159, 177                              | 0   |                  |
| 73.00            | 07300 DRUGS CHARGED TO PATIENTS  | 3, 369              | 2, 175                                   | 12, 290, 735                | 1, 827, 313                              | 0   | 73.00            |
| 74.00            | 07400 RENAL DI ALYSI S   | 8, 884              | 5, 735                                   |                             | 231, 922                                 | 33  |                  |
| 75.00            | 07500 ASC (NON-DI STI NCT PART)<br>OUTPATI ENT SERVI CE COST CENTERS       | 0                   | 0  | 0                           | 0  | 0   | 75.00            |
| 88.00            | 08800 RURAL HEALTH CLINIC  | 0                   | 0  | 0                           | 0  | 0   | 88.00            |
| 89.00            | 08900 FEDERALLY QUALI FIED HEALTH CENTER                                   | 0                   | 0  | 0                           | 0  | 0   | 89.00            |
| 90.00            | 09000 CLI NI C   | 154, 406            | 99, 677                                  | 4, 917, 417                 | 731, 092                                 | 584   | 90.00            |
|                  |  |                     |  |                             |  |   |                  |

| Health Financial Systems                         | METHODIST HOS | PITALS. INC      |              | In Lie          | u of Form CMS-2                | 2552-10 |
|--|---------------|------------------|--------------|-----------------|--------------------------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS          |               |                  |              | Period:         | Worksheet B                    |         |
|  |               |                  |              | From 01/01/2014 | Part I                         |         |
|  |               |                  |              | To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0 |         |
| Cost Center Description                          | ADMI TTI NG   | CASHI ERI NG/ACC | Subtotal     | OTHER A&G       | PATI ENT                       |         |
|  |               | OUNTS            | Subtotui     |                 | TRANSPORTATI ON                |         |
|  |               | RECEIVABLE       |              |                 |                                |         |
|  | 5.03          | 5.04             | 5A. 04       | 5.05            | 5.06                           |         |
| 91.00 09100 EMERGENCY                            | 54, 852       | 35, 410          | 9, 422, 62   | 3 1, 400, 899   | 42, 085                        | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) |               |                  |              | 0               |                                | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                  |               |                  |              |                 |                                |         |
| 94.00 09400 HOME PROGRAM DI ALYSI S              | 0             | 0                |              | 0 0             | 0                              | 94.00   |
| 95. 00 09500 AMBULANCE SERVI CES                 | 0             | 0                |              | 0 0             | 0                              | 95.00   |
| 96.00 09600 DURABLE MEDICAL EQUIP-RENTED         | 0             | 0                |              | 0 0             | 0                              | 96.00   |
| 97.00 09700 DURABLE MEDICAL EQUIP-SOLD           | 0             | 0                |              | 0 0             | 0                              | 97.00   |
| 99.00 09900 CMHC                                 | 0             | 0                |              | 0 0             | 0                              | 99.00   |
| 99. 10 09910 CORF                                | 0             | 0                |              | 0 0             | 0                              | 99.10   |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM       | 0             | 0                |              | 0 0             | 0                              | 100.00  |
| 101.00 10100 HOME HEALTH AGENCY                  | 0             | 0                | 2, 439, 73   | 2 362, 725      | 0                              | 101.00  |
| SPECIAL PURPOSE COST CENTERS                     |               |                  |              |                 |                                |         |
| 105.00 10500 KIDNEY ACQUISITION                  | 0             | 0                |              | 0 0             |                                | 105.00  |
| 106. 00 10600 HEART ACQUI SI TI ON               | 0             | 0                |              | 0 0             |                                | 106.00  |
| 107.00 10700 LIVER ACQUISITION                   | 0             | 0                |              | 0 0             |                                | 107.00  |
| 108.00 10800 LUNG ACQUISITION                    | 0             | 0                |              | 0 0             |                                | 108.00  |
| 109.00 10900 PANCREAS ACQUISITION                | 0             | 0                |              | 0 0             |                                | 109.00  |
| 110.00 11000 INTESTINAL ACQUISITION              | 0             | 0                |              | 0 0             |                                | 110.00  |
| 111.00 11100 I SLET ACQUI SI TI ON               | 0             | 0                |              | 0 0             | 0                              | 111.00  |
| 113.00 11300 INTEREST EXPENSE                    |               |                  |              |                 |                                | 113.00  |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF          |               |                  |              |                 |                                | 114.00  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)   | 0             | 0                |              | 0 0             |                                | 115.00  |
| 116. 00 11600 HOSPI CE                           | 0             | 0                |              | 0 0             |                                | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)            | 2, 709, 918   | 1, 709, 291      | 267, 155, 77 | 9 33, 752, 515  | 886, 047                       | 118.00  |
| NONREI MBURSABLE COST CENTERS                    |               |                  |              |                 |                                |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 3, 650        | 2, 356           | 264, 85      |                 |                                | 190. 00 |
| 191. 00 19100 RESEARCH                           | 0             | 0                |              | 0 0             |                                | 191.00  |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES      | 54, 139       |                  | 36, 691, 81  |                 |                                | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE             | 7,007         |                  | 5, 615, 02   |                 |                                | 192. 01 |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH      | 18, 235       | 11, 772          | 335, 75      | 9 49, 919       |                                | 192.02  |
| 193. 00 19300 NONPAI D WORKERS                   | 0             | 0                |              | 0 0             | 0                              | 193.00  |
| 200.00 Cross Foot Adjustments                    |               |                  |              | 0               |                                | 200.00  |
| 201.00 Negative Cost Centers                     | 0             | 0                |              | 0 0             |                                | 201.00  |
| 202.00   TOTAL (sum lines 118-201)               | 2, 792, 949   | 1, 762, 891      | 310, 063, 24 | 0 40, 131, 739  | 886, 047                       | 202.00  |

|                | Financial Systems<br>NLLOCATION - GENERAL SERVICE COSTS                                | METHODIST HOS           |                       |                      | eri od:                        | u of Form CMS-2<br>Worksheet B           | 2002-11        |
|----------------|--|-------------------------|-----------------------|----------------------|--------------------------------|--|----------------|
|                |  |                         |                       |                      | rom 01/01/2014<br>o 12/31/2014 | Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am |
|                | Cost Center Description  | OPERATION OF            | LAUNDRY &             | HOUSEKEEPI NG        | DI ETARY                       | CAFETERI A                               |                |
|                |  | PLANT<br>7.00           | LINEN SERVICE<br>8.00 | 9.00                 | 10.00                          | 11.00                                    |                |
|                | GENERAL SERVICE COST CENTERS   |                         | I                     | 1                    | 1                              |  |                |
| 1.00<br>4.00   | 00100 CAP REL COSTS-BLDG & FIXT<br>00400 EMPLOYEE BENEFITS DEPARTMENT                  |                         |                       |                      |                                |  | 1.00<br>4.00   |
| 5.01           | 00550 DATA PROCESSI NG   |                         |                       |                      |                                |  | 5.01           |
| 5.02           | 00560 PURCHASING RECEIVING AND STORES  |                         |                       |                      |                                |  | 5. 02          |
| 5.03           | 00570 ADMI TTI NG  |                         |                       |                      |                                |  | 5.03           |
| 5.04<br>5.05   | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE<br>00590 OTHER A&G                             |                         |                       |                      |                                |  | 5.04<br>5.05   |
| 5.05           | 00590 DTHER AG   |                         |                       |                      |                                |  | 5.03           |
| 7.00           | 00700 OPERATION OF PLANT   | 20, 598, 829            |                       |                      |                                |  | 7.00           |
| 8.00           | 00800 LAUNDRY & LINEN SERVICE  | 387, 137                |                       |                      |                                |  | 8.00           |
| 9.00<br>10.00  | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 448, 167                |                       | 8, 170, 753          |                                |  | 9.00<br>10.00  |
| 11.00          | 01100 CAFETERIA  | 409, 356<br>286, 188    |                       | 169, 238<br>118, 318 |                                | 2, 567, 436                              |                |
| 13.00          | 01300 NURSI NG ADMI NI STRATI ON   | 137, 914                |                       | 57, 017              |                                | 56, 759                                  |                |
| 14.00          | 01400 CENTRAL SERVICES & SUPPLY  | 778, 466                |                       |                      |                                | 31, 289                                  |                |
| 15.00          | 01500 PHARMACY   | 411, 723                |                       |                      |                                | 0  | 15.00          |
| 16.00<br>17.00 | 01600 MEDI CAL RECORDS & LI BRARY<br>01700 SOCI AL SERVI CE                            | 245, 574<br>35, 380     |                       |                      |                                | 74, 790<br>14, 343                       |                |
| 17.00          | 01701 STAFF EDUCATION  | 242, 099                |                       | 100, 090             |                                | 14, 343                                  | 17.00          |
| 17.02          | 01702 MEDICAL EDUCATION  | 8, 123                  |                       | 3, 358               |                                | 1, 951                                   | 17.02          |
| 21.00          | 02100 I & R SERVICES-SALARY & FRINGES APPRVD   | 0                       | 0                     | 0                    | 0                              | 0  | 21.00          |
| 22.00<br>23.00 | 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PROGRAM              | 97, 018<br>73, 062      | 0                     | 40, 110              |                                | 0<br>19, 997                             | 22.00<br>23.00 |
| 23.00          | I NPATI ENT ROUTI NE SERVI CE COST CENTERS   | 73,002                  | 0                     | 30, 206              | 0                              | 19, 997                                  | 23.00          |
| 30.00          | 03000 ADULTS & PEDI ATRI CS  | 6, 802, 691             | 1, 100, 407           | 2, 812, 408          | 4, 445, 720                    | 940, 574                                 | 30.00          |
| 31.00          | 03100 INTENSIVE CARE UNIT  | 431, 422                |                       |                      |                                | 159, 435                                 | 31.00          |
| 31.01          | 03101 NEONATAL I CU  | 49, 041                 |                       |                      | 0                              | 49, 328                                  |                |
| 32.00<br>33.00 | 03200 CORONARY CARE UNIT<br>03300 BURN INTENSIVE CARE UNIT                             | 0                       | 0                     | 0                    | 0                              | 0  | 32.00<br>33.00 |
| 34.00          | 03400 SURGI CAL I NTENSI VE CARE UNI T   | 0                       | 0                     | 0                    | 0                              | 0  | 34.00          |
| 40.00          | 04000 SUBPROVIDER - IPF  | 86, 267                 | 0                     | 35, 665              | 68, 235                        | 21, 686                                  |                |
| 41.00          | 04100 SUBPROVIDER - IRF  | 678, 560                |                       | 280, 534             | 595, 025                       | 98, 706                                  | 41.00          |
| 42.00<br>43.00 | 04200 SUBPROVI DER<br>04300 NURSERY  | E20 450                 | 0                     | 210, 204             | 0                              | 0<br>10 494                              | 42.00<br>43.00 |
| 43.00          | 04400 SKI LLED NURSI NG FACI LI TY   | 530, 459                | 47, 801               | 219, 306             |                                | 19, 684<br>0                             | 43.00          |
| 45.00          | 04500 NURSING FACILITY   | 0                       | 0                     | 0                    | 0                              | 0  | 45.00          |
| 46.00          | 04600 OTHER LONG TERM CARE   | 0                       | 0                     | 0                    | 0                              | 0  | 46.00          |
| E0 00          | ANCI LLARY SERVICE COST CENTERS  | 1 205 440               | 221 710               | E2E E77              | 0                              | 110 070                                  | 50.00          |
| 50.00<br>50.01 | 05000 OPERATING ROOM   | 1, 295, 460             | 231, 718<br>30, 478   |                      |                                | 119, 979<br>34, 879                      |                |
| 51.00          | 05100 RECOVERY ROOM  | 315, 921                | 60, 656               |                      |                                | 23, 022                                  |                |
| 52.00          | 05200 DELIVERY ROOM & LABOR ROOM   | 152, 097                |                       | 62, 881              | 292, 452                       | 71, 708                                  |                |
| 53.00          | 05300 ANESTHESI OLOGY  | 0                       | 0                     | 0                    | 0                              | 0  |                |
| 54.00<br>54.01 | 05400 RADI OLOGY - DI AGNOSTI C<br>05401 RADI OLOGY - ULTRASOUND                       | 1, 152, 377<br>109, 767 |                       |                      |                                | 70, 443<br>28, 258                       |                |
| 55.00          | 05500 RADI OLOGY-THERAPEUTI C  | 292, 878                |                       |                      |                                | 13, 298                                  |                |
| 56.00          | 05600 RADI OI SOTOPE   | 196, 403                | 28, 269               | 81, 198              | 0                              | 11, 535                                  | 56.00          |
| 57.00          | 05700 CT SCAN  | 185, 978                |                       |                      |                                | 28, 138                                  |                |
| 58.00<br>59.00 | 05800 MAGNETIC RESONANCE IMAGING (MRI)<br>05900 CARDIAC CATHETERIZATION                | 91, 327<br>182, 286     |                       |                      |                                | 10, 244<br>45, 692                       |                |
| 60.00          | 06000 LABORATORY   | 510, 782                |                       | 211, 171             |                                | 112, 518                                 |                |
| 60. 01         | 06001 BLOOD LABORATORY   | 0                       | 0                     | 0                    | 0                              | 0  | 60. 01         |
| 61.00          | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  |                         |                       |                      |                                | (0.50)                                   | 61.00          |
| 62.00<br>63.00 | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS<br>06300 BLOOD STORING, PROCESSING & TRANS. | 8, 362                  |                       | 3, 457               | 0                              | 60, 536<br>0                             | 62.00<br>63.00 |
| 63.00<br>64.00 | 06400 INTRAVENOUS THERAPY  | 0                       |                       |                      |                                | 0  | 64.00          |
| 65.00          | 06500 RESPIRATORY THERAPY  | 168, 668                | 3, 413                | 69, 732              | 0                              | 71, 546                                  |                |
| 66.00          | 06600 PHYSI CAL THERAPY  | 266, 489                |                       |                      |                                | 38, 553                                  | 66.00          |
| 67.00          | 06700 OCCUPATIONAL THERAPY   | 229,025                 |                       | 94, 685              |                                | 24,905                                   | 67.00          |
| 68.00<br>69.00 | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY                                     | 39,007                  | 13, 304               | 16, 126              | 10, 706                        | 8, 874<br>20, 465                        | 68.00<br>69.00 |
| 69.00<br>69.01 | 06901 CARDI AC REHAB   | 0                       | 3, 849                |                      | 0                              | 10, 556                                  | 69.00          |
| 70.00          | 07000 ELECTROENCEPHALOGRAPHY   | 0                       | 0                     | 0                    | 195                            | 23, 942                                  | 70.00          |
| 71.00          | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS  | 0                       | 0                     | 0                    | 0                              | 0  | 71.00          |
| 72.00<br>73.00 | 07200 I MPL. DEV. CHARGED TO PATI ENTS<br>07300 DRUGS CHARGED TO PATI ENTS             | 0<br>36,097             |                       | 0<br>14, 923         | 0                              | 0<br>9, 550                              | 72.00<br>73.00 |
| 73.00          | 07400 RENAL DIALYSIS   | 95, 193                 |                       |                      |                                | 9, 550                                   | 74.00          |
| 75.00          | 07500 ASC (NON-DISTINCT PART)  | 0                       | 0                     | 0,000                | 0                              | 0  |                |
|                | OUTPATIENT SERVICE COST CENTERS  |                         | I                     |                      |                                |  | 1              |
| 88.00          | 08800 RURAL HEALTH CLINIC  | 0                       | 0                     | 0                    | 0                              | 0  |                |
| 89.00          | 08900 FEDERALLY QUALIFIED HEALTH CENTER  | 0                       | 0                     | 684, 037             | 0                              | 0  | 89.00          |
| 90.00          | 09000 CLINIC   | 1, 654, 558             | 44, 244               | 084 037              |                                | 59, 430                                  | 90.00          |

| Health Financial Systems                         | METHODIST HOS         | PITALS. INC                |               | In Lie                                      | eu of Form CMS-25   | 552-10 |
|--|-----------------------|----------------------------|---------------|---|---|--------|
| COST ALLOCATION - GENERAL SERVICE COSTS          |                       | Provi der                  | CCN: 150002   | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet B<br>Part I<br>Date/Time Prep<br>5/28/2015 9:07 | ared:  |
| Cost Center Description                          | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPI NO | G DI ETARY                                  | CAFETERI A  |        |
|  | 7.00                  | 8.00                       | 9.00          | 10.00                                       | 11.00   |        |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) |                       |                            |               |   |   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                  | -                     |                            | -             |   |   |        |
| 94.00 09400 HOME PROGRAM DI ALYSI S              | 0                     | 0                          |               | 0 0   |   | 94.00  |
| 95. 00 09500 AMBULANCE SERVI CES                 | 0                     | 0                          |               | 0 0   |   | 95.00  |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED      | 0                     | 0                          |               | 0 0   |   | 96.00  |
| 97.00 09700 DURABLE MEDICAL EQUIP-SOLD           | 0                     | 0                          |               | 0 0   | -   | 97.00  |
| 99. 00 09900 CMHC                                | 0                     | 0                          |               | 0 0   |   | 99.00  |
| 99. 10 09910 CORF                                | 0                     | 0                          |               | 0 0   |   | 99.10  |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM       | 0                     | 0                          |               | 0 0   |   | 100.00 |
| 101.00 10100 HOME HEALTH AGENCY                  | 0                     | 0                          |               | 0 0   | 01  | 101.00 |
| SPECIAL PURPOSE COST CENTERS                     |                       |                            |               |   |   |        |
| 105. 00 10500 KI DNEY ACQUI SI TI ON             | 0                     | 0                          |               | 0 0   |   | 105.00 |
| 106. 00 10600 HEART ACQUI SI TI ON               | 0                     | 0                          |               | 0 0   |   | 106.00 |
| 107.00 10700 LIVER ACQUISITION                   | 0                     | 0                          |               | 0 0   |   | 107.00 |
| 108.00 10800 LUNG ACQUISITION                    | 0                     | 0                          |               | 0 0   |   | 108.00 |
| 109.00 10900 PANCREAS ACQUISITION                | 0                     | 0                          |               | 0 0   |   | 109.00 |
| 110.00 11000 INTESTINAL ACQUISITION              | 0                     | 0                          |               | 0 0   |   | 110.00 |
| 111.00 11100 I SLET ACQUI SI TI ON               | 0                     | 0                          |               | 0 0   | 0 1   | 111.00 |
| 113.00 11300 INTEREST EXPENSE                    |                       |                            |               |   | 1   | 113.00 |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF          |                       |                            |               |   |   | 114.00 |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)   | 0                     | 0                          |               | 0 0   |   | 115.00 |
| 116. 00 11600 HOSPI CE                           | 0                     | 0                          |               | 0 0   |   | 116.00 |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)            | 19, 709, 097          | 2, 302, 842                | 7, 802, 91    | 6, 313, 734                                 | 2, 563, 332 1   | 118.00 |
| NONREI MBURSABLE COST CENTERS                    | 1                     | 1                          | 1             |   |   |        |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 39, 116               |                            | 16, 17        | 0 0   | 4, 104 1  |        |
| 191. 00 19100 RESEARCH                           | 0                     | 0                          |               | 0 0   |   | 191.00 |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES     | 580, 130              |                            |               |   |   | 192.00 |
| 192.01 19201 OTHER NON-REI MBURSABLE             | 75, 082               |                            | 31, 04        |   |   | 192.01 |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH      | 195, 404              | 0                          | 80, 78        | 35 0  |   | 192.02 |
| 193.00 19300 NONPALD WORKERS                     | 0                     | 0                          |               | 0 0   |   | 193.00 |
| 200.00 Cross Foot Adjustments                    |                       |                            |               |   |   | 200.00 |
| 201.00 Negative Cost Centers                     | 0                     | 0                          |               | 0 0   |   | 201.00 |
| 202.00   TOTAL (sum lines 118-201)               | 20, 598, 829          | 2, 304, 181                | 8, 170, 75    | 6, 313, 734                                 | 2, 567, 436 2   | 202.00 |
|  |                       |                            |               |   |   |        |

| Health Financial Systems  | METHODIST HOS       | PITALS, INC            |                  | In Lie                   | u of Form CMS-2                | 2552-10          |
|---|---------------------|------------------------|------------------|--------------------------|--------------------------------|------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS   |                     | Provi der              |                  | eriod:<br>rom 01/01/2014 | Worksheet B<br>Part I          |                  |
|   |                     |                        | To               |                          | Date/Time Pre<br>5/28/2015 9:0 |                  |
| Cost Center Description   | NURSI NG            | CENTRAL                | PHARMACY         |                          | SOCIAL SERVICE                 |                  |
|   | ADMI NI STRATI ON   | SERVICES &<br>SUPPLY   |                  | RECORDS &<br>LI BRARY    |                                |                  |
|   | 13.00               | 14.00                  | 15.00            | 16.00                    | 17.00                          |                  |
| GENERAL SERVICE COST CENTERS           1.00         00100         CAP REL COSTS-BLDG & FIXT |                     |                        |                  |                          |                                | 1.00             |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT   |                     |                        |                  |                          |                                | 4.00             |
| 5. 01 00550 DATA PROCESSING   |                     |                        |                  |                          |                                | 5.01             |
| 5. 02 00560 PURCHASI NG RECEI VI NG AND STORES<br>5. 03 00570 ADMI TTI NG                   |                     |                        |                  |                          |                                | 5.02<br>5.03     |
| 5. 04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   |                     |                        |                  |                          |                                | 5.04             |
| 5.05 00590 OTHER A&G  |                     |                        |                  |                          |                                | 5.05             |
| 5. 06 00592 PATIENT TRANSPORTATION<br>7. 00 00700 OPERATION OF PLANT                        |                     |                        |                  |                          |                                | 5.06<br>7.00     |
| 8.00 00800 LAUNDRY & LINEN SERVICE  |                     |                        |                  |                          |                                | 8.00             |
| 9. 00 00900 HOUSEKEEPI NG   |                     |                        |                  |                          |                                | 9.00             |
| 10. 00 01000 DI ETARY<br>11. 00 01100 CAFETERI A  |                     |                        |                  |                          |                                | 10.00<br>11.00   |
| 13.00 01300 NURSING ADMINISTRATION  | 4, 183, 208         |                        |                  |                          |                                | 13.00            |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY<br>15. 00 01500 PHARMACY                             | 0                   | 4, 066, 060            |                  |                          |                                | 14.00            |
| 15. 00  01500  PHARMACY<br>16. 00  01600  MEDI CAL_RECORDS_&_LI BRARY                       | 0                   | 12, 394<br>14, 222     |                  | 4, 028, 355              |                                | 15.00<br>16.00   |
| 17.00 01700 SOCIAL SERVICE  | 0                   | 1, 033                 |                  | 0                        | 674, 721                       | 17.00            |
| 17. 01 01701 STAFF EDUCATION  | 0                   | 0                      | -                | 0                        | 0                              | 17.01            |
| 17.02 01702 MEDICAL EDUCATION<br>21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD          | 0                   | 46<br>0                | 0                | 0                        | 0                              | 17.02<br>21.00   |
| 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD   | 0                   | 0                      | 0                | 0                        | 0                              | 22.00            |
| 23.00 02300 PARAMED ED PROGRAM  | 48, 193             | 1, 741                 | 0                | 0                        | 0                              | 23.00            |
| 30. 00 03000 ADULTS & PEDIATRICS  | 2, 266, 853         | 219, 784               | 0                | 356, 459                 | 522, 256                       | 30.00            |
| 31.00 03100 INTENSIVE CARE UNIT   | 384, 251            | 76, 596                | 0                | 60, 152                  | 0                              | 31.00            |
| 31. 01 03101 NEONATAL I CU  | 118, 883            | 984                    |                  | 23, 802                  | 0                              | 31.01            |
| 32.00 03200 CORONARY CARE UNIT<br>33.00 03300 BURN INTENSIVE CARE UNIT                      | 0                   | 0                      | 0                | 0                        | 0                              | 32.00<br>33.00   |
| 34.00 03400 SURGI CAL I NTENSI VE CARE UNI T  | 0                   | 0                      | 0                | 0                        | 0                              | 34.00            |
| 40. 00 04000 SUBPROVI DER - I PF  | 52, 265             | 119                    |                  | 6, 877                   | 0                              | 40.00            |
| 41. 00 04100 SUBPROVI DER – I RF<br>42. 00 04200 SUBPROVI DER                               | 237, 889            | 12, 765<br>0           |                  | 32, 629<br>0             | 119, 613<br>0                  | 41.00<br>42.00   |
| 43. 00 04300 NURSERY  | 47, 441             | 15, 081                | 0                | 7, 847                   | 0                              | 43.00            |
| 44.00 04400 SKILLED NURSING FACILITY<br>45.00 04500 NURSING FACILITY                        | 0                   | 0                      | 0                | 0                        | 0                              | 44.00<br>45.00   |
| 45.00 04500 NURSING FACILITY<br>46.00 04600 OTHER LONG TERM CARE                            | 0                   | 0                      | 0                | 0                        | 0                              | 45.00            |
| ANCI LLARY SERVI CE COST CENTERS  |                     |                        | 1 -1             |                          |                                |                  |
| 50. 00 05000 0PERATI NG ROOM<br>50. 01 05001 ENDOSCOPY                                      | 289, 160<br>84, 061 | 191, 293<br>69, 402    |                  | 526, 721<br>72, 843      | 0                              | 50. 00<br>50. 01 |
| 51.00 05100 RECOVERY ROOM   | 55, 485             | 25                     | 0                | 39, 430                  | 0                              | 51.00            |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM  | 172, 821            | 12, 113                | 0                | 21, 970                  | 0                              | 52.00            |
| 53. 00 05300 ANESTHESI OLOGY<br>54. 00 05400 RADI OLOGY-DI AGNOSTI C                        | 0                   | 0<br>15, 923           | 0                | 0<br>120, 151            | 0                              | 53.00<br>54.00   |
| 54. 01 05401 RADIOLOGY - ULTRASOUND   | 0                   | 11, 423                |                  | 59, 239                  | 0                              | 54.00            |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 0                   | 1, 321                 |                  | 67, 519                  | 0                              | 55.00            |
| 56. 00 05600 RADI OI SOTOPE<br>57. 00 05700 CT SCAN   | 0                   | 60, 671<br>31, 917     |                  | 48, 943<br>353, 875      | 0                              | 56.00<br>57.00   |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)   | 0                   | 8, 243                 |                  | 93, 467                  | 0                              | 58.00            |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 0                   | 75, 950                |                  | 258, 741                 | 0                              | 59.00            |
| 60. 00 06000 LABORATORY<br>60. 01 06001 BLOOD LABORATORY                                    | 0                   | 245, 355<br>0          | 1, 011, 611<br>0 | 464, 669<br>0            | 0                              | 60. 00<br>60. 01 |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY   | , C                 | c c                    | Ŭ                | J.                       | Ũ                              | 61.00            |
| 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0                   | 32, 425                | 0                | 31, 061                  | 0                              | 62.00            |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS.<br>64.00 06400 INTRAVENOUS THERAPY           | 0                   | 0                      | 0                | 0                        | 0                              | 63.00<br>64.00   |
| 65. 00 06500 RESPI RATORY THERAPY   | 0                   | 31, 244                | 0                | 129, 043                 | 0                              | 65.00            |
| 66.00 06600 PHYSI CAL THERAPY   | 0                   | 1, 341                 |                  | 29, 513                  | 0                              | 66.00            |
| 67.00 06700 OCCUPATI ONAL THERAPY<br>68.00 06800 SPEECH PATHOLOGY                           | 0                   | 1, 100<br>674          |                  | 22, 698<br>7, 280        | 0                              | 67.00<br>68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY   | 0                   | 1, 869                 |                  | 7, 280                   | 0                              | 69.00            |
| 69. 01 06901 CARDI AC REHAB   | 0                   | 477                    | 0                | 1, 887                   | 0                              | 69.01            |
| 70.00 07000 ELECTROENCEPHALOGRAPHY<br>71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS      | 0                   | 27, 602<br>1, 155, 837 |                  | 113, 631<br>168, 930     | 0                              | 70.00<br>71.00   |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0                   | 1, 493, 058            |                  | 127, 487                 | 0                              | 72.00            |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 0                   | 51, 301                | 5, 635, 572      | 339, 253                 | 0                              | 73.00            |
| 74.00 07400 RENAL DIALYSIS<br>75.00 07500 ASC (NON-DISTINCT PART)                           | 0                   | 1, 926<br>0            | 0                | 24, 591<br>0             | 0                              | 74.00<br>75.00   |
| OUTPATIENT SERVICE COST CENTERS   |                     | 0                      |                  |                          | 0                              | , 5. 00          |
| 88.00 08800 RURAL HEALTH CLINIC   | 0                   | 0                      | 0                | 0                        | 0                              | 88.00            |
| 89. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER<br>90. 00 09000 CLI NI C                   | 0                   | 0<br>7, 160            | 0                | 0<br>73, 884             | 0                              | 89.00<br>90.00   |
|   | Y                   | .,                     |                  |                          | 0                              |                  |

| Heal th Financial Systems         METHODIST HOSPITALS, INC         In Lieu of Form CMS-2552-10           COST ALLOCATION - GENERAL SERVICE COSTS         Provider CN: 15002         Provider CN: 15002         Worksheet B<br>From 01/01/2014         Worksheet B<br>Part 1           Cost Center Description         NURSING<br>ADMINISTRATION         CENTRAL<br>SUPPLY         PHARMACY         MEDICAL<br>RECORDS &<br>LIBRARY         SOI AL SERVICE           91.00         09100         EMERGENCY         13.00         14.00         15.00         16.00         17.00         92.00           92.00         09200         Descrwation         DISTINCT PART)         425,906         136,439         0         261,373         32.852         91.00           92.00         09200         DOSERVATION BEDS (NON-DISTINCT PART)         425,906         136,439         0         261,373         32.852         91.00           95.00         09400         HOME PROGRAM DIALYSIS         0         0         0         0         95.00   |
|---|
| Cost Center Description         NURSI NG<br>ADMI NI STRATI ON<br>SERVICES &<br>SUPPLY         PHARMACY<br>NECONDS &<br>UIBRARY         MEDICAL<br>RECORDS &<br>UIBRARY         SOCI AL SERVICE<br>SCI AL SERVICE           91.00         09100         EMERGENCY         425,906         13.00         14.00         15.00         10.00         17.00           92.00         09SERVATI ON BEDS (NON-DI STINCT PART)         425,906         136,439         0         261,373         32,852         91.00           92.00         09SERVATI ON BEDS (NON-DI STINCT PART)         425,906         0         0         0         0         92.00           09400         HOME REGENCY         425,906         0         0         0         92.00           94.00         09400         HOME PROGRAM DI ALYSIS         0         0         0         0         92.00           95.00         095000         MBULANCE SERVICES         0         0         0         0         94.00           97.00         097000         DIRABLE MEDI CAL EQUI P-SOLD         0         0         0         0         99.00           97.00         09900         CMFC         0         0         0         0         0         0         0         0         0         0         0         0   |
| Cost Center Description         NURSI NG<br>ADMI NI STRATI ON<br>SERVI CES &<br>SUPPLY         PHARMACY<br>NEDI CAL<br>SERVI CES &<br>SUPPLY         MEDI CAL<br>RECORDS &<br>LIBRARY         SOCI AL SERVI CE           91. 00         09100         EMERGENCY         13.00         14.00         15.00         160.00         17.00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART)         425,906         136,439         0         261,373         32,852         91.00           94. 00         09400         HOME REGENCY         425,906         0         0         0         92.00         05500         95.00         95.00         95.00         95.00         95.00         95.00         0         0         0         94.00         94.00         96.00         96.00         96.00         0         0         0         0         95.00         99.00  |
| Cost Center Description         NURSING<br>ADMINISTRATION         CENTRAL<br>SERVICES &<br>SUPPLY         PHARMACY         MEDICAL<br>RECORDS &<br>LIBRARY         SOCIAL SERVICE<br>RECORDS &<br>LIBRARY           91.00         09100         EMERGENCY         13.00         14.00         15.00         16.00         17.00         92.00           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         425,906         136,439         0         261,373         32,852         91.00         92.00           0THER REI MEURSABLE COST CENTERS         0         0         0         0         0         92.00         95.00         95.00         0         0         94.00         95.00         95.00         95.00         96.00         0         0         0         97.00         97.00         97.00         97.00         0         0         0         97.00         97.00         0         0         0         0         0         97.00         97.00         97.00         0         0         0         0         0         99.00         99.00         99.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <  |
| ADMI NI STRATI ON         SERVICES &<br>SUPPLY         RECORDS &<br>LI BRARY           91.00         09100         EMERGENCY         13.00         14.00         15.00         16.00         17.00           92.00         OSERVATI ON BEDS (NON-DI STI NCT PART)         261,373         32,852         91.00           94.00         OP400         HMER REI MBURSABLE COST CENTERS         92.00         0         0         0         0         92.00           95.00         09500         AMBULANCE SERVI CES         0         0         0         0         92.00           96.00         09400         IMABLE MEDI CAL EQUI P-RENTED         0         0         0         0         95.00         99500         MABLE MEDI CAL EQUI P-RENTED         0         0         0         0         97.00         97.00         09700         DURABLE MEDI CAL EQUI P-RENTED         0         0         0         0         97.00         99.10         09910         CORF         0   |
| Image: Provide an analysis of the second s |
| 91. 00         09100         EMERGENCY         425, 906         136, 439         0         261, 373         32, 852         91. 00         92. 00           07         00         09200         (085ERVATI ON BEDS (ENTERS)         0         0         0         0         94. 00         09400         HOME PROGRAM DI ALYSI S         0         0         0         0         94. 00         95.00         09500         AMBULANCE SERVICES         0         0         0         0         96. 00         96. 00         96. 00         96. 00         96. 00         96. 00         97. 00         0         0         0         0         97. 00         97. 00         0         0         0         0         0         97. 00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         0         0         0         0         0         0         0         99. 00         99.00         99.00         99.10         99.10         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0   |
| 92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       92.00         0THER REIMBURSABLE COST CENTERS       94.00       94.00       94.00       90.00       0       0       0       94.00       94.00       94.00       94.00       94.00       94.00       94.00       94.00       94.00       0       0       0       0       0       0       94.00       94.00       94.00       94.00       94.00       94.00       94.00       0       0       0       0       0       94.00       94.00       94.00       94.00       0       0       0       0       94.00       94.00       94.00       0       0       0       0       94.00       94.00       0       0       0       0       0       94.00          |
| OTHER         REI MBURSABLE         COST CENTERS           94.00         09400         HOME         PROGRAM         DI ALYSI S         0         0         0         0         95.00         99500         AMBULANCE         SERVI CES         0         0         0         0         0         0         0         95.00         99500         AMBULANCE         SERVI CES         0 </td   |
| 94.00       09400       HOME       PROGRAM       DI ALYSI S       0       0       0       0       0       0       94.00         95.00       09500       AMBULANCE SERVI CES       0       0       0       0       0       95.00       96.00       96.00       96.00       0       0       0       0       0       96.00       97.00       0       0       0       0       0       96.00       97.00       97.00       0       0       0       0       0       0       97.00       99.00       0       90.00       0       0       0       97.00       99.00       0       0       0       0       0       0       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       0       0       0       0       0       0       0       0       0       99.00       0       99.00       0       99.00       0       99.00         |
| 95.00         09500         AMBULANCE SERVICES         0         0         0         0         95.00           96.00         09600         DURABLE MEDICAL EQUIP-RENTED         0         0         0         0         0         96.00         97.00         09700         DURABLE MEDICAL EQUIP-SOLD         0         0         0         0         0         0         97.00         97.00         09700         DURABLE MEDICAL EQUIP-SOLD         0         0         0         0         97.00         97.00         97.00         0         0         0         0         97.00         97.00         09700         CMRC         0         0         0         0         97.00         97.00         97.00         97.00         0         0         0         97.00         97.00         0         0         0         97.00         0         0         0         0         97.00         97.00         0 <t< td=""></t<>  |
| 96.00         09600         DURABLE         MEDICAL         EQUIP-RENTED         0         0         0         0         0         9         0         97.00         09700         DURABLE         MEDICAL         EQUIP-SOLD         0         0         0         0         0         0         97.00         99.00         09900         CMHC         0         0         0         0         0         97.00         99.00         0         99.00         0         0         0         0         0         0         99.00         99.00         0         99.00         0         99.00         99.00         0         0         0         0         0         0         0         99.00         99.00         99.00         99.00            |
| 97.00         09700         DURABLE MEDI CAL EQUI P-SOLD         0         0         0         0         0         97.00         99.00         CMHC         0         0         0         0         97.00         99.00         CMHC         0         0         0         0         0         99.00         99.00         99.00         0         0         0         0         0         0         99.00         99.00         99.00         0         0         0         0         0         0         99.00         99.00         99.00         0         0         0         0         0         99.00         99.00         99.00         0 <th< td=""></th<>  |
| 99.00       09900       CMHC       0       0       0       0       99.00         99.10       09910       CORF       0       0       0       0       99.10         100.00       1& SERVICES-NOT APPRVD PRGM       0       0       0       0       0       0         101.00       10100       HOME HEALTH AGENCY       0       6,852       15,393       11,417       0       101.00         SPECIAL PURPOSE COST CENTERS         SPECIAL PURPOSE COST CENTERS         105.00       10600       HEART ACQUI SI TI ON       0       0       0       0       105.00         105.00       LIVER ACQUI SI TI ON       0       0       0       0       0       106.00         106.00       10600       HEART ACQUI SI TI ON       0       0       0       0       107.00         107.00       10700       LIVER ACQUI SI TI ON       0       0       0       0       107.00         108.00       10800       LUNG ACQUI SI TI ON       0       0       0       0       109.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       0       0       0       109  |
| 99. 10       09910       CORF       0       0       0       0       99. 10         100. 00       10000       1& R SERVICES-NOT APPRVD PRGM       0       0       0       0       0       100. 00         101. 00       10100       HOME HEALTH AGENCY       0       6, 852       15, 393       11, 417       0       101. 00         SPECIAL PURPOSE COST CENTERS         105. 00       10500       KI DNEY ACQUI SI TI ON       0       0       0       0       105. 00         106. 00       10600       HEART ACQUI SI TI ON       0       0       0       0       106. 00         107. 00       10700       LIVER ACQUI SI TI ON       0       0       0       0       107. 00         108. 00       10800       LIVER ACQUI SI TI ON       0       0       0       0       107. 00         109. 00       10800       LIVER ACQUI SI TI ON       0       0       0       0       108. 00         109. 00       10900       PANCREAS ACQUI SI TI ON       0       0       0       0       109. 00         110. 00       INTESTI NAL ACQUI SI TI ON       0       0       0       0       0       1100. 0   |
| 100.00         10000         I &R SERVI CES-NOT APPRVD PRGM         0         0         0         0         0         100.00           101.00         10100         HOME         HEALTH         AGENCY         0         6,852         15,393         11,417         0         101.00           SPECIAL PURPOSE COST CENTERS           SPECIAL PURPOSE COST CENTERS           105.00         10500         KI DNEY         ACQUI SI TI ON         0         0         0         105.00           106.00         164RT         ACQUI SI TI ON         0         0         0         0         106.00           107.00         10700         LIVER         ACQUI SI TI ON         0         0         0         0         107.00           108.00         10800         LIVER ACQUI SI TI ON         0         0         0         0         107.00         108.00           109.00         10900         PANCREAS ACQUI SI TI ON         0         0         0         0         108.00           109.00         10900         PANCREAS ACQUI SI TI ON         0         0         0         0         109.00           1110.00         INTERST INAL ACQUI SI TI ON         0         0  |
| 101.00         HOME         HEALTH         AGENCY         0         6,852         15,393         11,417         0         101.00           SPECIAL         PURPOSE         COST         CENTERS         105.00         NIDNEY         ACQUI SI TI ON         0  |
| SPECIAL PURPOSE COST CENTERS           105.00         10500         KI DNEY ACQUI SI TI ON         0         0         0         0         105.00           106.00         10600         HEART ACQUI SI TI ON         0         0         0         0         0         0         106.00           107.00         LI VER ACQUI SI TI ON         0 </td  |
| 105.00       10500       KIDNEY ACQUISITION       0       0       0       0       105.00         106.00       10600       HEART ACQUISITION       0       0       0       0       0       106.00         107.00       10700       LIVER ACQUISITION       0       0       0       0       0       106.00         107.00       10700       LIVER ACQUISITION       0       0       0       0       0       107.00         108.00       10800       LUNG ACQUISITION       0       1110.00       1110.00       1114.00       114.00       114.00 <t< td=""></t<>  |
| 106.00       10600       HEART ACQUI SI TI ON       0       0       0       0       106.00         107.00       10700       LI VER ACQUI SI TI ON       0       0       0       0       107.00         108.00       10800       LUNG ACQUI SI TI ON       0       0       0       0       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       0       109.00         100.01       11000       INTESTI NAL ACQUI SI TI ON       0       0       0       0       109.00         111.00       1SLET ACQUI SI TI ON       0       0       0       0       0       1110.00         1113.00       INTERST EXPENSE       113.00       1114.00       1140.00       1140.00       1140.00       1140.00       0       0       0       113.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P. )       0       0       0       0       115.00  |
| 107.00       10700       LI VER ACQUI SI TI ON       0       0       0       107.00         108.00       10800       LUNG ACQUI SI TI ON       0       0       0       0       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       0       0       109.00         100.00       1NTESTI NAL ACQUI SI TI ON       0       0       0       0       0       109.00         110.00       INTESTI NAL ACQUI SI TI ON       0       0       0       0       0       110.00         111.00       ISLET ACQUI SI TI ON       0       0       0       0       0       0       111.00         113.00       INTERST EXPENSE       113.00       1114.00       114.00       114.00       114.00       114.00       0       0       0       0       0       115.00       0       0       0       0       115.00       0       0       0       0       115.00       0       0       0       0       0       115.00       0       0       0       0       0       0       0       0       115.00       0       0       0       0       0       0       0       0   |
| 108.00       10800       LUNG ACQUI SI TI ON       0       0       0       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       0       109.00         110.00       INTESTI NAL ACQUI SI TI ON       0       0       0       0       0       0       109.00         110.00       INTESTI NAL ACQUI SI TI ON       0       0       0       0       0       110.00         111.00       ISLET ACQUI SI TI ON       0       0       0       0       0       0       111.00         113.00       INTERST EXPENSE       113.00       114.00       1140.00       114.00       114.00       114.00       115.00       0       0       0       0       0       115.00  |
| 109.00       10900       PANCREAS       ACQUI SI TI ON       0       0       0       109.00         110.00       11000       INTESTI NAL       ACQUI SI TI ON       0       0       0       0       110.00         111.00       11100       I SLET       ACQUI SI TI ON       0       0       0       0       110.00         111.00       113.00       I SLET       ACQUI SI TI ON       0       0       0       0       111.00         113.00       114.00       I SLET       ACQUI SI TI ON REVI EW-SNF       114.00       114.00       114.00       115.00       0       0       0       0       0       115.00  |
| 110.00       INTESTINAL ACQUISITION       0       0       0       0       110.00         111.00       INTESTINAL ACQUISITION       0       0       0       0       0       111.00         111.00       INTEREST EXPENSE       0       0       0       0       113.00       113.00         114.00       11400       UTILIZATION REVIEW-SNF       114.00       0       0       0       0       115.00   |
| 111.00       11100       I SLET ACQUI SI TI ON       0       0       0       111.00         113.00       11300       I NTEREST EXPENSE       113.00       113.00       114.00       114.00       114.00       114.00       114.00       115.00       115.00       0       0       0       0       115.00  |
| 113.00       11300       INTEREST EXPENSE       113.00         114.00       11400       UTI LI ZATI ON REVI EW-SNF       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P.)       0       0       0       0       115.00   |
| 114.00         11400         UTI LI ZATI ON REVI EW-SNF         114.00           115.00         11500         AMBULATORY SURGI CAL CENTER (D. P.)         0         0         0         0         115.00  |
| 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 0 115.00   |
|   |
| 116. 00 11600 HOSPICE 0 0 116. 00   |
| 118.00   SUBTOTALS (SUM OF LINES 1-117) 4, 183, 208 4, 027, 706 6, 662, 576 4, 028, 355 674, 721 118.00   |
| NONREI MBURSABLE COST CENTERS   |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 84 0 0 0 190. 00  |
| 191.00/19100 RESEARCH 0 0 0 0 0191.00   |
| 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 37, 819 137, 783 0 0 192.00  |
| 192. 01 19201 OTHER NON-REI MBURSABLE 0 405 0 0 192. 01   |
| 192. 02 19202 FAMILY HEALTH/GARY COMM HEALTH 0 46 0 0 0192. 02  |
| 193. OO 19300 NONPAI D WORKERS 0 0 0 0 0 0193. 00   |
| 200.00 Cross Foot Adjustments 200.00  |
| 201.00 Negative Cost Centers 0 0 0 0 0 0 0201.00  |
| 202. 00 TOTAL (sum Lines 118-201) 4, 183, 208 4, 066, 060 6, 800, 359 4, 028, 355 674, 721 202. 00  |

|                  | Financial Systems<br>ALLOCATION - GENERAL SERVICE COSTS  | METHODI ST HOSF   |            |                 | eriod:<br>rom 01/01/2014 | u of Form CMS-2<br>Worksheet B<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:           |
|------------------|--|-------------------|------------|-----------------|--------------------------|--|------------------|
|                  |  |                   |            | INTERNS &       | RESI DENTS               | 372072013 7.0  |                  |
|                  | Cost Center Description  | STAFF             | MEDI CAL   | SERVI CES-SALAR | SERVI CES-OTHER          | PARAMED ED   |                  |
|                  | ····   | EDUCATI ON        | EDUCATI ON | Y & FRINGES     | PRGM COSTS               | PROGRAM  |                  |
|                  | GENERAL SERVICE COST CENTERS   | 17.01             | 17.02      | 21.00           | 22.00                    | 23.00  |                  |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT  |                   |            |                 |                          |  | 1.00             |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT   |                   |            |                 |                          |  | 4.00             |
| 5. 01<br>5. 02   | 00550 DATA PROCESSING<br>00560 PURCHASING RECEIVING AND STORES   |                   |            |                 |                          |  | 5. 01<br>5. 02   |
| 5.02             | 00570 ADMI TTI NG  |                   |            |                 |                          |  | 5.02             |
| 5.04             | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE  |                   |            |                 |                          |  | 5.04             |
| 5.05             | 00590 OTHER A&G  |                   |            |                 |                          |  | 5.05             |
| 5.06<br>7.00     | 00592 PATIENT TRANSPORTATION<br>00700 OPERATION OF PLANT   |                   |            |                 |                          |  | 5.06<br>7.00     |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE  |                   |            |                 |                          |  | 8.00             |
| 9.00             | 00900 HOUSEKEEPI NG  |                   |            |                 |                          |  | 9.00             |
| 10.00            | 01000 DI ETARY   |                   |            |                 |                          |  | 10.00            |
| 11.00<br>13.00   | 01100 CAFETERIA<br>01300 NURSING ADMINISTRATION  |                   |            |                 |                          |  | 11.00<br>13.00   |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY  |                   |            |                 |                          |  | 14.00            |
|                  | 01500 PHARMACY   |                   |            |                 |                          |  | 15.00            |
|                  | 01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE  |                   |            |                 |                          |  | 16.00<br>17.00   |
|                  | 01700 SOCIAL SERVICE<br>01701 STAFF EDUCATION  | 462, 869          |            |                 |                          |  | 17.00            |
|                  | 01702 MEDI CAL EDUCATI ON  | 0                 | 141, 112   |                 |                          |  | 17.02            |
|                  | 02100 I &R SERVICES-SALARY & FRINGES APPRVD  | 0                 | 0          | 298, 453        |                          |  | 21.00            |
| 22.00<br>23.00   | 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD  | 0<br>108          | 0          | 0               | 193, 071                 | 715 020  | 22.00            |
| 23.00            | 02300 PARAMED ED PROGRAM<br>I NPATI ENT ROUTI NE SERVI CE COST CENTERS   | 108               | 0          | 0               | 0                        | 715, 920   | 23.00            |
| 30.00            | O3000 ADULTS & PEDI ATRI CS  | 250, 660          | 0          | 0               | 0                        | 0  | 30.00            |
|                  | 03100 I NTENSI VE CARE UNI T   | 41, 942           | 0          | 0               | 0                        | 0  | 31.00            |
|                  | 03101 NEONATAL I CU<br>03200 CORONARY CARE UNI T   | 7,407             | 0          | 0               | 0                        | 0  | 31.01            |
| 32.00<br>33.00   | 03200 BURN INTENSIVE CARE UNIT   | 0                 | 0          | 0               | 0                        | 0  | 32.00<br>33.00   |
| 34.00            | 03400 SURGICAL INTENSIVE CARE UNIT   | 0                 | 0          | 0               | 0                        | 0  | 34.00            |
| 40.00            | 04000 SUBPROVIDER - IPF  | 3, 882            | 0          | 0               | 0                        | 0  | 40.00            |
| 41.00<br>42.00   | 04100 SUBPROVI DER – I RF<br>04200 SUBPROVI DER  | 17, 498           | 0          | 0               | 0                        | 0  | 41.00<br>42.00   |
|                  | 04300 NURSERY  | 3, 417            | 0          | 0               | 0                        | 0  | 43.00            |
| 44.00            | 04400 SKILLED NURSING FACILITY   | 0                 | 0          | 0               | 0                        | 0  | 44.00            |
|                  | 04500 NURSING FACILITY   | 0                 | 0          | 0               | 0                        | 0  | 45.00            |
| 46.00            | 04600 OTHER LONG TERM CARE<br>ANCI LLARY SERVI CE COST CENTERS   | 0                 | 0          | 0               | 0                        | 0  | 46.00            |
| 50.00            | 05000 OPERATING ROOM   | 16, 468           | 0          | 0               | 0                        | 0  | 50.00            |
|                  | 05001 ENDOSCOPY  | 1, 327            | 0          | 0               | 0                        | 0  | 50. 01           |
|                  | 05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM  | 1, 396<br>14, 870 | 0          | 0               | 0                        | 0  | 51.00<br>52.00   |
|                  | 05300 ANESTHESI OLOGY  | 14,870            | 0          | 0               | 0                        | 0  | 53.00            |
|                  | 05400 RADI OLOGY-DI AGNOSTI C  | 6, 894            | 0          | 0               | 0                        | 0  | 54.00            |
|                  | 05401 RADI OLOGY - ULTRASOUND  | 340               | 0          | 0               | 0                        | 0  | 54.01            |
| 55.00<br>56.00   | 05500 RADI OLOGY-THERAPEUTI C<br>05600 RADI OI SOTOPE  | 2,684             | 0          | 0               | 0                        | 0  | 55.00<br>56.00   |
| 57.00            | 05700 CT SCAN  | 1,900             | 0          | 0               | 0                        | 0  | 57.00            |
| 58.00            | 05800 MAGNETIC RESONANCE IMAGING (MRI)   | 539               | 0          | 0               | 0                        | 0  | 58.00            |
| 59.00            | 05900 CARDI AC CATHETERI ZATI ON   | 13, 168           | 0          | 0               | 0                        | 0  | 59.00            |
| 60. 00<br>60. 01 | 06000 LABORATORY<br>06001 BLOOD LABORATORY   | 1,086             | 0          | 0               | 0                        | 0  | 60. 00<br>60. 01 |
|                  | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                 | 0          | 0               | 0                        | Ũ  | 61.00            |
| 62.00            | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 69                | 0          | 0               | 0                        | 0  | 62.00            |
|                  | 06300 BLOOD STORI NG, PROCESSI NG & TRANS.<br>06400 I NTRAVENOUS THERAPY   | 0                 | 0          | 0               | 0                        | 0  | 63.00            |
| 64.00<br>65.00   | 06500 RESPIRATORY THERAPY  | 4, 520            | 0          | 0               | 0                        | 0  | 64.00<br>65.00   |
| 66.00            | 06600 PHYSI CAL THERAPY  | 401               | 0          | 0               | 0                        | 0  | 66.00            |
|                  | 06700 OCCUPATI ONAL THERAPY  | 297               | 0          | 0               | 0                        | 0  | 67.00            |
|                  | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY   | 43<br>2, 684      | 0          | 0               | 0                        | 0  | 68.00<br>69.00   |
|                  | 06901 CARDI AC REHAB   | 2, 884<br>345     | 0          | 0               | 0                        | 0  | 69.00<br>69.01   |
| 70.00            | 07000 ELECTROENCEPHALOGRAPHY   | 957               | 0          | 0               | Ő                        | 0  | 70.00            |
|                  | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS  | 0                 | 0          | 0               | 0                        | 0  | 71.00            |
| 72.00<br>73.00   | 07200 I MPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS   | 0<br>146          | 0          | 0               | 0                        | 0  | 72.00<br>73.00   |
|                  | 07400 RENAL DIALYSIS   | 0                 | 0          | 0               | 0                        | 0  | 74.00            |
| 75.00            | 07500 ASC (NON-DISTINCT PART)  | 0                 | 0          | 0               | 0                        | 0  | 75.00            |
| 00.00            | OUTPATIENT SERVICE COST CENTERS  |                   |            |                 |                          |  | 00.00            |
| 88.00<br>89.00   | 08800 RURAL HEALTH CLINIC<br>08900 FEDERALLY QUALIFIED HEALTH CENTER   | 0                 | 0          | 0               | 0                        | 0  | 88.00<br>89.00   |
|                  | In the second state of the | <u>ч</u>          | 0          | 0               | Ч                        | 0  | 07.00            |

| Health Financial Systems   | METHODI ST HOSF     | PITALS, INC   |             | In Lie                                      | u of Form CMS-:   | 2552-10                 |
|--|---------------------|---------------|-------------|---|---|-------------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                     | Provi der     | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet B<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am          |
|  |                     |               | I NTERNS    | & RESI DENTS                                |   |                         |
| Cost Center Description  | STAFF<br>EDUCATI ON | EDUCATI ON    | Y & FRINGES |   | PROGRAM   |                         |
|  | 17.01               | 17.02         | 21.00       | 22.00                                       | 23.00   |                         |
| 90. 00 09000 CLINIC<br>91. 00 09100 EMERGENCY<br>92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 1, 629<br>56, 768   | 0<br>141, 112 |             | 0 0<br>53 193, 071                          | 0<br>715, 920   | 90.00<br>91.00<br>92.00 |
| OTHER REIMBURSABLE COST CENTERS  |                     |               | 1           |   |   |                         |
| 94.00 09400 HOME PROGRAM DI ALYSI S  | 0                   | 0             |             | 0 0   | 0   | 94.00                   |
| 95. 00 09500 AMBULANCE SERVICES  | 0                   | 0             |             | 0 0   | 0   | 95.00                   |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED<br>97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD           | 0                   | 0             |             | 0 0   | 0   | 96.00<br>97.00          |
| 97. 00 09900 DURABLE MEDICAL EQUIP-SOLD<br>99. 00 09900 CMHC                                       | 0                   | 0             |             | 0 0   | 0   | 97.00                   |
| 99. 10 09910 CORF  | 0                   | 0             |             | 0 0   | 0   | 99.00                   |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM   | 0                   | 0             |             | 0 0   | 0   | 100.00                  |
| 101.00 10100 HOME HEALTH AGENCY  | 3, 568              | 0             |             | 0 0   | -   | 100.00                  |
| SPECIAL PURPOSE COST CENTERS   | 3, 300              | U             | 1           | 0 0   | 0   | 101.00                  |
| 105. 00 10500 KI DNEY ACQUI SI TI ON   | 0                   | 0             |             | 0 0   | 0   | 105.00                  |
| 106. 00 10600 HEART ACQUI SI TI ON   | 0                   | 0             |             | 0 0   |   | 106.00                  |
| 107.00 10700 LI VER ACQUI SI TI ON   | 0                   | 0             |             | 0 0   |   | 107.00                  |
| 108.00 10800 LUNG ACQUI SI TI ON   | 0                   | C             | )           | 0 0   | 0   | 108.00                  |
| 109.00 10900 PANCREAS ACQUISITION  | 0                   | C             | )           | 0 0   |   | 109.00                  |
| 110.00 11000 INTESTINAL ACQUISITION  | 0                   | C             | )           | 0 0   | 0   | 110.00                  |
| 111.00 11100 I SLET ACQUI SI TI ON   | 0                   | C             |             | 0 0   | 0   | 111.00                  |
| 113.00 11300 INTEREST EXPENSE  |                     |               |             |   |   | 113.00                  |
| 114.00 11400 UTILIZATION REVIEW-SNF  |                     |               |             |   |   | 114.00                  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)   | 0                   | C             | )           | 0 0   | 0   | 115.00                  |
| 116. 00 11600 HOSPI CE   | 0                   | C             | )           | 0 0   | 0   | 116.00                  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)  | 457, 022            | 141, 112      | 298, 4      | 53 193, 071                                 | 715, 920  | 118.00                  |
| NONREI MBURSABLE COST CENTERS  |                     |               |             |   |   |                         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0                   | C             | )           | 0 0   | 0   | 190. 00                 |
| 191. 00 19100 RESEARCH   | 0                   | C             |             | 0 0   | 0   | 191.00                  |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES   | 5, 847              | C             |             | 0 0   | 0   | 192.00                  |
| 192.01 19201 OTHER NON-REI MBURSABLE   | 0                   | 0             |             | 0 0   |   | 192. 01                 |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH  | 0                   | 0             |             | 0 0   |   | 192. 02                 |
| 193.00 19300 NONPALD WORKERS   | 0                   | 0             |             | 0 0   |   | 193.00                  |
| 200.00 Cross Foot Adjustments  |                     |               |             | 0 0   |   | 200.00                  |
| 201.00 Negative Cost Centers   | 0                   | C             |             | 0 0   |   | 201.00                  |
| 202.00   TOTAL (sum lines 118-201)   | 462, 869            | 141, 112      | 298, 4      | 53 193, 071                                 | 715, 920  | 202.00                  |
|  |                     |               |             |   |   |                         |

| ST A   | LLOCATION - GENERAL SERVICE COSTS   |  | Provi der   | CCN: 150002  | Period:                                | Worksheet B                      |
|--|---|--|---|--|--|----------------------------------|
|  |   |  |   |  | From 01/01/2014<br>To 12/31/2014       | Part I<br>Date/Time Prepare      |
|  | Cost Center Description   | Subtotal   | Intern &  | Total  |  | 5/28/2015 9:07 a                 |
|  |   |  | Residents Cost  |  |  |                                  |
|  |   |  | & Post<br>Stepdown  |  |  |                                  |
|  |   |  | Adjustments   |  |  |                                  |
|  |   | 24.00  | 25.00   | 26.00  |  |                                  |
| 0  | GENERAL SERVICE COST CENTERS  |  | 1   | 1  |  | 1                                |
| 0  | 00400 EMPLOYEE BENEFITS DEPARTMENT  |  |   |  |  | 1                                |
| 1  | 00550 DATA PROCESSI NG  |  |   |  |  | 5                                |
| 2  | 00560 PURCHASING RECEIVING AND STORES   |  |   |  |  | 5                                |
| 3  | 00570 ADMI TTI NG   |  |   |  |  | 5                                |
| 4  | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   |  |   |  |  | 5                                |
| 15<br>16   | 00590 OTHER A&G<br>00592 PATI ENT TRANSPORTATI ON   |  |   |  |  | 5                                |
| 0  | 00700 OPERATION OF PLANT  |  |   |  |  | 7                                |
| 0  | 00800 LAUNDRY & LINEN SERVICE   |  |   |  |  | 8                                |
| 0  | 00900 HOUSEKEEPI NG   |  |   |  |  | 9                                |
|  | 01000 DI ETARY  |  |   |  |  | 10                               |
|  | 01100 CAFETERIA<br>01300 NURSING ADMINISTRATION   |  |   |  |  | 11                               |
|  | 01400 CENTRAL SERVICES & SUPPLY   |  |   |  |  | 14                               |
|  | 01500 PHARMACY  |  |   |  |  | 15                               |
|  | 01600 MEDICAL RECORDS & LIBRARY   |  |   |  |  | 16                               |
|  | 01700 SOCIAL SERVICE  |  |   |  |  | 17                               |
|  | 01701 STAFF EDUCATION<br>01702 MEDICAL EDUCATION  |  |   |  |  | 17                               |
|  | 02100 I &R SERVICES-SALARY & FRINGES APPRVD   |  |   |  |  | 21                               |
|  | 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD  |  |   |  |  | 22                               |
| 00   | 02300 PARAMED ED PROGRAM  |  |   |  |  | 23                               |
| 00   | INPATIENT ROUTINE SERVICE COST CENTERS  | 70 540 511   |   | 70 542 5   | - 1 1                                  |                                  |
|  | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT  | 70, 542, 511   |   |  |  | 30                               |
|  | 03101 NEONATAL I CU   | 3, 431, 565  |   |  |  | 31                               |
|  | 03200 CORONARY CARE UNI T   |  |   |  | 0                                      | 32                               |
|  | 03300 BURN INTENSIVE CARE UNIT  | (  | 0   |  | 0                                      | 33                               |
|  | 03400 SURGI CAL I NTENSI VE CARE UNI T<br>04000 SUBPROVI DER – I PF   | 1, 443, 511  |   | 1, 443, 5  | 0                                      | 34<br>40                         |
|  | 04100 SUBPROVIDER - TPP   | 7, 033, 985  |   |  |  | 40                               |
|  | 04200 SUBPROVI DER  | (  |   | )  | 0                                      | 42                               |
|  | 04300 NURSERY   | 2, 445, 110  |   |  |  | 43                               |
|  | 04400 SKI LLED NURSI NG FACI LI TY  | 0  |   |  | 0                                      | 44                               |
|  | 04500 NURSING FACILITY<br>04600 OTHER LONG TERM CARE  |  |   |  | 0                                      | 45                               |
| 00   | ANCI LLARY SERVI CE COST CENTERS  |  | <u>/</u>  | <u>′</u>   |  |                                  |
|  | 05000 OPERATING ROOM  | 14, 426, 944   |   |  |  | 50                               |
|  | 05001 ENDOSCOPY   | 4, 097, 213  |   |  |  | 50                               |
|  | 05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM   | 2, 150, 038<br>5, 014, 804   |   |  |  | 51                               |
|  | 05300 ANESTHESI OLOGY   | 3,014,802  |   |  | 0                                      | 53                               |
|  | 05400 RADI OLOGY-DI AGNOSTI C   | 7, 313, 034  |   |  | -                                      | 54                               |
|  | 05401 RADI OLOGY - ULTRASOUND   | 2, 577, 741  |   |  |  | 54                               |
|  | 05500 RADI OLOGY-THERAPEUTI C   | 2, 218, 511  |   | -//-   |  | 55                               |
|  | 05600 RADI OI SOTOPE<br>05700 CT SCAN   | 2, 377, 963<br>3, 260, 258   |   | 2, 377, 9<br>3, 260, 2   |  | 56                               |
|  | 05800 MAGNETIC RESONANCE IMAGING (MRI)  | 1, 148, 114  |   | 1, 148, 1  |  | 58                               |
|  | 05900 CARDI AC CATHETERI ZATI ON  | 5, 740, 179  |   |  |  | 59                               |
|  | 06000 LABORATORY  | 14, 597, 556   |   |  |  | 60                               |
|  | 06001 BLOOD LABORATORY  | 0  |   |  | 0                                      | 60                               |
|  | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY<br>06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 2, 113, 970  |   | 2, 113, 9  | 0                                      | 61                               |
|  | 06300 BLOOD STORING, PROCESSING & TRANS.  | 2, 113, 7/0  |   | 2, 113, 5  | 0                                      | 63                               |
|  | 06400 I NTRAVENOUS THERAPY  | 0  |   |  | 0                                      | 64                               |
| 00   | 06500 RESPI RATORY THERAPY  | 4, 720, 666  |   |  |  | 65                               |
| 00   |   | 2, 743, 430  |   | 2,743,4  |  | 66                               |
| 00<br>00   | 06600 PHYSI CAL THERAPY   | 0 140 004  |   | 2, 149, 8  |  | 67                               |
| 00<br>00<br>00   | 06700 OCCUPATI ONAL THERAPY   | 2, 149, 834  |   |  | 182                                    | 20                               |
| 00<br>00<br>00<br>00   | 06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY   | 689, 582   | 2 0   |  |  |                                  |
| 00<br>00<br>00<br>00<br>00                                     | 06700 OCCUPATI ONAL THERAPY   |  |   | 1, 228, 8  | 316                                    | 69                               |
| 00<br>00<br>00<br>00<br>00<br>01<br>00                         | 06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY   | 689, 582<br>1, 228, 816<br>870, 789<br>2, 100, 103   | 2 C<br>5 C<br>7 C<br>8 C  | 1, 228, 8<br>870, 7<br>2, 100, 1   | 316<br>789<br>103                      | 68<br>69<br>69<br>70             |
| 00<br>00<br>00<br>00<br>00<br>01<br>00<br>00                   | 06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS  | 689, 582<br>1, 228, 816<br>870, 789<br>2, 100, 103<br>14, 238, 901                                 | 2 C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C | 1, 228, 8<br>870, 7<br>2, 100, 1<br>14, 238, 9   | 316<br>789<br>103<br>901               | 69<br>69<br>70<br>71             |
| 00<br>00<br>00<br>00<br>00<br>01<br>00<br>00<br>00             | 06700 OCCUPATIONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS                                    | 689, 582<br>1, 228, 816<br>870, 789<br>2, 100, 103<br>14, 238, 901<br>18, 302, 619                 |   | 1, 228, 8<br>870, 7<br>2, 100, 1<br>14, 238, 9<br>18, 302, 6   | 316<br>789<br>103<br>901<br>519        | 69<br>69<br>70<br>71<br>72       |
| 00<br>00<br>00<br>00<br>01<br>00<br>00<br>00<br>00             | 06700 OCCUPATIONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS | 689, 582<br>1, 228, 816<br>870, 789<br>2, 100, 103<br>14, 238, 901<br>18, 302, 619<br>20, 204, 890 |   | <ul> <li>1, 228, 8</li> <li>870, 7</li> <li>2, 100, 1</li> <li>14, 238, 9</li> <li>18, 302, 6</li> <li>20, 204, 8</li> </ul> | 316<br>789<br>103<br>901<br>519<br>390 | 69<br>69<br>70<br>71<br>72<br>73 |
| 00<br>00<br>00<br>00<br>00<br>01<br>00<br>00<br>00<br>00<br>00 | 06700 OCCUPATIONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS                                    | 689, 582<br>1, 228, 816<br>870, 789<br>2, 100, 103<br>14, 238, 901<br>18, 302, 619                 |   | 1, 228, 8<br>870, 7<br>2, 100, 1<br>14, 238, 9<br>18, 302, 6<br>20, 204, 8<br>2, 059, 7                                      | 316<br>789<br>103<br>901<br>519<br>390 | 69<br>69<br>70<br>71<br>72       |

| Health Financial Systems                                       | METHODI ST HOSE | PITALS INC     |                          | In lieu of l         | Form CMS-2552-10                 |
|--|-----------------|----------------|--------------------------|----------------------|----------------------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS                        |                 | Provi der C    | CN: 150002               |                      | sheet B                          |
|  |                 |                |                          | From 01/01/2014 Part |                                  |
|  |                 |                |                          | To 12/31/2014 Date   | /Time Prepared:<br>/2015 9:07 am |
| Cost Center Description  | Subtotal        | Intern &       | Total                    | 5728                 | 72013 9.07 alli                  |
| Cost Center Description  |                 | Residents Cost | Total                    |                      |                                  |
|  |                 | & Post         |                          |                      |                                  |
|  |                 | Stepdown       |                          |                      |                                  |
|  |                 | Adjustments    |                          |                      |                                  |
|  | 24.00           | 25.00          | 26.00                    |                      |                                  |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER                  | 0               | 0              |                          | 0                    | 89.00                            |
| 90. 00 09000 CLI NI C  | 8, 174, 035     | 0              | 8, 174, 03               |                      | 90.00                            |
| 91. 00 09100 EMERGENCY   | 14, 610, 548    | -491, 524      | 14, 119, 02              | 24                   | 91.00                            |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)               |                 | 0              |                          |                      | 92.00                            |
| OTHER REIMBURSABLE COST CENTERS                                |                 |                |                          |                      |                                  |
| 94. 00 09400 HOME PROGRAM DI ALYSI S                           | 0               | 0              |                          | 0                    | 94.00                            |
| 95. 00 09500 AMBULANCE SERVICES                                | 0               | 0              |                          | 0                    | 95.00                            |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED                    | 0               | 0              |                          | 0                    | 96.00                            |
| 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD<br>99. 00 09900 CMHC | 0               | 0              |                          | 0                    | 97.00<br>99.00                   |
| 99. 00 109900 CMHC<br>99. 10 109910 CORF                       | 0               | 0              |                          | 0                    | 99.00                            |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM                      | 0               | 0              |                          | 0                    | 100.00                           |
| 101. 00 10100 HOME HEALTH AGENCY                               | 2, 839, 687     | 0              | 2, 839, 68               | 0                    | 101.00                           |
| SPECIAL PURPOSE COST CENTERS                                   | 2,039,007       | <u>Ч</u>       | 2,037,00                 | 57                   | 101.00                           |
| 105.00 10500 KI DNEY ACQUI SI TI ON                            | 0               | 0              |                          | 0                    | 105.00                           |
| 106. 00 10600 HEART ACQUI SI TI ON                             | 0               | o              |                          | 0                    | 106.00                           |
| 107. 00 10700 LI VER ACQUI SI TI ON                            | 0               | 0              |                          | 0                    | 107.00                           |
| 108.00 10800 LUNG ACQUI SI TI ON                               | 0               | o              |                          | 0                    | 108.00                           |
| 109.00 10900 PANCREAS ACQUISITION                              | 0               | 0              |                          | 0                    | 109.00                           |
| 110.00 11000 INTESTINAL ACQUISITION                            | 0               | 0              |                          | 0                    | 110.00                           |
| 111.00 11100 I SLET ACQUI SI TI ON                             | 0               | 0              |                          | 0                    | 111.00                           |
| 113.00 11300 INTEREST EXPENSE                                  |                 |                |                          |                      | 113.00                           |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF                        |                 |                |                          |                      | 114.00                           |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)                 | 0               | 0              |                          | 0                    | 115.00                           |
| 116. 00 11600 HOSPI CE   | 0               | 0              |                          | 0                    | 116.00                           |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)                          | 259, 331, 558   | -491, 524      | 258, 840, 03             | 34                   | 118.00                           |
| NONREI MBURSABLE COST CENTERS                                  |                 | -1             |                          | 1                    |                                  |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN               | 363, 709        | 0              | 363, 70                  |                      | 190.00                           |
|  | 0               | 0              | 40 440 44                | 0                    | 191.00                           |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES                   | 43, 149, 694    | 0              | 43, 149, 69              |                      | 192.00                           |
| 192. 01 19201 OTHER NON-REI MBURSABLE                          | 6, 556, 366     | 0              | 6, 556, 30               |                      | 192.01                           |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH                    | 661, 913        | 0              | 661, 91                  |                      | 192. 02<br>193. 00               |
| 200.00 Cross Foot Adjustments                                  | 0               | 0              |                          |                      | 200.00                           |
| 200.00 Negative Cost Centers                                   | 0               | 0              |                          |                      | 200.00                           |
| 202.00 TOTAL (sum lines 118-201)                               | 310, 063, 240   | -491, 524      | 309, 571, 7 <sup>.</sup> | 16                   | 201.00                           |
| 202.00   10TAL (30m 11163 110-201)                             | 1 310,003,240   | 771, 524       | 307, 371, 7              |                      | 1202.00                          |

| LOCATION OF CAPITAL RELATED COSTS   | S   |  | Provi der  |   | Period:<br>From 01/01/2014  | Worksheet B<br>Part II   |  |
|---|---|--|--|---|---|--|--|
|   |   |  |  |   | To 12/31/2014   |  | pared:<br>7 am   |
| Cost Center Descriptio  | n   | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPI TAL<br>RELATED COSTS<br>BLDG & FI XT  | Subtotal  | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT   | DATA<br>PROCESSI NG  |  |
|   |   | 0  | 1.00   | 2A  | 4.00  | 5. 01  |  |
| GENERAL SERVICE COST CENTERS<br>00 00100 CAP REL COSTS-BLDG & F   |   |  |  |   |   |  | 1.0  |
| 00         00100         CAP_REL_COSTS-BLOG & P           00         00400         EMPLOYEE BENEFITS DEPA           100550         DATA_PROCESSING           02         00550         DATA_PROCESSING           03         00570         ADMITTING           04         00580         CASHIERING/ACCOUNTS_RE           05         00590         OTHER A&G           06         00592         PATIENT_TRANSPORTATION           00         00700         OPERATION OF_PLANT           00         00700         DERATION OF_PLANT           00         00900         LAUNDRY & LINEN SERVIC           00         00900         HOUSEKEEPING           00         01000         DIETARY           .00         01100         CAFETERIA           .00         01300         NURSING ADMINISTRATION           .00         01500         PHARMACY           .00         01600         MEDICAL RECORDS & LIBR.           .00         01600         MEDICAL SERVICE   | RTMENT<br>ND STORES<br>CEI VABLE<br>E<br>PLY  |  | 55, 964<br>44, 650<br>59, 173<br>186, 625<br>606, 405<br>0<br>1, 822, 820<br>108, 549<br>125, 661<br>114, 778<br>80, 244<br>38, 670<br>218, 273<br>115, 442  | 55, 96<br>44, 65<br>59, 17<br>186, 62<br>606, 40<br>1, 822, 82<br>108, 54<br>125, 66<br>114, 77<br>80, 24<br>38, 67<br>218, 27<br>115, 44<br>68, 85 | 4       1,076         0       234         3       530         5       476         5       2,577         0       149         0       858         9       0         1       1,165         8       575         4       293         0       674         3       149         2       0         6       479   | 57, 040<br>0<br>0<br>57, 040<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 4.0<br>5.0<br>5.0<br>5.0<br>5.0  |
| .01         01701         STAFF         EDUCATION           .02         01702         MEDICAL         EDUCATION           .00         02100         I & R         SERVICES-SALARY           .00         02200         I & R         SERVICES-OTHER         PRGI           .00         02300         PARAMED         ED         PROGRAM  | M COSTS APPRVD  |  | 67, 882<br>2, 278<br>0<br>27, 203  | 67, 88<br>2, 27<br>27, 20   | 2 0<br>8 18<br>0 0<br>3 0   | 0<br>0<br>0<br>0<br>0  | 17. (<br>17. (<br>21. (<br>22. (   |
| INPATI ENT ROUTI NE SERVI CE CO           00         03000 ADULTS & PEDI ATRICS           00         03100 INTENSI VE CARE UNI T           01         03101 NEONATAL I CU           00         03200 CORONARY CARE UNI T           00         03200 SURGI CAL INTENSI VE CARE UN           00         04400 SUBROVI DER - IPF           00         04100 SUBPROVI DER - I RF           00         04200 SUBPROVI DER           00         04200 SUBPROVI DER           00         04300 NURSERY           00         04500 NURSI NG FACI LI TY           00         04500 OTHER LONG TERM CARE           ANCI LLARY SERVI CE COST CENTE           00         000 ODEPATI NC POOM  | I T<br>E UNI T<br>TY  |  | 120, 966<br>13, 751<br>0<br>24, 188<br>190, 260<br>148, 734<br>0<br>0<br>0<br>0  | 120, 96<br>13, 75<br>24, 18<br>190, 26<br>148, 73   | 6 1, 661<br>1 558<br>0 0<br>0 0<br>0 0<br>8 203<br>0 800<br>0 0<br>4 199<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0  |  |  |
| .00         05000         OPERATI NG ROOM           .01         05001         ENDOSCOPY           .00         05100         RECOVERY ROOM           .00         05200         DELI VERY ROOM & LABOR           .00         05300         ANESTHESI OLOGY           .00         05400         RADI OLOGY - DI AGNOSTI C           .01         05401         RADI OLOGY - ULTRASOUND           .00         05500         RADI OLOGY - ULTRASOUNDE           .00         05500         CANDI AC CATHETERI ZATI O           .00         06600         LABORATORY           .01         06001         BLODD LABORATORY           .02         06100         PBC CLI NI CAL LAB SERVI           .00         06200         WHOLE BLOOD & APACKED R           .00         06400         INTRAVENOUS THERAPY           .0 | GING (MRI)<br>N<br>CES-PRGM ONLY<br>ED BLOOD CELLS<br>ING & TRANS.<br>ED TO PATIENTS<br>PATIENTS<br>NTS |  | $\begin{array}{c} 363,232\\ 0\\ 88,581\\ 42,646\\ 0\\ 323,113\\ 30,777\\ 82,119\\ 55,069\\ 52,146\\ 25,607\\ 51,111\\ 143,217\\ 0\\ 2,345\\ 0\\ 0\\ 0\\ 47,293\\ 74,720\\ 64,216\\ 10,937\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$ | 88, 58<br>42, 64<br>323, 11<br>30, 77<br>82, 11<br>55, 06<br>52, 14<br>25, 60<br>51, 11<br>143, 21<br>2, 34<br>47, 29<br>74, 72<br>64, 21<br>10, 93 | 0         329           1         249           6         683           0         0           3         569           7         348           9         141           9         131           6         265           7         105           1         493           7         927           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         263           7         105           0         240           0         0           0         0           0         0           0         0           1         111 |  | 50. (<br>51. (<br>52. (<br>53. (<br>54. (<br>55. (<br>56. (<br>60. (<br>60. (<br>60. (<br>60. (<br>60. (<br>60. (<br>61. (<br>62. (<br>63. (<br>66. (<br>71. () |

| Health Financial Systems   | METHODIST HOS  | SPITALS, INC                              |             | In Lie                                      | u of Form CMS-   | 2552-10            |
|--|--|---|-------------|---|--|--------------------|
| ALLOCATION OF CAPITAL RELATED COSTS  | 1  | Provi der                                 | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet B<br>Part II<br>Date/Time Pre<br>5/28/2015 9:0 | pared:             |
| Cost Center Description  | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPI TAL<br>RELATED COSTS<br>BLDG & FI XT | Subtotal    | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT         | DATA<br>PROCESSING                                       |                    |
|  | 0  | 1.00                                      | 2A          | 4.00  | 5. 01  |                    |
| OUTPATIENT SERVICE COST CENTERS  |  |   |             |   |  |                    |
| 88. 00 08800 RURAL HEALTH CLINIC<br>89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER<br>90. 00 09000 CLINIC<br>91. 00 09100 EMERGENCY<br>92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) |  | 0<br>0<br>463, 918<br>164, 805            | 463, 91     |   | 0<br>0<br>0<br>0   | 89.00<br>90.00     |
| OTHER REIMBURSABLE COST CENTERS  |  |   |             |   |  |                    |
| 94. 00 09400 HOME PROGRAM DI ALYSI S<br>95. 00 09500 AMBULANCE SERVI CES   | 0  | 0   |             | 0 0<br>0 0                                  | 0  |                    |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED  | 0  | 0   |             | 0 0   | 0  |                    |
| 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD  | 0  | 0   |             | 0 0   | 0  |                    |
| 99. 00 09900 CMHC  | 0  | 0   |             | 0 0   | 0  |                    |
| 99. 10 09910 CORF  | 0  | 0   |             | 0 0   | 0  |                    |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM   | 0  | 0   |             | 0 0   |  | 100.00             |
| 101.00 10100 HOME HEALTH AGENCY  | 0  | 0   |             | 0 439                                       | 0  | 101.00             |
| SPECIAL PURPOSE COST CENTERS<br>105. 00 10500 KI DNEY ACQUI SI TI ON   |  | 0   |             | 0 0   | 0  | 105.00             |
| 106. 00 10600 HEART ACQUISITION  |  | 0   |             | 0 0   |  | 106.00             |
| 107. 00 10700 LI VER ACQUI SI TI ON  |  | 0   |             |   |  | 107.00             |
| 108. 00 10800 LUNG ACQUISITION   |  | 0   |             |   |  | 108.00             |
| 109. 00 10900 PANCREAS ACQUISITION   | 0  | 0   |             | 0 0   |  | 109.00             |
| 110. 00 11000 I NTESTI NAL ACQUI SI TI ON  | 0  | 0   |             | 0 0   |  | 110.00             |
| 111.00 11100 I SLET ACQUI SI TI ON   | 0  | 0   |             | 0 0   |  | 111.00             |
| 113.00 11300 INTEREST EXPENSE  |  |   |             |   |  | 113.00             |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF  |  |   |             |   |  | 114.00             |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)   | 0  | 0   |             | 0 0   | 0  | 115.00             |
| 116.00 11600 HOSPI CE  | 0  | 0   |             | 0 0   | 0  | 116.00             |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)  | 0  | 8, 337, 796                               | 8, 337, 79  | 30, 967                                     | 57, 040  | 118.00             |
| NONREI MBURSABLE COST CENTERS  |  |   |             |   |  |                    |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0  |   | 10, 96      |   |  | 190.00             |
| 191. 00 19100 RESEARCH   | 0  | 0   |             | 0 0   |  | 191.00             |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES  | 0  | 162, 662                                  |             |   |  | 192.00             |
| 192.01 19201 OTHER NON-REI MBURSABLE   | 0  | 21, 052                                   |             |   |  | 192.01             |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH  | 0  | 54, 789                                   | 54, 78      |   |  | 192.02             |
| 193. 00 19300 NONPAI D WORKERS   | 0  | 0   |             | 0 0   | 0  | 193.00             |
| 200.00 Cross Foot Adjustments  |  |   |             | 0   | _  | 200.00             |
| 201.00 Negative Cost Centers   | 0  |   | 0 507 0     | 0 0<br>07 35, 966                           |  | 201. 00<br>202. 00 |
| 202.00   TOTAL (sum lines 118-201)   | 1 0  | 8, 587, 267                               | 8, 587, 26  | 35, 966                                     | 57,040   | JZUZ. UU           |

|  | Financial Systems<br>TION OF CAPITAL RELATED COSTS  | METHODIST HOSE                       |                          |                      | eri od:                           | u of Form CMS-2<br>Worksheet B | 2552-10                                   |
|--|---|--------------------------------------|--------------------------|----------------------|-----------------------------------|--------------------------------|---|
|  |   |                                      |                          |                      | om 01/01/2014                     | Part II<br>Date/Time Pre       | pared:                                    |
|  | Cost Center Description   | PURCHASI NG                          | ADMI TTI NG              | CASHI ERI NG/ACC     | OTHER A&G                         | 5/28/2015 9:0<br>PATI ENT      | / am                                      |
|  |   | RECEIVING AND<br>STORES              |                          | OUNTS<br>RECEI VABLE |                                   | TRANSPORTATI ON                |   |
|  |   | 5.02                                 | 5.03                     | 5.04                 | 5.05                              | 5.06                           |   |
| 1.00   | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT   |                                      |                          |                      |                                   |                                | 1.00                                      |
| 4.00   | 00400 EMPLOYEE BENEFITS DEPARTMENT  |                                      |                          |                      |                                   |                                | 4.00                                      |
| 5.01   | 00550 DATA PROCESSI NG  |                                      |                          |                      |                                   |                                | 5.01                                      |
| 5.02<br>5.03   | 00560 PURCHASING RECEIVING AND STORES<br>00570 ADMITTING  | 44, 884 62                           | 59, 765                  |                      |                                   |                                | 5.02<br>5.03                              |
| 5.03   | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   | 24                                   | 1, 329                   |                      |                                   |                                | 5.03                                      |
| 5.05   | 00590 OTHER A&G   | 120                                  | 4, 319                   |                      | 684, 389                          |                                | 5.05                                      |
| 5.06   | 00592 PATIENT TRANSPORTATION<br>00700 OPERATION OF PLANT  | 11<br>419                            | 12 092                   | -                    | 1, 955                            | 2, 115                         |   |
| 7.00<br>8.00   | 00800 LAUNDRY & LINEN SERVICE   | 419                                  | 12, 982<br>773           |                      | 45, 459<br>4, 231                 | 0                              | 7.00<br>8.00                              |
| 9.00   | 00900 HOUSEKEEPI NG   | 521                                  | 895                      |                      | 17, 043                           | 0                              | 9.00                                      |
| 10.00  | 01000 DI ETARY  | 498                                  | 817                      |                      | 12, 657                           | 0                              | 10.00                                     |
| 11.00<br>13.00   | 01100 CAFETERI A<br>01300 NURSI NG ADMI NI STRATI ON  | 2                                    | 571<br>275               |                      | 4, 773<br>8, 673                  | 0                              | 11.00<br>13.00                            |
| 14.00  | 01400 CENTRAL SERVICES & SUPPLY   | 134                                  | 1, 555                   | 1                    | 6, 419                            | 4                              | 14.00                                     |
| 15.00  | 01500 PHARMACY  | 151                                  | 822                      | 2, 652               | 13, 696                           | 0                              | 15.00                                     |
| 16.00  | 01600 MEDICAL RECORDS & LIBRARY   | 14                                   | 490                      |                      | 7, 928                            | 0                              | 16.00                                     |
| 17.00<br>17.01   | 01700 SOCI AL SERVI CE<br>01701 STAFF EDUCATI ON  | 0                                    | 71<br>483                | 1                    | 1, 345<br>266                     | 0                              | 17.00<br>17.01                            |
| 17.02  | 01702 MEDICAL EDUCATION   | 0                                    | 16                       |                      | 282                               | 0                              | 17.02                                     |
| 21.00  | 02100 I &R SERVICES-SALARY & FRINGES APPRVD   | 0                                    | 0                        |                      | 659                               | 0                              | 21.00                                     |
| 22.00  | 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PROGRAM   | 0 23                                 | 194                      |                      | 123                               | 0                              | 22.00                                     |
| 23.00  | I NPATI ENT ROUTI NE SERVI CE COST CENTERS  | 23                                   | 146                      | 471                  | 1, 197                            | 0                              | 23.00                                     |
| 30.00  | 03000 ADULTS & PEDIATRICS   | 2, 394                               | 13, 588                  | 43, 811              | 111, 549                          | 792                            | 30.00                                     |
| 31.00  | 03100 I NTENSI VE CARE UNI T  | 817                                  | 862                      |                      | 23, 067                           | 17                             | 31.00                                     |
| 31. 01<br>32. 00   | 03101 NEONATAL I CU<br>03200 CORONARY CARE UNI T  | 10                                   | 98<br>0                  |                      | 6, 864<br>0                       | 0                              | 31.01<br>32.00                            |
| 33.00  | 03300 BURN I NTENSI VE CARE UNI T   | 0                                    | 0                        | -                    | 0                                 | 0                              | 32.00                                     |
| 34.00  | 03400 SURGI CAL I NTENSI VE CARE UNI T  | 0                                    | 0                        |                      | 0                                 | 0                              | 34.00                                     |
| 40.00  | 04000 SUBPROVIDER - IPF   | 2                                    | 172                      |                      | 2, 579                            | 0                              | 40.00                                     |
| 41.00<br>42.00   | 04100 SUBPROVI DER – I RF<br>04200 SUBPROVI DER   | 136                                  | 1, 355                   | 4, 370<br>0          | 10, 922<br>0                      | 29<br>0                        | 41.00<br>42.00                            |
| 43.00  | 04300 NURSERY   | 162                                  | 1, 059                   | -                    | 3, 430                            | 0                              | 43.00                                     |
| 44.00  | 04400 SKILLED NURSING FACILITY  | 0                                    | 0                        |                      | 0                                 | 0                              | 44.00                                     |
| 45.00<br>46.00   | 04500 NURSING FACILITY<br>04600 OTHER LONG TERM CARE  | 0                                    | 0                        |                      | 0                                 | 0                              | 45.00<br>46.00                            |
| 40.00  | ANCI LLARY SERVICE COST CENTERS   | 0                                    | 0                        | vi                   | V                                 | 0                              | 40.00                                     |
| 50.00  | 05000 OPERATING ROOM  | 2, 026                               | 2, 587                   | 8, 343               | 24, 763                           | 0                              |   |
| 50.01  | 05001 ENDOSCOPY   | 731                                  | 0                        |                      | 8, 336                            | 63                             |   |
| 51.00<br>52.00   | 05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM   | 131                                  | 631<br>304               |                      | 3, 362<br>9, 165                  | 0<br>22                        |   |
| 53.00  | 05300 ANESTHESI OLOGY   | 0                                    | 0                        |                      | 0                                 | 0                              |   |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C   | 177                                  | 2, 301                   |                      | 11, 677                           | 245                            |   |
| 54. 01<br>55. 00   | 05401 RADI OLOGY - ULTRASOUND<br>05500 RADI OLOGY-THERAPEUTI C  | 119<br>19                            | 219<br>585               |                      | 4, 888<br>3, 771                  | 228<br>18                      |   |
| 56.00  | 05600 RADI OLOGI - MEKALEUTI C  | 634                                  | 392                      |                      | 4, 194                            | 120                            |   |
| 57.00  | 05700 CT SCAN   | 334                                  | 371                      |                      | 5, 384                            | 296                            |   |
| 58.00  | 05800 MAGNETIC RESONANCE I MAGI NG (MRI)  | 86                                   | 182                      |                      | 1, 888                            | 105                            |   |
| 59.00<br>60.00   | 05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY  | 789<br>2, 531                        | 364<br>1, 020            |                      | 10, 941<br>26, 572                | 53<br>0                        |   |
| 60.01  | 06001 BLOOD LABORATORY  | 2, 331                               | 0                        |                      | 20, 372                           | 0                              | 60.01                                     |
| 61.00  | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY   |                                      |                          |                      |                                   |                                | 61.00                                     |
| 62.00  | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 345                                  | 17                       | 1                    | 4, 365                            | 0                              |   |
| 63.00<br>64.00   | 06300 BLOOD STORING, PROCESSING & TRANS.<br>06400 INTRAVENOUS THERAPY   | 0                                    | 0                        |                      | 0                                 | 0                              | 63.00<br>64.00                            |
| 65. 00   | 06500 RESPIRATORY THERAPY   | 576                                  | 337                      |                      | 9, 359                            | 4                              | 65.00                                     |
| 66.00  | 06600 PHYSI CAL THERAPY   | 14                                   | 532                      |                      | 5, 007                            | 0                              | 66.00                                     |
| 67.00  | 06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY   | 15                                   | 457<br>78                |                      | 3, 922<br>1, 339                  | 0                              | 67.00<br>68.00                            |
|  | 06900 ELECTROCARDI OLOGY  | 22                                   | /8                       | 1                    | 2, 461                            | 10                             |   |
| 68.00<br>69.00   |   | 5                                    | 0                        |                      | 1, 884                            | 0                              | 69.01                                     |
| 69. 00<br>69. 01   | 06901 CARDI AC REHAB  |                                      | 0                        | 0                    | 4, 260                            | 8                              | 70.00                                     |
| 69. 00<br>69. 01<br>70. 00   | 07000 ELECTROENCEPHALOGRAPHY  | 293                                  |                          |                      | ~~ ·                              |                                |   |
| 69. 00<br>69. 01<br>70. 00<br>71. 00                                 | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   | 12, 085                              | 0                        |                      | 28, 500<br>36, 816                | 0                              |   |
| 69. 00<br>69. 01<br>70. 00   | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   | 1                                    |                          | 0                    | 28, 500<br>36, 816<br>31, 157     | 0<br>0<br>0                    | 72.00                                     |
| 69.00<br>69.01<br>70.00<br>71.00<br>72.00<br>73.00<br>74.00          | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>07400 RENAL DIALYSIS   | 12, 085<br>15, 618                   | 0                        | 0<br>232             | 36, 816                           | 0                              | 71.00<br>72.00<br>73.00<br>74.00          |
| 69.00<br>69.01<br>70.00<br>71.00<br>72.00<br>73.00<br>74.00          | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>07400 RENAL DIALYSIS<br>07500 ASC (NON-DISTINCT PART)                                    | 12, 085<br>15, 618<br>536            | 0<br>0<br>72             | 0<br>232<br>613      | 36, 816<br>31, 157                | 0                              | 72.00<br>73.00                            |
| 69.00<br>69.01<br>70.00<br>71.00<br>72.00<br>73.00<br>74.00<br>75.00 | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>07400 RENAL DIALYSIS<br>07500 ASC (NON-DISTINCT PART)<br>0UTPATIENT SERVICE COST CENTERS | 12, 085<br>15, 618<br>536<br>20<br>0 | 0<br>0<br>72<br>190<br>0 | 0<br>232<br>613<br>0 | 36, 816<br>31, 157<br>3, 954<br>0 | 0<br>0<br>0                    | 72.00<br>73.00<br>74.00<br>75.00          |
| 69.00<br>69.01<br>70.00<br>71.00<br>72.00<br>73.00<br>74.00          | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>07400 RENAL DIALYSIS<br>07500 ASC (NON-DISTINCT PART)                                    | 12, 085<br>15, 618<br>536<br>20      | 0<br>0<br>72<br>190      | 0<br>232<br>613<br>0 | 36, 816<br>31, 157<br>3, 954      | 0<br>0<br>0                    | 72.00<br>73.00<br>74.00<br>75.00<br>88.00 |

| Health Financial Systems   | METHODI ST HOSF | PITALS, INC |                 | In Lie                           | u of Form CMS-2 | 2552-10            |
|--|-----------------|-------------|-----------------|----------------------------------|-----------------|--------------------|
| ALLOCATION OF CAPITAL RELATED COSTS  |                 | Provi der   | CCN: 150002     | Peri od:                         | Worksheet B     |                    |
|  |                 |             |                 | From 01/01/2014<br>To 12/31/2014 |                 | narod              |
|  |                 |             |                 | 10 12/31/2014                    | 5/28/2015 9:0   |                    |
| Cost Center Description  | PURCHASI NG     | ADMI TTI NG | CASHI ERI NG/AC | C OTHER A&G                      | PATI ENT        |                    |
|  | RECEIVING AND   |             | OUNTS           |                                  | TRANSPORTATI ON |                    |
|  | STORES          |             | RECEI VABLE     |                                  |                 |                    |
|  | 5.02            | 5.03        | 5.04            | 5. 05                            | 5.06            | 01.00              |
| 91.00 09100 EMERGENCY  | 1, 442          | 1, 174      | 3, 78           | 23, 886                          | 100             | 91.00              |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)<br>OTHER REI MBURSABLE COST CENTERS |                 |             |                 |                                  |                 | 92.00              |
| 94. 00 09400 HOME PROGRAM DI ALYSI S   | 0               | 0           |                 | 0 0                              | 0               | 94.00              |
| 95. 00 09500 AMBULANCE SERVICES  | 0               | 0           |                 | 0 0                              | 0               | 94.00<br>95.00     |
| 95. 00 09500 AMBULANCE SERVICES<br>96. 00 09600 DURABLE MEDICAL EQUIP-RENTED             | 0               | 0           |                 |                                  | 0               | 95.00<br>96.00     |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD  | 0               | 0           |                 |                                  | 0               | 97.00              |
| 99. 00 09900 CMHC  | 0               | 0           |                 |                                  | 0               | 99.00              |
| 99. 10 09910 CORF  | 0               | 0           |                 |                                  | 0               | 99.10              |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM   | 0               | 0           |                 | 0 0                              | -               | 100.00             |
| 101.00 10100 HOME HEALTH AGENCY  | 108             | 0           |                 | 0 6, 185                         |                 | 101.00             |
| SPECIAL PURPOSE COST CENTERS   | 100             |             |                 | 0,100                            |                 |                    |
| 105. 00 10500 KI DNEY ACQUI SI TI ON   | 0               | 0           |                 | 0 0                              | 0               | 105.00             |
| 106.00 10600 HEART ACQUI SI TI ON  | 0               | 0           | )               | 0 0                              | 0               | 106.00             |
| 107.00 10700 LIVER ACQUISITION   | 0               | 0           | )               | 0 0                              | 0               | 107.00             |
| 108.00 10800 LUNG ACQUISITION  | 0               | 0           | )               | 0 0                              | 0               | 108.00             |
| 109.00 10900 PANCREAS ACQUISITION  | 0               | 0           | )               | 0 0                              | 0               | 109.00             |
| 110.00 11000 INTESTINAL ACQUISITION  | 0               | 0           |                 | 0 0                              | 0               | 110.00             |
| 111.00 11100 I SLET ACQUI SI TI ON   | 0               | 0           |                 | 0 0                              | 0               | 111.00             |
| 113.00 11300 INTEREST EXPENSE  |                 |             |                 |                                  |                 | 113.00             |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF  |                 |             |                 |                                  |                 | 114.00             |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)   | 0               | 0           |                 | 0 0                              |                 | 115.00             |
| 116. 00 11600 HOSPI CE   | 0               | 0           |                 | 0 0                              |                 | 116.00             |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)  | 44, 259         | 57, 989     | 182, 72         | 4 575, 619                       | 2, 115          | 118.00             |
|  | 470             |             |                 | 0 (74                            | 0               | 100.00             |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 179             | 78          |                 |                                  |                 | 190.00             |
| 191.00 19100 RESEARCH  | 0<br>441        | 0           |                 | 0 0                              |                 | 191.00             |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES   | 441             | 1, 158      |                 |                                  |                 | 192.00             |
| 192.01 19201 OTHER NON-REI MBURSABLE<br>192.02 19202 FAMILY HEALTH/GARY COMM HEALTH      | 5               | 150<br>390  |                 |                                  |                 | 192. 01<br>192. 02 |
| 192. 02 19202 FAMILY HEALTH/GARY COMM HEALTH<br>193. 00 19300 NONPALD WORKERS            | 0               | 390         | 1, 25           | 0 851                            |                 | 192.02             |
| 200.00 Cross Foot Adjustments  | 0               | 0           |                 | 0                                | 0               | 200.00             |
| 200.00 Negative Cost Centers   | 0               | 0           |                 | 0                                | 0               | 200.00             |
| 202.00 TOTAL (sum lines 118-201)   | 44, 884         | 59, 765     | 188, 45         | 684, 389                         |                 | 201.00             |
| 202.00 TOTAL (Sum TINGS TO 201)  | 1 77,004        | 57,705      | 1 100, 40       | 007,007                          | 2,113           | 202.00             |

|                  | Financial Systems<br>TION OF CAPITAL RELATED COSTS                    | METHODIST HOS       |                       | CCN: 150002 Pe     | In Lie              | u of Form CMS-:<br>Worksheet B            | 2552-10          |
|------------------|---|---------------------|-----------------------|--------------------|---------------------|---|------------------|
| /ILLUG/          |   |                     |                       |                    | rom 01/01/2014      | Part II<br>Date/Time Pre<br>5/28/2015 9:0 |                  |
|                  | Cost Center Description   | OPERATI ON OF       | LAUNDRY &             | HOUSEKEEPING       | DI ETARY            | CAFETERI A                                |                  |
|                  |   | PLANT<br>7.00       | LINEN SERVICE<br>8.00 | 9.00               | 10.00               | 11.00                                     |                  |
|                  | GENERAL SERVICE COST CENTERS  | /.00                | 0.00                  | 7.00               | 10.00               | 11.00                                     |                  |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT                                       |                     |                       |                    |                     |   | 1.00             |
| 4.00<br>5.01     | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00550 DATA PROCESSING           |                     |                       |                    |                     |   | 4.00<br>5.01     |
| 5.02             | 00560 PURCHASING RECEIVING AND STORES                                 |                     |                       |                    |                     |   | 5.02             |
| 5.03             | 00570 ADMI TTI NG   |                     |                       |                    |                     |   | 5.03             |
| 5.04<br>5.05     | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE<br>00590 OTHER A&G            |                     |                       |                    |                     |   | 5.04<br>5.05     |
| 5.05<br>5.06     | 00590 DTHER A&G<br>00592 PATIENT TRANSPORTATION                       |                     |                       |                    |                     |   | 5.05             |
| 7.00             | 00700 OPERATION OF PLANT  | 1, 924, 405         |                       |                    |                     |   | 7.00             |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE   | 36, 168             | 152, 217              |                    |                     |   | 8.00             |
| 9.00<br>10.00    | 00900 HOUSEKEEPI NG<br>01000 DI ETARY                                 | 41,869              |                       | 190, 040<br>3, 936 | 174, 140            |   | 9.00<br>10.00    |
| 11.00            | 01100 CAFETERIA   | 26, 737             | 0                     | 2, 752             | 0                   | 117, 215                                  |                  |
| 13.00            | 01300 NURSI NG ADMI NI STRATI ON                                      | 12, 884             | 0                     | 1, 326             | 0                   | 2, 591                                    |                  |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY                                       | 72, 727             | 1, 694                |                    | 0                   | 1, 429                                    |                  |
| 15.00<br>16.00   | 01500 PHARMACY<br>01600 MEDI CAL RECORDS & LI BRARY                   | 38, 464 22, 942     | 0                     | 3, 959<br>2, 361   | 0                   | 0<br>3, 415                               | 15.00<br>16.00   |
| 17.00            | 01700 SOCIAL SERVICE  | 3, 305              | 0                     | 340                | 0                   | 655                                       |                  |
| 17.01            | 01701 STAFF EDUCATION   | 22, 618             | 0                     | 2, 328             | 0                   | 0   |                  |
| 17.02<br>21.00   | 01702 MEDICAL EDUCATION<br>02100 I&R SERVICES-SALARY & FRINGES APPRVD | 759                 |                       | 78                 | 0                   | 89<br>0                                   | 17.02<br>21.00   |
| 21.00            | 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD                           | 9,064               | 0                     | -                  | 0                   | 0   | 21.00            |
| 23.00            | 02300 PARAMED ED PROGRAM  | 6, 826              | 0                     | 703                | 0                   | 913                                       |                  |
| 20.00            | INPATIENT ROUTINE SERVICE COST CENTERS                                | (25 527             | 72 (0)                | (F 412             | 122 (20             | 42.041                                    | 20.00            |
| 30.00<br>31.00   | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT                | 635, 527<br>40, 305 | 72, 696<br>3, 848     |                    | 122, 620<br>16, 959 | 42, 941<br>7, 279                         | 30.00<br>31.00   |
| 31.01            | 03101 NEONATAL I CU   | 4, 582              | 3, 397                |                    | 0                   | 2, 252                                    |                  |
| 32.00            | 03200 CORONARY CARE UNIT  | 0                   | 0                     | 0                  | 0                   | 0   | 32.00            |
| 33.00<br>34.00   | 03300 BURN INTENSIVE CARE UNIT<br>03400 SURGICAL INTENSIVE CARE UNIT  | 0                   | 0                     | 0                  | 0                   | 0   | 33.00<br>34.00   |
| 40.00            | 04000 SUBPROVIDER - IPF   | 8,059               | 0                     | 830                | 1, 882              | 990                                       |                  |
| 41.00            | 04100 SUBPROVIDER - IRF   | 63, 393             | 0                     | 6, 525             | 16, 411             | 4, 506                                    | 41.00            |
| 42.00            | 04200 SUBPROVI DER  | 0                   | 0                     | 0                  | 0                   | 0   | 42.00            |
| 43.00<br>44.00   | 04300 NURSERY<br>04400 SKI LLED NURSI NG FACI LI TY                   | 49, 557             | 3, 158                | 5, 101             | 0                   | 899<br>0                                  | 43.00<br>44.00   |
| 45.00            | 04500 NURSING FACILITY  | 0                   | 0                     | 0                  | 0                   | 0   | 45.00            |
| 46.00            | 04600 OTHER LONG TERM CARE  | 0                   | 0                     | 0                  | 0                   | 0   | 46.00            |
| 50.00            | ANCI LLARY SERVI CE COST CENTERS                                      | 121,026             | 15, 308               | 12, 457            | 0                   | 5, 478                                    | 50.00            |
| 50.00            | 05000 OFERATING ROOM  | 0                   | 2, 013                |                    | 4                   | 1, 592                                    |                  |
| 51.00            | 05100 RECOVERY ROOM   | 29, 514             | 4, 007                |                    | 0                   | 1, 051                                    |                  |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM                                      | 14, 209             | 3, 423                | 1, 463             | 8, 066              | 3, 274                                    |                  |
| 53.00<br>54.00   | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C                | 107, 659            | 5, 090                | 11, 081            | 0                   | 3, 216                                    | 53.00<br>54.00   |
| 54.01            | 05401 RADI OLOGY - ULTRASOUND   | 10, 255             | 864                   |                    | 0                   | 1, 290                                    |                  |
| 55.00            | 05500 RADI OLOGY-THERAPEUTI C   | 27, 362             | 231                   |                    | 0                   | 607                                       |                  |
| 56.00<br>57.00   | 05600 RADI 0I SOTOPE<br>05700 CT SCAN                                 | 18, 349<br>17, 375  | 1, 867<br>1, 173      |                    | 0                   | 527<br>1, 285                             |                  |
| 58.00            | 05800 MAGNETIC RESONANCE I MAGING (MRI)                               | 8, 532              | 469                   |                    | 0                   | 468                                       | 1                |
| 59.00            | 05900 CARDI AC CATHETERI ZATI ON                                      | 17,030              | 3, 351                |                    | 1, 611              | 2, 086                                    |                  |
| 60. 00<br>60. 01 | 06000 LABORATORY<br>06001 BLOOD LABORATORY                            | 47, 719             | 0                     | 4, 912             | 0                   | 5, 137<br>0                               |                  |
| 61.00            | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                             | 0                   | 0                     | 0                  | 0                   | 0   | 60. 01<br>61. 00 |
| 62.00            | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                            | 781                 | 0                     | 80                 | о                   | 2, 764                                    |                  |
| 63.00            | 06300 BLOOD STORI NG, PROCESSI NG & TRANS.                            | 0                   | 0                     | 0                  | 0                   | 0   | 63.00            |
| 64.00<br>65.00   | 06400 I NTRAVENOUS THERAPY<br>06500 RESPI RATORY THERAPY              | 15, 757             | 225                   | 0<br>1, 622        | 0                   | 0<br>3, 266                               | 64.00<br>65.00   |
| 66.00            | 06600 PHYSI CAL THERAPY   | 24, 896             | 1, 849                |                    | 0                   | 1, 760                                    |                  |
| 67.00            | 06700 OCCUPATI ONAL THERAPY   | 21, 396             | 0                     | 2, 202             | 0                   | 1, 137                                    |                  |
| 68.00            | 06800 SPEECH PATHOLOGY  | 3, 644              | 0                     | 375                | 295                 | 405                                       |                  |
| 69. 00<br>69. 01 | 06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB                      | 0                   | 879<br>254            |                    | 0                   | 934<br>482                                |                  |
| 70.00            | 07000 ELECTROENCEPHALOGRAPHY  | 0                   | 0                     | 0                  | 5                   | 1, 093                                    |                  |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                            | 0                   | 0                     | 0                  | 0                   | 0   | 71.00            |
| 72.00            | 07200 I MPL. DEV. CHARGED TO PATIENTS                                 | 0                   | 0                     | 0                  | 0                   | 0   |                  |
| 73.00<br>74.00   | 07300 DRUGS CHARGED TO PATIENTS<br>07400 RENAL DIALYSIS               | 3, 372<br>8, 893    | 7, 053                | 347<br>915         | 0                   | 436<br>0                                  |                  |
| 75.00            | 07500 ASC (NON-DISTINCT PART)   | 0,075               | 0                     | 0                  | 0                   | 0   |                  |
| 00.00            | OUTPATIENT SERVICE COST CENTERS                                       |                     |                       |                    |                     |   | 00.00            |
| 88.00<br>89.00   | 08800 RURAL HEALTH CLINIC<br>08900 FEDERALLY QUALIFIED HEALTH CENTER  |                     |                       | 0                  | 0                   | 0   | 88.00<br>89.00   |
| 90.00            | 09000 CLI NI C  | 154, 574            | 2, 923                | 15, 910            | Ö                   | 2, 713                                    | 90.00            |
| 91.00            | 09100 EMERGENCY   | 54, 912             | 16, 356               | 5, 652             | 6, 287              | 8, 068                                    | 91.00            |

| Health Financial Systems                         | METHODIST HOS         |                            |               | In Lio                                      | u of Form CMS-25       | EE2 10  |
|--|-----------------------|----------------------------|---------------|---|------------------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS              |                       | Provi der                  |               | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet B<br>Part II | ared:   |
| Cost Center Description                          | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPI NG | DI ETARY                                    | CAFETERI A             |         |
|  | 7.00                  | 8.00                       | 9.00          | 10.00                                       | 11.00                  |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) |                       |                            |               |   |                        | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                  |                       |                            |               |   |                        |         |
| 94.00 09400 HOME PROGRAM DI ALYSI S              | 0                     | 0                          | (             | 0 0   | 0                      | 94.00   |
| 95. 00 09500 AMBULANCE SERVICES                  | 0                     | 0                          | (             | 0 0   |                        | 95.00   |
| 96.00 09600 DURABLE MEDICAL EQUIP-RENTED         | 0                     | 0                          | (             | 0 0   |                        | 96.00   |
| 97.00 09700 DURABLE MEDICAL EQUIP-SOLD           | 0                     | 0                          | (             | 0 0   |                        | 97.00   |
| 99. 00 09900 CMHC                                | 0                     | 0                          | (             | 0 0   |                        | 99.00   |
| 99. 10 09910 CORF                                | 0                     | 0                          | (             | 0 0   |                        | 99.10   |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM       | 0                     | 0                          | (             | 0 0   |                        | 100.00  |
| 101.00 10100 HOME HEALTH AGENCY                  | 0                     | 0                          | (             | 0 0   | 01                     | 101. 00 |
| SPECIAL PURPOSE COST CENTERS                     |                       |                            |               |   |                        |         |
| 105.00 10500 KIDNEY ACQUISITION                  | 0                     | 0                          |               | 0 0   |                        | 105.00  |
| 106.00 10600 HEART ACQUI SI TI ON                | 0                     | 0                          | (             | 0 0   | 0 1                    | 106.00  |
| 107.00 10700 LIVER ACQUISITION                   | 0                     | 0                          | (             | 0 0   |                        | 107.00  |
| 108.00 10800 LUNG ACQUISITION                    | 0                     | 0                          | (             | 0 0   | 0 1                    | 108.00  |
| 109.00 10900 PANCREAS ACQUI SI TI ON             | 0                     | 0                          | (             | 0 0   | 0 1                    | 109.00  |
| 110.00 11000 INTESTINAL ACQUISITION              | 0                     | 0                          | (             | 0 0   |                        | 110.00  |
| 111.00 11100 I SLET ACQUI SI TI ON               | 0                     | 0                          | (             | 0 0   |                        | 111.00  |
| 113.00 11300 INTEREST EXPENSE                    |                       |                            |               |   |                        | 113.00  |
| 114.00 11400 UTILIZATION REVIEW-SNF              |                       |                            |               |   |                        | 114.00  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)  | 0                     | 0                          | (             | 0 0   | 0 1                    | 115.00  |
| 116. 00 11600 H0SPI CE                           | 0                     | 0                          | (             | 0 0   | 0 1                    | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)            | 1, 841, 284           | 152, 129                   | 181, 48       | 5 174, 140                                  | 117, 028 1             | 118.00  |
| NONREI MBURSABLE COST CENTERS                    | T                     |                            | 1             |   |                        |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 3, 654                | 0                          | 370           | 6 0   |                        | 190.00  |
| 191. 00 19100 RESEARCH                           | 0                     | 0                          |               | 0 0   |                        | 191.00  |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES     | 54, 198               | 88                         |               |   |                        | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE             | 7,014                 | 0                          | 722           |   |                        | 192.01  |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH      | 18, 255               | 0                          | 1, 879        | 9 0   |                        | 192. 02 |
| 193. 00 19300 NONPALD WORKERS                    | 0                     | 0                          | (             | 0 0   |                        | 193.00  |
| 200.00 Cross Foot Adjustments                    |                       |                            |               |   |                        | 200. 00 |
| 201.00 Negative Cost Centers                     | 0                     | 0                          | (             | 0 0   |                        | 201.00  |
| 202.00 TOTAL (sum lines 118-201)                 | 1, 924, 405           | 152, 217                   | 190, 040      | 0 174, 140                                  | 117, 215 2             | 202.00  |
|  |                       |                            |               |   |                        |         |

| ALLICATE OV OF CAPITAL RELATED COSTS Private Cit. 15000 Private Cit. 1500 Private Cit. 150 Private Cit. 1500 Private Cit. 150 Private C  |        | Financial Systems                          | METHODIST HOSI | PITALS, INC |              | In Lie        | u of Form CMS-2                | 2552-10        |
|---|--------|--|----------------|-------------|--------------|---------------|--------------------------------|----------------|
| Cost Center Description         MULTINE         CHAINE SUPPORT         MULTINE         MULTINE         MULTINE         MULTINE         MULTINE         DOTA         DOTA <thdota< th="">         DOTA         DOTA         &lt;</thdota<>  | ALLOCA | TION OF CAPITAL RELATED COSTS              |                | Provi der   | Fr           | om 01/01/2014 | Part II                        |                |
| PART IN STRATION         SERVICE is support         PECORES is support         PECORES is support         PECORES is support           10         DOTO TOTAL ALL COST CENTRES         13.00         14.00         10.00         17.00         10.00         17.00           4.00         Cost of the LOST SERVICE OST CENTRES         5.00   |        |  |                |             | Тс           | 12/31/2014    | Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am |
| SUPPLY         LISRAY         LISRAY           1.00         TA (00   |        | Cost Center Description                    |                |             | PHARMACY     |               | SOCIAL SERVICE                 |                |
| Demonstration         Demonstration           1.00         DOTAD EVALUATION CONTRACTORY         1.00           1.00         DOTAD EVALUES DESCRIPTION         1.00           1.00         DOTAD EVALUES DESCRIPTION         5.00           1.00         DOTAD EVALUES NOT EVALUES         0         1.00           1.00         DOTAD EVALUES SUBJECT EVALUES         0         1.00           1.00         DOTAD EVALUES NOT EVALUES NOT EVALUES         0         0         0           1.00         DOTAD EVALUES SUBJECT EVAL   |        |  |                | SUPPLY      |              | LI BRARY      |                                |                |
| 1.00         DOTOD CAL FLEL 0051 S-BLUE & FLIX         1.00           5.01         DOTOD CAL FLEL 0051 S-BLUE & FLIX         4.00           5.01         DOTOD CAL FLEL 0051 S-BLUE & FLIX         5.01           5.01         DOTOD CAL FLEL 0051 S-BLUE & FLIX         5.01           5.01         DOTOD CAL FLEL 0051 S-BLUE & FLIX         5.04           5.04         DOTOD CAL FLEL 0051 S-BLUE & FLIX         5.04           5.04         DOTOD CAL FLEL 0051 S-BLUE & FLIX         5.04           5.04         DOTOD CAL FLEX         7.00           7.00         DOTOD CAL FLEX         7.00           9.00         DOTOD CALFERAR         1.00           9.00         DOTOD CALFERAR         1.00           9.00         DOTOD CALFERAR         1.00           9.00         DOTOD CALFERAR         1.00           10.00         DITOD CALFERAR         1.00           10.00         DITOD CALFERAR         1.00           10.00         DITOD CALFERAR         0         1.00           10.00         DITOD CALFERAR         0         1.00           10.00         DITOD CALFERAR         0         1.00           10.00         DITOD CALFERAR         1.00         1.00  |        | CENERAL SERVICE COST CENTERS               | 13.00          | 14.00       | 15.00        | 16.00         | 17.00                          |                |
| 5.01         DOBSO (JALA PROCESSING<br>DECTO ADDITING FOR UNITS RECEIVABLE<br>DECTO ADDITING FOR UNITS RECEIVABL | 1.00   |  |                |             |              |               |                                | 1.00           |
| 5.02         Dorski Puncheshnik RECEI VINK AVE STORES         5.02         S.02         S.02 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |        |  |                |             |              |               |                                |                |
| 5.03         00070         ADMITTING         5.63         5.64         5.63         5.64   |        |  |                |             |              |               |                                |                |
| 5.65         000500         OTHER AGC         5.66           0.0500         OTHER ALCO         5.66           0.0500         OTHER ALLENT LINE MANAROVERT ID IN         7.00           0.00         ODE ODE ODE ODE CALL         0.00           0.00         ODE ODE ODE CALL         0.00           0.00         0.00         0.00         0.00  |        |  |                |             |              |               |                                |                |
| 5.00         000000         LAMBOY & LINEN SERVICE         5.00         5.00         00000         1.000         00000         1.000         000000         00000         00000<  |        |  |                |             |              |               |                                |                |
| 7.00         DOTOD OF CERT IN 0.         7.00         0.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |        |  |                |             |              |               |                                |                |
| 9.00 0000 PULSEKEP IN IG 9.00 0000 PULSEKEP IN 9.00 PULSEKEP IN  |        |  |                |             |              |               |                                |                |
| 10. 00 01000 01000 01 FTARY       10. 00 01000 01 FTARY       10. 00 1000 02 FFTRAY       10. 00 100 02 FFTRAY   |        |  |                |             |              |               |                                |                |
| 11.00       OLTON CAFETERIA       11.00       11.00       CAFETERIA       11.00<  |        |  |                |             |              |               |                                |                |
| 14.00         CENTRAL SERVICES & SUBPLY         0         314.878         4.00           15.00         01500         HIGMARACY         0         1,101         106.160         109,169         15.00           16.00         01600         HECCARS & LIBRARY         0         1,101         0         109,169         16.00         16.00           17.00         10700         STAF         EDUCATION         0   |        |  |                |             |              |               |                                |                |
| 15.00         01500         HARMACY         0         '960         17.0, 160         15.00           17.00         01700         SOCIAL SERVICE         0         80         0         10.09, 199         16.09         16.09           17.00         01701         SERVICE         0         80         0         0         17.00           17.01         01701         SERVICE         0         0         0         0         17.00           17.02         01702         MEEDICAL RECORDS & LIBRARY         0         0         0         0         17.02           23.00         2300         MARTINE RVITE SERVICE COST CINTERS         37.064         17.02         0         9.692         12.433         30.00         31.01           31.01         03001         AURES NUTE CARE UNIT         0         0         0         0         31.01         33.00  |        |  | 65, 997        |             |              |               |                                |                |
| 16. 00         01600         NECCORDS & LIBRARY         0         1.01         0         109, 109         16. 00           17. 01         1700<  |        |  | Ŭ              |             |              |               |                                |                |
| 17.00         01700         SCALL SERVICE         0         80         0         0         16.057         7.00           17.00         01701         SIAF EDUCATION         0         <   |        |  | 0              |             | _            | 109, 169      |                                |                |
| 17. 02       01702       UEDI CAL EQUCATION       0       4       0       0       0       17. 02         10. 00 (2000)       148 SERVICES-OTHER PROJ COSTS APPRVD       0       0       0       0       23. 00         10. 00 (2000)       148 SERVICES-OTHER PROJ COST CENTERS   | 17.00  | 01700 SOCI AL SERVI CE                     | 0              |             | 0            | 0             |                                | 17.00          |
| 21.00       02001 IAR SERVICES-SALARY & FRINCES APPRVD       0       0       0       0       0       22.00         23.00       02300 PARAMED ED PROGRAM       760       135       0       0       0       22.00         10000 C3300 PARAMED ED PROGRAM       760       135       0       0       0       22.00         10000 C3300 PARAMED ED PROGRAM       760       135       0       0       0       23.00         10000 C3000 PARAMED ED PROGRAM       6.062       5.922       0       1.636       0.31.00         31.01       03101 INTENSIV CARE UNIT       6.062       0       0       0       0       32.00         32.00       03300 BURM INTENSIV CARE UNIT       0       0       0       0       0       32.00         33.00       03300 BURM INTENSIV CARE UNIT       0       0       0       0       0       0       32.00         34.00       04000 SUMPROVIDER - IFF       3.751       988       0       887       2.86       42.00         43.00       04300 MURSKI LEIN INTENSIVE CARE UNIT       0       0       0       0       0       0       43.00         44.00       04000 SUMPROVIDER - IFF       3.757       988       0<   |        |  | 0              | 0           | 0            | 0             |                                | •              |
| 22.00         02200 (1AR SERVICES-OTHER PROAD COST SAPRAVD)         0         0         0         0         23.00           IMPATE ENT ROUTINE SERVICE COST CENTERS   |        |  | 0              | 4           | 0            | 0             |                                |                |
| IMPACT LENT ROUTI NE SERVICE COST CENTERS           0.0         03000 AULTS & FEDAVARICS           31.00         03100 AULTS & CARE UNIT           10.00         03200 COROMARY CARE UNIT           10.00         03200 COROMARY CARE UNIT           03200 COROMARY CARE UNIT         0           03200 COROMARY CARE UNIT         0           00.00         0           03400 SURGI CARL INTENSIVE CARE UNIT         0           00.01400 SURGI CARL INTENSIVE CARE UNIT         0           00.1000 SURGI CARL INTENSIVE CARE UNIT         0           00.1000 SURGI CARL INTENSIVE CARE UNIT         0           00.1000 CONTREL UNIT FREAD CARL         0           00.1000 CONTREL UNIT FREAD CARL         0           00.1000 CONTREL UNIT FREAD CARL         0           00.10000 CONTREL UNIT FREAD CARL         0           00.10000 CONTREL UNIT FREAD CARL         0           00.10000  | 22.00  | 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD | 0              | 0           | 0            | 0             |                                |                |
| 30:00       3000 ADULTS & PEDIATRICS       35, 764       17, 020       0       9, 692       12, 433       30.00         31:00       03101 INTENSIVE CARE UNIT       6, 062       5, 932       0       1, 633       0       31.00       03101 INTENSIVE CARE UNIT       0       0       0       0       0       0       31.00       03300 BURN INTENSIVE CARE UNIT       0       0       0       0       32.00         03300 BURN UNETS IN CARE UNIT       0       0       0       0       0       0       34.00         040.00       SUBROXI DER - IFF       825       9       0       187       0       40.00         04200 SUBROVI DER - IFF       8, 753       988       0       887       2, 847       41.00         04200 SUBROVI DER - IFF       748       1, 166       0       0       0       43.00         04400 SKILLED NURSING FACILITY       748       1, 166       0       0       0       44.00         | 23.00  |  | 760            | 135         | 0            | 0             | 0                              | 23.00          |
| 311.00       33100 [NTENSIVE CARE UNIT       6.062       5.932       0       1.636       0<   | 30, 00 |  | 35.764         | 17.020      | 0            | 9, 692        | 12, 430                        | 30.00          |
| 32.00         03200 CORONARY CARE UNIT         0         0         0         32.00           33.00         03300 BURN INTENSIVE CARE UNIT         0         0         0         0         34.00         33.00         43.00         44.00         44.00         44.00         44.00         44.00         44.00         44.00         44.00         44.00         44.00         45.00   |        |  |                |             |              |               |                                |                |
| 33.00       03300       BURN INTENSIVE CARE UNIT       0       0       0       33.00         40.00       03000       SURGICAL INTENSIVE CARE UNIT       0       0       0       0       34.00         40.00       04000       SURGICAL INTENSIVE CARE UNIT       0       0       0       40.00         40.00       SURGICAL INTENSIVE CARE UNIT       0       0       0       42.00         43.00       04200       SURGICAL INTENSIVE CARE UNIT       0       0       0       42.00         43.00       04300       SURGICAL INTENSIVE CARE       0       0       0       43.00         44.00       04400       SKILLED NURSING FACILITY       0       0       0       0       44.00         50.00       04600       OHERNON EACT CARE       0       0       0       0       46.00         61.00       DEVOSCOPY       1,326       1,4,813       0       1,972       50.00       50.00         51.00       DESONO PERATING ROOM       2,727       938       0       1,571       52.00       52.00       52.00       52.00       52.00       52.00       52.00       52.00       52.00       53.00       54.00       54.00       54.00  |        |  |                |             |              |               | -                              |                |
| 34.00       03400       SURGICAL INTENSIVE CARE UNIT       0  |        |  | 0              | 0           | -            | 0             |                                |                |
| 41.00       04100       SUBPROVIDER       1.0F       3.753       998       0       887       2.847       41.00         42.00       04200       SUBPROVIDER       0       0       0       0       42.00         43.00       04300       NURSING FACILITY       0       0       0       0       43.00         44.00       04400       SKILLED NURSING FACILITY       0       0       0       0       45.00         44.00       OFSOD UNERLING FACILITY       0       0       0       0       45.00         05000       OFERLING COST CENTERS       0       13.960       50.00       50.00         50.00       OSCOU OPERATING ROOM       2,727       238       0       1.072       51.00         51.00       OSCOU DELI VERY ROOM & LABOR ROOM       2,727       238       0       57.00       52.00         52.00       DSCOU DELI VERY ROOM & LABOR ROOM       2,727       238       0       3.267       0       54.00         54.00       OSGOU RADIOLOGY - LARASOUND       0       885       0       1.834       55.00         55.00       DSGOU RADIOLOGY - LIREAPEUTIC       0       1.223       0       3.267       55.00      <   |        |  | 0              | 0           | -            | 0             |                                |                |
| 42.00         04200         Supervise         0         0         0         0         42.00           43.00         04400         KILLED         NURSING FACILITY         0 <td< td=""><td></td><td></td><td></td><td>,</td><td>0</td><td></td><td></td><td></td></td<>   |        |  |                | ,           | 0            |               |                                |                |
| 43.00       04300       NURSERY       748       1,168       0       213       0       43.00         44.00       04400       SKILLED NURSING FACILITY       0  |        |  |                |             | 0            |               |                                |                |
| 45.00         04500         NURSING FACILITY         0         0         0         0         0         0         0         45.00           ANCILLARY SERVICE COST CENTERS   |        |  | -              | -           | 0            | Ű             |                                |                |
| 46.00         0 <td></td> <td></td> <td>°,</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td>  |        |  | °,             | -           | -            | -             |                                |                |
| ANCI LLARY SERVICE COST CENTERS   |        |  | -              | -           |              | Ű             | -                              |                |
| 50.01         05001         ENDOSCOPY         1,326         5,374         0         1,981         0         50.01           51.00         05100         RECOVERY ROM         & LABOR ROM         2,727         938         0         597         0         52.00           53.00         05200         DELI VERY ROM & LABOR ROM         2,727         938         0         597         0         53.00           54.01         05400         READOR RADI CLOCY - UTRASOUND         0         1,233         0         3,267         54.01           55.00         05500 RADI CLOCY - THERAPEUTI C         0         102         0         1,836         0         57.00           56.00         05600 RADI OLSOTPE         0         4,698         0         1,331         0         56.00           57.00         05700 CT SCAN         0         2,472         9,622         0         57.00           59.00         05900 CARDI AC CATHETERI ZATI ON         0         58.81         0         7,035         0         59.00           60.01         06001 LABORATORY         0         19,000         26,202         12,634         06.00         60.01           61.00         0         0         0  | 40.00  |  | <u> </u>       | 0           | <u> </u>     | 0             | 0                              | 40.00          |
| 51.00         ICOV         ICOVERV         REOVERV         ROOM         875         2         0         1,072         51.00           52.00         05200         DELIVERY ROOM & LABOR ROOM         2,727         938         0         597         0         52.00           53.00         05300         ANESTHESI OLOGY         0         0         0         0         53.00           54.00         05400         RADI OLOGY-DI ARNOSTI C         0         1,233         0         3,267         0         54.00           55.00         05500         RADI OLOGY - ULTRASOUND         0         885         0         1,611         0         54.00           56.00         05600         RADI OLOGY - HERAPEUTI C         0         10.2         1,836         0         55.00           57.00         05700 CT SCAN         0         2,472         0         9,622         0         57.00           58.00         05800 MARNETI C RESONANCE I MAGI NG (MRI )         0         6.388         0         2,541         0         88.0           59.00         0500 CARDI AC CATHETERI ZATI ON         0         19,000         26,202         12,634         0         60.00           60.01         BL  |        |  |                |             |              |               |                                |                |
| 52.00         05200         DELIVERY ROOM & LABOR ROOM         2,727         938         0         597         0         52.00           53.00         05300         ANESTHESIOLOGY         0         0         0         0         53.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         55.00         56.00         5   |        |  |                |             |              |               |                                | •              |
| 53:00       DS300       ANESTHESI OLOGY       0       0       0       0       53.00         54:00       OS400       RADI OLOGY - JULTRASOUND       0       885       0       1,611       0       54.00         55:00       OS400       RADI OLOGY - JULTRASOUND       0       885       0       1,611       0       54.00         56:00       OS500       RADI OLOGY - JULTRASOUND       0       885       0       1,611       0       56.00         56:00       OS500       RADI OLOGY - JULTRASOUND       0       2.472       0       9,622       0       57.00         57:00       OS500       CARDI AC CATHETERI ZATI ON       0       5.881       0       7.035       0       59.00         00       <   |        |  |                |             | 0            |               | 0                              |                |
| 54.01       05401       RADI OLOGY - ULTRASOUND       0       885       0       1, 611       0       54.01         55.00       05500       RADI OLOGY - THERAPEUTI C       0       102       0       1, 836       55.00         56.00       05500       RADI OLOGY - THERAPEUTI C       0       4.698       0       1, 836       55.00         57.00       05700       CT SCAN       0       2.472       0       9.622       0       57.00         58.00       05900       CARDI AC CATHETERI ZATI ON       0       58.81       0       7.035       59.00       60.00   |        |  | 0              | 0           | 0            | Ű             |                                |                |
| 55.00       05500       RADI OLOGY-THERAPEUTI C       0       102       0       1,836       55.00         56.00       05600       RADI OL SOTOPE       0       4,698       0       1,331       5       56.00         57.00       05700       CT SCAN       0       2,472       0       9,622       57.00         58.00       05900       CARDI AC CATHETERI ZATI ON       0       5,881       0       7,035       59.00         60.00       06000       LABORATORY       0       19.000       26,202       12,634       0       60.00         60.01       06000       LABORATORY       0       0       0       0       0       0       60.00         61.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       2,511       0       845       0       62.00         63.00       06400       INTRAVENOUS THERAPY       0       0       0       0       0       64.00       0       64.00       650.00       660.00       650.00       660.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00       650.00  |        |  | 0              |             | 0            |               |                                | •              |
| 57.00       05700       CT SCAN       0       2,472       0       9,622       0       57.00         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI)       0       638       0       2,541       0       58.00         59.00       05900       CARDIAC CATHETERI ZATI ON       0       58.81       0       7.035       0       59.00         60.00       LABORATORY       0       19,000       26,202       12,634       0       60.01         61.00       06100       PBP CLINI CAL LAB SERVI CES-PRGM ONLY       0       0       0       0       60.01         62.00       06400       INTRAVENDUS THERAPY       0       0       0       0       62.00         64.00       06400       INTRAVENUS THERAPY       0       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0       104       0       802       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0       104       0       802       66.00         66.00       06600       PHSI CAL THERAPY       0       145       0       1,930       69.00         69.00       066900       ECECTR  |        |  | 0              |             | 0            |               |                                |                |
| 58.00       05800       MAGNETIC RESONANCE I MAGING (MRI)       0       638       0       2,541       0       58.00         59.00       05900       CARDIAC CATHETERI ZATION       0       5,881       0       7,035       0       60.00         60.00       06000       LABORATORY       0       19,000       26,202       12,634       0       60.01         61.00       06001       BLOOD LABORATORY       0       0       0       0       60.01         62.00       06100       PEP CLINICAL LAB SERVICES-PRGM ONLY       0       0       0       62.00       62.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       63.00       64.00       64.00       64.00       64.00       64.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       66.00 <t< td=""><td></td><td></td><td>0</td><td></td><td>-</td><td></td><td></td><td></td></t<>  |        |  | 0              |             | -            |               |                                |                |
| 59.00       05900       CARDIAC CATHETERIZATION       0       5,881       0       7,035       0       59.00         60.00       06000       LABORATORY       0       19,000       26,202       12,634       0       60.00         60.01       06001       BLOOD LABORATORY       0  |        |  | 0              |             | -            |               |                                |                |
| 60.01       BLOOD LABORATORY       0       0       0       60.01         61.00       06100       PBP CLINICAL LAB SERVICES-PRGM ONLY       61.00       61.00         62.00       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       2,511       0       845       0       62.00         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0       63.00         64.00       OK500       RESPIRATORY THERAPY       0       2,420       0       3,509       0       66.00         65.00       06500       RESPIRATORY THERAPY       0       2,420       0       3,509       0       66.00         66.00       PHYSI CAL THERAPY       0       104       0       802       66.00       66.00         67.00       06700       OCUPATI ONAL THERAPY       0       85       0       617       0       67.00         68.00       SPECH PATHOLOGY       0       145       0       1,930       69.00       69.00         69.01       CARDIAC REHAB       0       37       0       3,090       0       70.00         70.00       OTOO       LECTROCARDI OLOGY       0       145       0       1,930<   |        |  | 0              |             |              |               |                                |                |
| 61.00       06100       PBP CLINICAL LAB SERVICES-PRGM ONLY       61.00         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       2,511       0       845       0       62.00         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0       62.00         64.00       06400       INTAVENDUS THERAPY       0       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0       2,420       3,509       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       104       0       802       66.00         67.00       06700       0CUPATI ONAL THERAPY       0       104       0       802       66.00         69.00       06900       ELECTROCARDI OLOGY       0       145       0       1,930       0       69.01         69.01       06900       ELECTROCARDI OLOGY       0       145       0       3,090       70.00       70.00         70.00       07000       ELECTROCARDE TO PATI ENTS       0       3,973       145,976       9,224       0       72.00         73.00       07000       RUGS CHARGED TO PATI   |        |  | 0              | 19, 000     | 26, 202      | 12, 634       |                                |                |
| 62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       2,511       0       845       0       62.00         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0       63.00         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0       2,420       0       3,509       0       66.00         66.00       06600       PHYSI CAL THERAPY       0       104       0       802       0       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0       104       0       802       0       67.00         68.00       06600       PHYSI CAL THERAPY       0       85       0       617       0       67.00         69.00       06400       ELECTROCARDI OLOGY       0       145       0       1,930       0       69.00         69.01       CARDI AC REHAB       0       37       0       3,090       0       71.00         70.00       DTOOD ELECTROCARDI OLOGY       0       2,137       0       3,466       0       72.00   |        |  | 0              | 0           | 0            | 0             | 0                              |                |
| 63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0       63.00         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0       0       0         65.00       06500       RESPI RATORY THERAPY       0       2,420       0       3,509       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       104       0       802       0       67.00         67.00       06700       0CCUPATI ONAL THERAPY       0       104       0       802       0       68.00       68.00       69.01       69.01       69.01       69.00       69.00       69.00       1,930       0       69.00       69.01       70.00       71.00       70.00       71.00       70.00       71.00       71.00       71.00 <td></td> <td></td> <td>0</td> <td>2.511</td> <td>n</td> <td>845</td> <td>0</td> <td></td>  |        |  | 0              | 2.511       | n            | 845           | 0                              |                |
| 65.00       06500       RESPI RATORY THERAPY       0       2,420       0       3,509       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       104       0       802       0       66.00         67.00       0CCUPATI ONAL THERAPY       0       85       0       617       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       52       0       198       68.00         69.01       06901       CARDI AC REHAB       0       145       0       1,930       69.00         69.01       06901       CARDI AC REHAB       0       3,799       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       2,137       0       3,090       0       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       89,506       0       4,593       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       3,973       145,976       9,224       0       73.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       149       0       669       0       74.00       74.00  |        |  | 0              | 0           | 0            | 0             |                                |                |
| 66.00         06600         PHYSI CAL THERAPY         0         104         0         802         0         66.00           67.00         06700         OCCUPATI ONAL THERAPY         0         85         0         617         0         67.00           68.00         06800         SPEECH PATHOLOGY         0         52         0         198         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0         145         0         1,930         69.01           69.01         06901         CARDI AC REHAB         0         37         0         51         0         69.01           70.00         07000         ELECTROENCEPHALOGRAPHY         0         2,137         0         3,090         0         70.00           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0         89,506         0         4,593         0         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0         3,973         145,976         9,224         0         73.00           73.00         07300         RENAL DI ALYSI S         0         149         0         669         0         74.00 <tr< td=""><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td></tr<>   |        |  | 0              | 0           | 0            | 0             |                                |                |
| 67.00       06700       OCCUPATIONAL THERAPY       0       85       0       617       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       52       0       198       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0       145       0       1,930       0       69.00         69.01       06901       CARDI AC REHAB       0       37       0       51       69.01         70.00       07000       ELECTROENCEPHALOGRAPHY       0       2,137       0       3,090       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       89,506       4,593       071.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0       115,629       3,466       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       3,973       145,976       9,224       0       73.00         74.00       07400       RENAL DI ALYSI S       0       149       0       669       0       74.00         75.00       00       ASC (NON-DI STI NCT PART)       0       0       0       0       0       75.00 <tr< td=""><td></td><td></td><td>0</td><td></td><td>0</td><td></td><td></td><td></td></tr<>   |        |  | 0              |             | 0            |               |                                |                |
| 69.00       06900       ELECTROCARDIOLOGY       0       145       0       1,930       69.00       69.00         69.01       06901       CARDI AC REHAB       0       37       0       51       0       69.01         70.00       07000       ELECTROENCEPHALOGRAPHY       0       2,137       0       3,090       0       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       89,506       0       4,593       0       71.00         72.00       07300       IMPL. DEV. CHARGED TO PATI ENTS       0       115,629       0       3,466       0       72.00         73.00       07400       RENAL DI ALYSI S       0       3,973       145,976       9,224       0       73.00         74.00       07400       RENAL DI ALYSI S       0       149       0       669       0       74.00         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       0       0       0       74.00         08800       RURAL HEALTH CLINIC       0       0       0       0       0       0       0       88.00         89.00       08900       FEDERALLY QUALI FI ED HEALTH CENTER       0  |        |  | 0              |             | 0            |               |                                |                |
| 69. 01       06901       CARDI AC REHAB       0       37       0       51       0       69. 01         70. 00       07000       ELECTROENCEPHALOGRAPHY       0       2, 137       0       3, 090       0       70. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       89, 506       0       4, 593       0       71. 00         72. 00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       115, 629       0       3, 466       0       72. 00         73. 00       07400       RENAL DI ALYSI S       0       3, 973       145, 976       9, 224       0       73. 00         74. 00       07400       RENAL DI ALYSI S       0       149       0       669       0       74. 00         75. 00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0       0       74. 00         0       08800       RURAL HEALTH CLINIC       0       0       0       0       0       88. 00         88. 00       08800       RURAL HEALTH CLINIC       0       0       0       0       0       88. 00         89. 00       08900       FEDERALLY QUALI FI ED HEALTH CENTER   |        |  | 0              |             | 0            |               |                                |                |
| 70.00         07000         ELECTROENCEPHALOGRAPHY         0         2, 137         0         3, 090         0         70.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0         89, 506         0         4, 593         0         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         0         115, 629         0         3, 466         0         72.00           73.00         07400         RENAL DI ALYSI S         0         3, 973         145, 976         9, 224         0         73.00           74.00         07400         RENAL DI ALYSI S         0         149         0         669         0         74.00           75.00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         0         0         74.00           0171ENT SERVICE COST CENTERS         0         149         0         669         0         74.00           027500         ASC (NON-DI STINCT PART)         0         0         0         0         0         0         75.00           00TPATIENT SERVICE COST CENTERS         5         5         0         0         0         0         88.00 <t< td=""><td></td><td></td><td>0</td><td></td><td>0</td><td></td><td></td><td></td></t<>   |        |  | 0              |             | 0            |               |                                |                |
| 72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0         115,629         0         3,466         0         72.00           73.00         07300         DRUGS CHARGED TO PATIENTS         0         3,973         145,976         9,224         0         73.00           74.00         07400         RENAL DI ALYSIS         0         149         0         669         0         74.00           75.00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         0         75.00           0UTPATIENT SERVICE COST CENTERS         0         0         0         0         0         0         0         88.00           88.00         08800         RURAL HEALTH CLINIC         0         0         0         0         88.00         89.00         0         0         0         89.00   |        |  | 0              |             | 0            |               |                                |                |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       0       3,973       145,976       9,224       0       73.00         74.00       07400       RENAL DI ALYSIS       0       149       0       669       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0       75.00         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0       0       88.00         88.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0       88.00   |        | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0              | 89, 506     | 0            | 4, 593        |                                | 71.00          |
| 74. 00         07400         RENAL DI ALYSI S         0         149         0         669         0         74. 00           75. 00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         0         75. 00           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         0         75. 00           88. 00         08800         RURAL HEALTH CLINIC         0         0         0         0         88. 00           89. 00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         89.00  |        |  | 0              |             | 0<br>115 074 |               |                                |                |
| 75. 00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         0         0         75. 00           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         0         0         0         88. 00           88. 00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         0         88. 00  |        |  | 0              |             |              |               |                                |                |
| 88.00         08800         RURAL         HEALTH         CLINIC         0         0         0         0         88.00           89.00         08900         FEDERALLY         QUALIFIED         HEALTH         CENTER         0         0         0         0         89.00   |        | 07500 ASC (NON-DISTINCT PART)              | 0              |             |              |               |                                | •              |
| 89. 00         O8900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         89. 00   | 88 00  |  |                | 0           |              | 0             | 0                              | 88 00          |
|   |        |  | 0              | 0           | 0            | 0             |                                |                |
|   |        |  | 0              | 554         | 0            | 2, 009        |                                |                |

| Health Financial Systems                          | METHODI ST HOSE   |                 |             | Inlie             | u of Form CMS-2 | 2552-10 |
|---|-------------------|-----------------|-------------|-------------------|-----------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS               | METHODIST 11031   |                 | CCN: 150002 | Peri od:          | Worksheet B     | 2002 10 |
| REPORTION OF ONE THE REPUTED COOLD                |                   | 11001 del       |             | From 01/01/2014   | Part II         |         |
|   |                   |                 |             | To 12/31/2014     | Date/Time Pre   | pared:  |
|   |                   |                 | BUIERINA    |                   | 5/28/2015 9:0   | 7 am    |
| Cost Center Description                           | NURSI NG          | CENTRAL         | PHARMACY    |                   | SOCIAL SERVICE  |         |
|   | ADMI NI STRATI ON | SERVICES &      |             | RECORDS &         |                 |         |
|   | 13.00             | SUPPLY<br>14.00 | 15.00       | LI BRARY<br>16.00 | 17.00           |         |
| 91. 00 09100 EMERGENCY                            | 6, 719            | 14.00           |             | 0 7, 107          | 782             | 91.00   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0,717             | 10, 500         |             | 7,107             | /02             | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                   |                   |                 |             |                   |                 | 72.00   |
| 94. 00 09400 HOME PROGRAM DI ALYSI S              | 0                 | 0               |             | 0 0               | 0               | 94.00   |
| 95. 00 09500 AMBULANCE SERVICES                   | 0                 | 0               |             | 0 0               | 0               | 95.00   |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED         | 0                 | 0               |             |                   | 0               | 96.00   |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD           | 0                 | 0               |             |                   | 0               |         |
| 99. 00 09900 CMHC                                 | 0                 | 0               |             |                   | 0               |         |
| 99. 10 09910 CORF                                 | 0                 | 0               |             |                   | 0               | 99.10   |
| 100.0010000 I &R SERVICES-NOT APPRVD PRGM         | 0                 | 0               |             |                   | -               |         |
| 101. 00 10100 HOME HEALTH AGENCY                  | 0                 | 531             | 39          | 9 310             |                 | 101.00  |
| SPECIAL PURPOSE COST CENTERS                      | <u> </u>          | 001             |             | <u>, 010</u>      |                 | 101.00  |
| 105. 00 10500 KI DNEY ACQUI SI TI ON              | 0                 | 0               |             | 0 0               | 0               | 105.00  |
| 106. 00 10600 HEART ACQUI SI TI ON                | 0                 | 0               |             | 0 0               |                 | 106.00  |
| 107. 00 10700 LI VER ACQUI SI TI ON               | 0                 | 0               |             | 0 0               |                 | 107.00  |
| 108.00 10800 LUNG ACQUISITION                     | 0                 | 0               |             | 0 0               | 0               | 108.00  |
| 109. 00 10900 PANCREAS ACQUI SI TI ON             | 0                 | 0               |             | 0 0               | 0               | 109.00  |
| 110.00 11000 INTESTINAL ACQUISITION               | 0                 | 0               |             | 0 0               | 0               | 110.00  |
| 111.00 11100 I SLET ACQUI SI TI ON                | 0                 | 0               |             | 0 0               | 0               | 111.00  |
| 113.00 11300 INTEREST EXPENSE                     |                   |                 |             |                   |                 | 113.00  |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF           |                   |                 |             |                   |                 | 114.00  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)    | 0                 | 0               |             | 0 0               | 0               | 115.00  |
| 116. 00 11600 HOSPI CE                            | 0                 | 0               |             | 0 0               | 0               | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)             | 65, 997           | 311, 908        | 172, 57     | 7 109, 169        | 16, 059         | 118.00  |
| NONREI MBURSABLE COST CENTERS                     |                   |                 |             |                   |                 |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                 | 6               |             | 0 0               |                 | 190. 00 |
| 191. 00 19100 RESEARCH                            | 0                 | 0               |             | 0 0               |                 | 191.00  |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES      | 0                 | 2, 929          | 3, 56       | 9 0               |                 | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE              | 0                 | 31              |             | 0 0               |                 | 192. 01 |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH       | 0                 | 4               |             | 0 0               |                 | 192. 02 |
| 193. 00 19300 NONPAI D WORKERS                    | 0                 | 0               |             | 0 0               | 0               | 193.00  |
| 200.00 Cross Foot Adjustments                     |                   |                 |             |                   |                 | 200. 00 |
| 201.00 Negative Cost Centers                      | 0                 | 0               |             | 0 0               |                 | 201.00  |
| 202.00  TOTAL (sum lines 118-201)                 | 65, 997           | 314, 878        | 176, 14     | 6 109, 169        | 16, 059         | 202.00  |

| LOCA | FION OF CAPI                   | TAL RELATED COSTS              |                     | Provi der              |                              | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet B<br>Part II<br>Date/Time Pre | pare     |
|------|--------------------------------|--------------------------------|---------------------|------------------------|------------------------------|---|---|----------|
|      |                                |                                |                     |                        | INTERNS                      | & RESI DENTS                                | 5/28/2015 9:0                           | 07 am    |
|      |                                |                                |                     |                        |                              |   |   |          |
|      | Cost (                         | Center Description             | STAFF<br>EDUCATI ON | MEDI CAL<br>EDUCATI ON | SERVICES-SALA<br>Y & FRINGES | RSERVICES-OTHER<br>PRGM COSTS               | PARAMED ED<br>PROGRAM                   |          |
|      |                                |                                | 17.01               | 17.02                  | 21.00                        | 22.00                                       | 23.00                                   | <u> </u> |
|      |                                | /ICE COST CENTERS              |                     |                        |                              |   |   |          |
|      |                                | L COSTS-BLDG & FIXT            |                     |                        |                              |   |   | 1.       |
|      | 00400 EMPLOY<br>00550 DATA F   | YEE BENEFITS DEPARTMENT        |                     |                        |                              |   |   | 4.       |
|      |                                | SING RECEIVING AND STORES      |                     |                        |                              |   |   | 5.       |
|      | 00570 ADMI TT                  |                                |                     |                        |                              |   |   | 5.       |
|      |                                | RING/ACCOUNTS RECEIVABLE       |                     |                        |                              |   |   | 5.       |
|      | 00590 OTHER                    |                                |                     |                        |                              |   |   | 5        |
|      |                                | IT TRANSPORTATI ON             |                     |                        |                              |   |   | 5        |
|      |                                | ION OF PLANT                   |                     |                        |                              |   |   | 7        |
|      |                                | RY & LINEN SERVICE             |                     |                        |                              |   |   | 8        |
|      | 00900 HOUSEK<br>01000 DI ETAR  |                                |                     |                        |                              |   |   | 9        |
|      | 01100 CAFETE                   |                                |                     |                        |                              |   |   | 11       |
|      |                                | IG ADMI NI STRATI ON           |                     |                        |                              |   |   | 13       |
|      |                                | L SERVICES & SUPPLY            |                     |                        |                              |   |   | 14       |
| . 00 | 01500 PHARMA                   | ЛСY                            |                     |                        |                              |   |   | 15       |
|      |                                | L RECORDS & LI BRARY           |                     |                        |                              |   |   | 16       |
|      | 01700 SOCI AL                  |                                | 05 404              |                        |                              |   |   | 17       |
|      | 01701 STAFF                    | L EDUCATION                    | 95, 136<br>0        | 3, 576                 |                              |   |   | 17       |
|      |                                | RVICES-SALARY & FRINGES APPRVD | 0                   | 3, 570                 | 1                            | 9   |   | 21       |
|      |                                | RVICES-OTHER PRGM COSTS APPRVD | 0                   | 0                      |                              | 38, 142                                     |   | 22       |
|      |                                | D ED PROGRAM                   | 22                  | 0                      | )                            |   | 31, 831                                 |          |
|      |                                | DUTINE SERVICE COST CENTERS    |                     |                        |                              | -   |   |          |
|      |                                | & PEDIATRICS                   | 51, 520             | 0                      |                              |   |   | 30       |
|      |                                | SIVE CARE UNIT                 | 8, 620              | 0                      |                              |   |   | 31       |
|      | 03101 NEONAT                   | AL ICU<br>RY CARE UNIT         | 1, 522<br>0         | 0                      |                              |   |   | 31       |
|      |                                | NTENSIVE CARE UNIT             | 0                   | 0                      |                              |   |   | 32       |
|      |                                | CAL INTENSIVE CARE UNIT        | 0                   | 0                      |                              |   |   | 34       |
|      | 04000 SUBPRO                   |                                | 798                 | 0                      | )                            |   |   | 40       |
| . 00 | 04100 SUBPRO                   | WIDER - IRF                    | 3, 596              | 0                      | )                            |   |   | 41       |
|      | 04200 SUBPRO                   |                                | 0                   | 0                      |                              |   |   | 42       |
|      | 04300 NURSEF                   |                                | 702                 | 0                      |                              |   |   | 43       |
|      | 04400 SKI LLE<br>04500 NURSI N | D NURSING FACILITY             | 0                   | 0<br>0                 |                              |   |   | 44       |
|      |                                | LONG TERM CARE                 | 0                   | 0                      |                              |   |   | 46       |
|      |                                | ERVICE COST CENTERS            |                     | -                      |                              |   |   |          |
|      | 05000 OPERAT                   |                                | 3, 385              | 0                      |                              |   |   | 50       |
|      | 05001 ENDOSC                   |                                | 273                 | 0                      |                              |   |   | 50       |
|      | 05100 RECOVE                   |                                | 287                 | 0                      |                              |   |   | 51       |
|      | 05200 DELI VE<br>05300 ANESTH  | RY ROOM & LABOR ROOM           | 3, 056              | 0                      |                              |   |   | 52       |
|      |                                | LOGY-DI AGNOSTI C              | 1, 417              | 0                      |                              |   |   | 54       |
|      |                                | .OGY - ULTRASOUND              | 70                  | 0                      |                              |   |   | 54       |
| 00   | 05500 RADI OL                  | .0GY-THERAPEUTI C              | 552                 | 0                      | )                            |   |   | 55       |
|      | 05600 RADI 01                  |                                | 2                   | 0                      |                              |   |   | 56       |
|      | 05700 CT SCA                   |                                | 391                 | 0                      |                              |   |   | 57       |
|      |                                | IC RESONANCE IMAGING (MRI)     | 111                 | 0                      |                              |   |   | 58       |
|      | 05900 CARDI A<br>06000 LABORA  | C CATHETERI ZATI ON            | 2, 706<br>223       | 0                      |                              |   |   | 59       |
|      | 06000 LABORA<br>06001 BLOOD    |                                | 223                 | 0                      |                              |   |   | 60       |
|      |                                | INICAL LAB SERVICES-PRGM ONLY  |                     | 0                      |                              |   |   | 61       |
|      |                                | BLOOD & PACKED RED BLOOD CELLS | 14                  | 0                      |                              |   |   | 62       |
|      |                                | STORING, PROCESSING & TRANS.   | 0                   | 0                      |                              |   |   | 63       |
|      |                                | ENOUS THERAPY                  | 0                   | 0                      |                              |   |   | 64       |
|      |                                | ATORY THERAPY                  | 929                 | 0                      |                              |   |   | 65       |
|      | 06600 PHYSI (<br>06700 000000  | AL THERAPY<br>TIONAL THERAPY   | 82<br>61            | 0                      |                              |   |   | 66       |
|      | 06800 SPEECH                   |                                | 9                   | 0                      |                              |   |   | 68       |
|      |                                | COCARDI OLOGY                  | 552                 | 0                      |                              |   |   | 69       |
|      | 06901 CARDI A                  |                                | 71                  | 0                      |                              |   |   | 69       |
|      |                                | OENCEPHALOGRAPHY               | 197                 | 0                      |                              |   |   | 70       |
|      |                                | L SUPPLIES CHARGED TO PATIENTS | 0                   | 0                      |                              |   |   | 71       |
|      |                                | DEV. CHARGED TO PATIENTS       | 0                   | 0                      |                              |   |   | 72       |
|      |                                | CHARGED TO PATIENTS            | 30                  | 0                      |                              |   |   | 73       |
|      | 07400 RENAL                    | DIALYSIS<br>ION-DISTINCT PART) | 0                   | 0                      |                              |   |   | 74       |
|      |                                | SERVICE COST CENTERS           | U                   | 0                      | 1                            |   |   | $+'^{3}$ |
|      | OUTPATIENT 9                   |                                |                     |                        |                              |   |   |          |

| Health Financial Systems   | METHODIST HOSF      | PITALS, INC |             | In Lie                                      | u of Form CMS-   | 2552-10                 |
|--|---------------------|-------------|-------------|---|--|-------------------------|
| ALLOCATION OF CAPITAL RELATED COSTS                              |                     | Provi der   | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet B<br>Part II<br>Date/Time Pre<br>5/28/2015 9:0 | epared:<br><u>)7 am</u> |
|  |                     |             | I NTERNS    | & RESI DENTS                                |  |                         |
| Cost Center Description  | STAFF<br>EDUCATI ON | EDUCATI ON  | Y & FRINGES |   | PROGRAM  |                         |
|  | 17.01               | 17.02       | 21.00       | 22.00                                       | 23.00  |                         |
| 90. 00 09000 CLINIC  | 335                 | 0           |             |   |  | 90.00                   |
| 91.00 09100 EMERGENCY  | 11, 668             | 3, 576      |             |   |  | 91.00                   |
| 92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)              |                     |             |             |   |  | 92.00                   |
| OTHER REI MBURSABLE COST CENTERS                                 |                     |             | 1           |   |  |                         |
| 94. 00 09400 HOME PROGRAM DI ALYSI S                             | 0                   | 0           |             |   |  | 94.00                   |
| 95. 00 09500 AMBULANCE SERVICES                                  | 0                   | 0           |             |   |  | 95.00                   |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED                      | 0                   | U           |             |   |  | 96.00                   |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD                          | 0                   | U           |             |   |  | 97.00                   |
| 99.00 09900 CMHC   | 0                   | U           |             |   |  | 99.00                   |
| 99.10 09910 CORF   | 0                   | 0           |             |   |  | 99.10                   |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM                       | 0<br>733            | 0           |             |   |  | 100. 00<br>101. 00      |
| 101. 00 10100 HOME HEALTH AGENCY<br>SPECIAL PURPOSE COST CENTERS | /33                 | U           | 1           |   |  |                         |
| 105. 00 10500 KI DNEY ACQUI SI TI ON                             | 0                   | C           |             |   |  | 105.00                  |
| 106. 00 10600 HEART ACQUISITION                                  | 0                   | 0           | 1           |   |  | 105.00                  |
| 107. 00 10700 LI VER ACQUI SI TI ON                              | 0                   | 0           |             |   |  | 100.00                  |
| 108. 00 10800 LUNG ACQUISITION                                   | 0                   | 0           |             |   |  | 107.00                  |
| 109. 00 10900 PANCREAS ACQUISITION                               | 0                   | 0           |             |   |  | 109.00                  |
| 110. 00 11000 I NTESTI NAL ACQUI SI TI ON                        | 0                   | 0           |             |   |  | 110.00                  |
| 111. 00 11100 I SLET ACQUI SI TI ON                              | 0                   | 0           |             |   |  | 111.00                  |
| 113. 00 11300 I NTEREST EXPENSE                                  | Ŭ                   | 0           |             |   |  | 113.00                  |
| 114. 00 11400 UTI LI ZATI ON REVI EW-SNF                         |                     |             |             |   |  | 114.00                  |
| 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )                | 0                   | 0           |             |   |  | 115.00                  |
| 116. 00 11600 H0SPI CE   | 0                   | 0           |             |   |  | 116.00                  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)                            | 93, 934             | 3, 576      |             | 0 0   | C  | 118.00                  |
| NONREI MBURSABLE COST CENTERS                                    | ,0,701              | 0,070       |             |   |  |                         |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                | 0                   | 0           |             |   |  | 190.00                  |
| 191. 00 19100 RESEARCH   | 0                   | 0           |             |   |  | 191.00                  |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES                     | 1, 202              | C           |             |   |  | 192.00                  |
| 192.01 19201 OTHER NON-REI MBURSABLE                             | 0                   | C           |             |   |  | 192.01                  |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH                      | 0                   | 0           |             |   |  | 192.02                  |
| 193. 00 19300 NONPAI D WORKERS                                   | 0                   | 0           |             |   |  | 193.00                  |
| 200.00 Cross Foot Adjustments                                    |                     |             | 6           | 59 38, 142                                  | 31, 831  | 200.00                  |
| 201.00 Negative Cost Centers                                     | 0                   | C           | -           | 0 0   |  | 201.00                  |
| 202.00 TOTAL (sum lines 118-201)                                 | 95, 136             | 3, 576      | 6           | 59 38, 142                                  |  | 202.00                  |
|  |                     |             |             |   |  | •                       |

| Health Financial Systems  | METHODI ST HOS      | PITALS, INC        |                 | In Lie                     | u of Form CMS-2552-10                    |
|---|---------------------|--------------------|-----------------|----------------------------|--|
| ALLOCATION OF CAPITAL RELATED COSTS   |                     | Provi der          | CCN: 150002     | Period:<br>From 01/01/2014 | Worksheet B<br>Part II                   |
|   |                     |                    |                 | To 12/31/2014              | Date/Time Prepared:<br>5/28/2015 9:07 am |
| Cost Center Description   | Subtotal            | Intern &           | Total           |                            | 372072013 7.07 am                        |
|   |                     | Residents Cost     |                 |                            |  |
|   |                     | & Post<br>Stepdown |                 |                            |  |
|   |                     | Adjustments        |                 |                            |  |
| GENERAL SERVICE COST CENTERS  | 24.00               | 25.00              | 26.00           |                            |  |
| 1.00 00100 CAP REL COSTS-BLDG & FIXT  |                     |                    |                 |                            | 1.00                                     |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT   |                     |                    |                 |                            | 4.00                                     |
| 5. 01 00550 DATA PROCESSING   |                     |                    |                 |                            | 5. 01                                    |
| 5. 02 00560 PURCHASING RECEIVING AND STORES<br>5. 03 00570 ADMITTING                |                     |                    |                 |                            | 5. 02                                    |
| 5. 04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                       |                     |                    |                 |                            | 5.04                                     |
| 5. 05 00590 OTHER A&G   |                     |                    |                 |                            | 5.05                                     |
| 5. 06 00592 PATIENT TRANSPORTATION<br>7. 00 00700 OPERATION OF PLANT                |                     |                    |                 |                            | 5.06                                     |
| 8.00 00800 LAUNDRY & LINEN SERVICE  |                     |                    |                 |                            | 8.00                                     |
| 9.00 00900 HOUSEKEEPI NG  |                     |                    |                 |                            | 9.00                                     |
| 10. 00 01000 DI ETARY   |                     |                    |                 |                            | 10.00                                    |
| 11. 00  01100  CAFETERIA<br>13. 00  01300  NURSI NG ADMINI STRATI ON                |                     |                    |                 |                            | 11.00                                    |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY  |                     |                    |                 |                            | 14. 00                                   |
| 15.00 01500 PHARMACY  |                     |                    |                 |                            | 15.00                                    |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY<br>17. 00 01700 SOCIAL SERVICE               |                     |                    |                 |                            | 16.00<br>17.00                           |
| 17.00 01700 SOCIAL SERVICE<br>17.01 01701 STAFF EDUCATION                           |                     |                    |                 |                            | 17.00                                    |
| 17. 02 01702 MEDICAL EDUCATION  |                     |                    |                 |                            | 17.02                                    |
| 21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD                                  |                     |                    |                 |                            | 21.00                                    |
| 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD<br>23.00 02300 PARAMED ED PROGRAM | )                   |                    |                 |                            | 22.00                                    |
| INPATIENT ROUTINE SERVICE COST CENTERS  |                     |                    |                 |                            | 23.00                                    |
| 30. 00 03000 ADULTS & PEDI ATRI CS  | 3, 153, 057         | 0                  | 3, 153, 0       |                            | 30.00                                    |
| 31. 00  03100 INTENSIVE CARE UNIT<br>31. 01  03101 NEONATAL_ICU                     | 244, 957            | 0                  | 244, 9          |                            | 31.00                                    |
| 32. 00 03200 CORONARY CARE UNIT   | 36, 421<br>0        | 0                  | 36, 4           | 0                          | 32.00                                    |
| 33.00 03300 BURN INTENSIVE CARE UNIT  | 0                   | 0                  |                 | 0                          | 33.00                                    |
| 34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T<br>40. 00 04000 SUBPROVI DER – I PF   | 0                   | 0                  | 41 0            | 0                          | 34.00                                    |
| 40. 00  04000 SUBPROVIDER - TPF<br>41. 00  04100 SUBPROVIDER - TRF                  | 41, 280<br>310, 778 | 0                  | 41, 2<br>310, 7 |                            | 40.00                                    |
| 42. 00 04200 SUBPROVI DER   | 0                   | 0                  | , -             | 0                          | 42.00                                    |
| 43. 00 04300 NURSERY  | 218, 546            | 0                  | 218, 5          |                            | 43.00                                    |
| 44.00 04400 SKILLED NURSING FACILITY<br>45.00 04500 NURSING FACILITY                | 0                   | 0                  |                 | 0                          | 44. 00<br>45. 00                         |
| 46.00 04600 OTHER LONG TERM CARE  | 0                   | 0                  |                 | 0                          | 46.00                                    |
| ANCI LLARY SERVI CE COST CENTERS  |                     |                    |                 |                            |  |
| 50. 00 05000 0PERATI NG ROOM<br>50. 01 05001 ENDOSCOPY                              | 593, 016<br>22, 022 | 0                  | 593, 0<br>22, 0 |                            | 50. 00<br>50. 01                         |
| 51. 00 05100 RECOVERY ROOM  | 134, 706            | 0                  | 134, 7          |                            | 51.00                                    |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM  | 91, 684             | 0                  | 91, 6           |                            | 52.00                                    |
| 53. 00   05300   ANESTHESI OLOGY<br>54. 00   05400   RADI OLOGY-DI AGNOSTI C        | 0                   | 0                  | 470 4           | 0                          | 53.00                                    |
| 54. 01 05400 RADIOLOGY - ULTRASOUND   | 478, 466<br>53, 316 | 0                  | 478, 4<br>53, 3 |                            | 54. 00<br>54. 01                         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 122, 045            | 0                  | 122, 0          | 45                         | 55.00                                    |
| 56. 00 05600 RADI OI SOTOPE   | 90, 468             | 0                  | 90, 4           |                            | 56.00                                    |
| 57.00  05700 CT SCAN<br>58.00  05800 MAGNETIC RESONANCE IMAGING (MRI)               | 94, 100<br>42, 198  | 0                  | 94, 1<br>42, 1  |                            | 57.00<br>58.00                           |
| 59. 00 05900 CARDIAC CATHETERIZATION  | 106, 378            | 0                  | 106, 3          |                            | 59.00                                    |
| 60. 00 06000 LABORATORY   | 293, 383            | 0                  | 293, 3          |                            | 60.00                                    |
| 60.01 06001 BLOOD LABORATORY<br>61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY     | 0                   | 0                  |                 | 0                          | 60. 01<br>61. 00                         |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                    | 5 14, 421           | 0                  | 14, 4           | 21                         | 62.00                                    |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS.                                      | 0                   | 0                  |                 | 0                          | 63.00                                    |
| 64.00 06400 I NTRAVENOUS THERAPY  | 0                   | 0                  | 04 0            | 0                          | 64.00                                    |
| 65. 00 06500 RESPI RATORY THERAPY<br>66. 00 06600 PHYSI CAL THERAPY                 | 86, 983<br>114, 429 | 0                  | 86, 9<br>114, 4 |                            | 65.00<br>66.00                           |
| 67.00 06700 OCCUPATI ONAL THERAPY   | 95, 846             | 0                  | 95, 8           |                            | 67.00                                    |
| 68. 00 06800 SPEECH PATHOLOGY   | 17, 696             | 0                  | 17, 6           |                            | 68.00                                    |
| 69. 00 06900 ELECTROCARDI OLOGY<br>69. 01 06901 CARDI AC REHAB                      | 7,089<br>2,875      | 0                  | 7,0<br>2,8      |                            | 69. 00<br>69. 01                         |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 2,875               | 0                  | 2, 8<br>11, 3   |                            | 70.00                                    |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                    | 5 134, 684          | 0                  | 134, 6          |                            | 71.00                                    |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 171, 529            | 0                  | 171, 5          |                            | 72.00                                    |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS<br>74. 00 07400 RENAL DIALYSIS               | 205, 587<br>49, 147 | 0                  | 205, 5<br>49, 1 |                            | 73.00                                    |
| 75. 00 07500 ASC (NON-DI STINCT PART)   | 49, 147             | 0                  | 47,1            | 0                          | 74.00                                    |
| 13.00 ASC (NON DISTINCT TART)   |                     |                    |                 |                            |  |
| OUTPATIENT SERVICE COST CENTERS<br>88. 00 08800 RURAL HEALTH CLINIC                 | 0                   | 0                  |                 | 0                          | 88.00                                    |

| Health Financial Systems   | METHODIST HOS | PITALS INC                 |             | Inlie                            | u of Form CMS-2552-10          |
|--|---------------|----------------------------|-------------|----------------------------------|--------------------------------|
| ALLOCATION OF CAPITAL RELATED COSTS  |               |                            | CCN: 150002 | Peri od:                         | Worksheet B                    |
|  |               |                            |             | From 01/01/2014<br>To 12/31/2014 | Part II<br>Date/Time Prepared: |
|  |               |                            |             |                                  | 5/28/2015 9:07 am              |
| Cost Center Description  | Subtotal      | Intern &<br>Residents Cost | Total       |                                  |                                |
|  |               | & Post                     |             |                                  |                                |
|  |               | Stepdown                   |             |                                  |                                |
|  |               | Adjustments                |             |                                  |                                |
|  | 24.00         | 25.00                      | 26.00       | 0                                |                                |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER<br>90. 00 09000 CLINIC                    | 0<br>670, 006 |                            |             | 0                                | 89.00<br>90.00                 |
| 91. 00 09100 EMERGENCY   | 328, 431      | 0                          | 328, 4      |                                  | 91.00                          |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   |               | 0                          |             |                                  | 92.00                          |
| OTHER REIMBURSABLE COST CENTERS  | T             | I                          | 1           | L .                              |                                |
| 94. 00 09400 HOME PROGRAM DI ALYSI S   | 0             | 0                          |             | 0                                | 94.00                          |
| 95. 00 09500 AMBULANCE SERVI CES<br>96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED          | 0             | 0                          |             | 0                                | 95.00<br>96.00                 |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED<br>97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD | 0             |                            |             | 0                                | 98.00                          |
| 99. 00 09900 CMHC  | 0             | 0                          |             | 0                                | 99.00                          |
| 99. 10 09910 CORF  | 0             | 0                          |             | 0                                | 99.10                          |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM  | 0             | 0                          |             | 0                                | 100. 00                        |
| 101.00 10100 HOME HEALTH AGENCY  | 8, 705        | 0                          | 8, 7        | 05                               | 101.00                         |
| SPECIAL PURPOSE COST CENTERS<br>105. 00 10500 KI DNEY ACQUI SI TI ON                     | 0             | 0                          | 1           | 0                                | 105.00                         |
| 106. 00 10600 HEART ACQUISITION  |               |                            |             | 0                                | 105.00                         |
| 107. 00 10700 LI VER ACQUI SI TI ON  | 0             | 0                          |             | 0                                | 107.00                         |
| 108.00 10800 LUNG ACQUI SI TI ON   | 0             | 0                          |             | 0                                | 108.00                         |
| 109.00 10900 PANCREAS ACQUI SI TI ON   | 0             | 0                          |             | 0                                | 109.00                         |
| 110.00 11000 INTESTINAL ACQUISITION  | 0             | 0                          |             | 0                                | 110.00                         |
| 111. 00 11100 I SLET ACQUI SI TI ON<br>113. 00 11300 I NTEREST EXPENSE                   | 0             | 0                          |             | 0                                | 111.00                         |
| 114. 00 11400 UTILIZATION REVIEW-SNF   |               |                            |             |                                  | 113.00<br>114.00               |
| 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )  | 0             | 0                          |             | 0                                | 115.00                         |
| 116. 00 11600 HOSPI CE   | 0             | 0                          |             | 0                                | 116.00                         |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)  | 8, 045, 572   | 0                          | 8, 045, 5   | 72                               | 118.00                         |
| NONREI MBURSABLE COST CENTERS  |               | -                          |             |                                  |                                |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 16, 386       | 0                          | 16, 3       | 86                               | 190.00                         |
| 191. 00 19100 RESEARCH<br>192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES                   | 0<br>332, 709 | -                          | 332, 7      | -                                | 191.00<br>192.00               |
| 192. 01 19201 OTHER NON-REI MBURSABLE  | 44, 498       |                            | 44, 4       |                                  | 192.00                         |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH  | 77, 470       |                            | 77, 4       |                                  | 192.02                         |
| 193. 00 19300 NONPAI D WORKERS   | 0             | 0                          |             | 0                                | 193.00                         |
| 200.00 Cross Foot Adjustments  | 70, 632       | 0                          | 70, 6       | 32                               | 200. 00                        |
| 201.00 Negative Cost Centers   | 0             | 0                          | 0 507 0     | 0                                | 201.00                         |
| 202.00  TOTAL (sum lines 118-201)  | 8, 587, 267   | 0                          | 8, 587, 2   | 0/                               | 202.00                         |

|  | Financial Systems<br>LLOCATION - STATISTICAL BASIS  | METHODIST HOSI   |   |                                      | Period:   | u of Form CMS-2<br>Worksheet B-1  |  |
|--|---|--|---|--------------------------------------|---|---|--|
|  |   |  |   |                                      | rom 01/01/2014<br>o 12/31/2014  | Date/Time Pre<br>5/28/2015 9:0  |  |
|  | Cost Center Description   | CAPITAL<br>RELATED COSTS<br>BLDG & FIXT<br>(SQUARE FEET)                               | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS  | DATA<br>PROCESSING<br>(MACHINE TIME) | (PURCHASE   | ADMI TTI NG<br>(SQUARE FEET)  |  |
|  |   | 1.00   | SALARI ES)<br>4. 00   | 5.01                                 | REQUISITIONS)<br>5.02   | 5.03  |  |
|  | GENERAL SERVICE COST CENTERS  |  |   |                                      |   |   |  |
| 1.00<br>4.00<br>5.01<br>5.02<br>5.03<br>5.04<br>5.05   | 00100 CAP REL COSTS-BLDG & FIXT<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00550 DATA PROCESSING<br>00560 PURCHASING RECEIVING AND STORES<br>00570 ADMITTING<br>00580 CASHIERING/ACCOUNTS RECEIVABLE<br>00590 OTHER A&G   | 1, 410, 133<br>5, 906<br>9, 190<br>7, 332<br>9, 717<br>30, 646<br>99, 579              | 136, 034, 564<br>4, 074, 418<br>885, 613<br>2, 007, 635<br>1, 802, 327<br>9, 762, 073                       | 1, 000<br>C<br>C<br>C<br>C<br>1, 000 | 38, 259, 458<br>52, 577<br>20, 572<br>102, 298                                    | 1, 377, 988<br>30, 646<br>99, 579   | 5.04<br>5.05   |
| 5.06<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00                                 | 00592 PATIENT TRANSPORTATION<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DIETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01400 CENTRAL SERVICES & SUPPLY  | 0<br>299, 329<br>17, 825<br>20, 635<br>18, 848<br>13, 177<br>6, 350<br>35, 843         | 563, 482<br>3, 249, 025<br>0<br>4, 411, 158<br>2, 179, 759<br>1, 111, 567<br>2, 553, 471<br>565, 599        |                                      | 356, 858<br>2, 293<br>444, 499<br>424, 420<br>1, 406<br>10, 389<br>113, 859       | 0<br>299, 329<br>17, 825<br>20, 635<br>18, 848<br>13, 177<br>6, 350<br>35, 843    | 8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00                                       |
|  | 01500 PHARMACY<br>01600 MEDI CAL RECORDS & LI BRARY<br>01700 SOCI AL SERVI CE<br>01701 STAFF EDUCATI ON<br>01702 MEDI CAL EDUCATI ON<br>02100 I &R SERVI CES-SALARY & FRI NGES APPRVD<br>02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PROGRAM   | 18, 957<br>11, 307<br>1, 629<br>11, 147<br>374<br>0<br>4, 467<br>3, 364                | 0<br>1,813,920<br>437,133<br>69,120<br>0<br>0<br>564,303  |                                      | 11, 930<br>0<br>0<br>407<br>0<br>0<br>0<br>0<br>0                                 | 18, 957<br>11, 307<br>1, 629<br>11, 147<br>374<br>0<br>4, 467<br>3, 364           | 16.00<br>17.00<br>17.01<br>17.02<br>21.00<br>22.00                                     |
| 30. 00<br>31. 00<br>31. 01<br>32. 00<br>33. 00<br>34. 00<br>40. 00<br>41. 00<br>42. 00<br>43. 00 | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS<br>03100 I NTENSI VE CARE UNI T<br>03101 NEONATAL I CU<br>03200 CORONARY CARE UNI T<br>03000 BURN I NTENSI VE CARE UNI T<br>03400 SUBGI CAL I NTENSI VE CARE UNI T<br>04000 SUBPROVI DER - I PF<br>04100 SUBPROVI DER - I RF<br>04200 SUBPROVI DER - I RF<br>04200 SUBPROVI DER - I RF<br>04300 NURSERY | 313, 217<br>19, 864<br>2, 258<br>0<br>0<br>0<br>0<br>3, 972<br>31, 243<br>0<br>24, 424 | 29, 774, 668<br>6, 290, 619<br>2, 115, 332<br>0<br>0<br>768, 860<br>3, 029, 185<br>0<br>755, 547            |                                      | 696, 817<br>8, 770<br>0<br>0<br>0<br>2, 054<br>116, 327<br>0<br>138, 493          | 313, 217<br>19, 864<br>2, 258<br>0<br>0<br>0<br>3, 972<br>31, 243<br>0<br>24, 424 | 31.00<br>31.01<br>32.00<br>33.00<br>34.00<br>40.00<br>41.00<br>42.00<br>43.00          |
| 44. 00<br>45. 00<br>46. 00<br>50. 00   | 04400 SKILLED NURSING FACILITY<br>04500 NURSING FACILITY<br>04600 OTHER LONG TERM CARE<br>ANCILLARY SERVICE COST CENTERS<br>05000 OPERATING ROOM  | 0<br>0<br>0<br>59,647  | 0<br>0<br>0<br>0<br>4, 077, 020   |                                      | 0000  | 0<br>0<br>0<br>59, 647  | 45.00<br>46.00   |
| 50. 01<br>51. 00<br>52. 00<br>53. 00   | 05001 ENDOSCOPY<br>05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM<br>05300 ANESTHESIOLOGY  | 0<br>14, 546<br>7, 003<br>0  | 1, 244, 793<br>942, 259<br>2, 586, 022<br>0   |                                      | 623, 151<br>1, 747<br>111, 433<br>0   | 0<br>14, 546<br>7, 003<br>0   | 50. 01<br>51. 00<br>52. 00<br>53. 00   |
| 54.00<br>54.01<br>55.00<br>56.00<br>57.00<br>58.00<br>59.00<br>60.00<br>60.01                    | 05400 RADI OLOGY-DI AGNOSTI C<br>05401 RADI OLOGY - ULTRASOUND<br>05500 RADI OLOGY - THERAPEUTI C<br>05600 RADI OI SOTOPE<br>05700 CT SCAN<br>05800 MAGNETI C RESONANCE I MAGI NG (MRI)<br>05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY<br>06001 BLOOD LABORATORY   | 53, 059<br>5, 054<br>13, 485<br>9, 043<br>8, 563<br>4, 205<br>8, 393<br>23, 518<br>0   | 2, 153, 564<br>1, 319, 642<br>533, 013<br>495, 114<br>1, 005, 195<br>396, 414<br>1, 868, 459<br>3, 509, 784 |                                      | 101, 819<br>16, 401<br>540, 777<br>284, 865<br>73, 472<br>672, 233<br>2, 157, 747 | 13, 485<br>9, 043   | 54.01<br>55.00<br>56.00<br>57.00<br>58.00<br>59.00<br>60.00                            |
| 61.00<br>62.00<br>63.00<br>64.00<br>65.00<br>66.00<br>67.00<br>68.00<br>69.00<br>69.01           | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY<br>06200 WHOLE BLOOD & PACKED RED BLOOD CELLS<br>06300 BLOOD STORING, PROCESSING & TRANS.<br>06400 INTRAVENOUS THERAPY<br>06500 RESPIRATORY THERAPY<br>06600 PHYSICAL THERAPY<br>06700 OCCUPATIONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB   | 385<br>0<br>7, 766<br>12, 270<br>10, 545<br>1, 796<br>0<br>0                           | 1, 137, 198<br>C<br>2, 272, 682<br>1, 456, 860<br>996, 917<br>398, 195<br>592, 579<br>343, 854<br>900, 525  |                                      | 293, 797<br>0<br>491, 153<br>12, 078<br>0<br>4, 445<br>18, 341<br>4, 256          | 385<br>0<br>7, 766<br>12, 270<br>10, 545<br>1, 796<br>0<br>0                      | 61.00<br>62.00<br>63.00<br>64.00<br>65.00<br>66.00<br>67.00<br>68.00<br>69.00<br>69.01 |
|  | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>07400 RENAL DIALYSIS<br>07500 ASC (NON-DISTINCT PART)  | 0<br>0<br>1, 662<br>4, 383<br>0  | 909, 535<br>0<br>0<br>421, 310<br>282<br>0  |                                      | 10, 302, 312<br>13, 308, 188<br>457, 262<br>17, 164                               | 4, 383  | 71.00<br>72.00<br>73.00  |

|              | ncial Systems   | METHODI ST HOSE |                      |                 |                                | u of Form CMS-2 |        |
|--------------|---|-----------------|----------------------|-----------------|--------------------------------|-----------------|--------|
| COST ALLOCA  | TION - STATISTICAL BASIS  |                 | Provi der            |                 | eri od:                        | Worksheet B-1   |        |
|              |   |                 |                      |                 | rom 01/01/2014<br>0 12/31/2014 | Date/Time Pre   | nared  |
|              |   |                 |                      |                 | 0 12/31/2014                   | 5/28/2015 9:0   | 7 am   |
|              |   | CAPI TAL        |                      |                 |                                |                 |        |
|              |   | RELATED COSTS   |                      |                 |                                |                 |        |
|              | Cost Center Description   | BLDG & FIXT     | EMPLOYEE             | DATA            | PURCHASI NG                    | ADMI TTI NG     |        |
|              |   | (SQUARE FEET)   | BENEFI TS            | PROCESSI NG     | RECEIVING AND                  | (SQUARE FEET)   |        |
|              |   |                 | DEPARTMENT           | (MACHINE TIME)  |                                |                 |        |
|              |   |                 | (GROSS               |                 | (PURCHASE                      |                 |        |
|              |   |                 | SALARI ES)           |                 | REQUI SI TI ONS)               |                 |        |
|              |   | 1.00            | 4.00                 | 5.01            | 5.02                           | 5.03            |        |
|              | TIENT SERVICE COST CENTERS  |                 |                      |                 |                                | 0               |        |
|              | RURAL HEALTH CLINIC   | 0               | 0                    |                 | -                              | 0               |        |
|              | FEDERALLY QUALIFIED HEALTH CENTER   | 0               | 0                    | 0               | 0                              | 0               | 89.0   |
|              | CLINIC  | 76, 181         | 2, 138, 734          |                 |                                | 76, 181         |        |
|              | EMERGENCY   | 27,063          | 5, 856, 171          | 0               | 1, 229, 197                    | 27, 063         |        |
|              | OBSERVATION BEDS (NON-DISTINCT PART)  |                 |                      |                 |                                |                 | 92.0   |
|              | REIMBURSABLE COST CENTERS   | -               |                      | -               | -                              | -               |        |
|              | HOME PROGRAM DI ALYSI S   | 0               | 0                    | 0               | -                              | 0               |        |
|              | AMBULANCE SERVICES  | 0               | 0                    |                 | 0                              | 0               |        |
|              | DURABLE MEDICAL EQUIP-RENTED  | 0               | 0                    | 0               | 0                              | 0               |        |
|              | DURABLE MEDICAL EQUIP-SOLD  | 0               | 0                    | 0               | 0                              | 0               |        |
| 99.00 09900  |   | 0               | 0                    | 0               | 0                              | 0               |        |
| 99.10 09910  |   | 0               | 0                    | 0               | 0                              | 0               | 1      |
|              | I&R SERVICES-NOT APPRVD PRGM  | 0               | 0                    | 0               | 0                              |                 | 100. 0 |
|              | HOME HEALTH AGENCY  | 0               | 1, 661, 830          | 0               | 92, 433                        | 0               | 101. 0 |
|              | AL PURPOSE COST CENTERS   |                 |                      |                 |                                | 0               | 1105 0 |
|              | KIDNEY ACQUISITION  | 0               | 0                    |                 |                                |                 | 105.0  |
|              | HEART ACQUISITION   | 0               | 0                    |                 | -                              |                 | 106.0  |
|              | LIVER ACQUISITION   | 0               | 0                    | 0               | 0                              |                 | 107.0  |
|              |   | 0               | 0                    | 0               | 0                              |                 | 108.0  |
|              | PANCREAS ACQUISITION  | 0               | 0                    | 0               | 0                              |                 | 109.0  |
|              | INTESTINAL ACQUISITION  | 0               | 0                    | 0               | 0                              |                 | 110.0  |
|              | I SLET ACQUI SI TI ON   | 0               | 0                    | 0               | 0                              | 0               | 111.0  |
|              | INTEREST EXPENSE  |                 |                      |                 |                                |                 | 113.0  |
|              | UTILIZATION REVIEW-SNF  | 0               | 0                    |                 |                                | 0               | 114.0  |
|              | AMBULATORY SURGICAL CENTER (D. P. )   | 0               | 0                    | 0               | 0                              |                 | 115.0  |
| 116.00 11600 |   | 0               | 0                    | 0               | -                              |                 | 116.0  |
| 118.00       | SUBTOTALS (SUM OF LINES 1-117)  | 1, 369, 167     | 117, 102, 240        | 1, 000          | 37, 726, 209                   | 1, 337, 022     | 1118.0 |
|              | GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 1,801           | 56, 979              | 0               | 152, 811                       | 1, 801          | 1100 0 |
| 191.0019100  |   | 0               | 50, 979              |                 | 152,011                        |                 | 191.0  |
|              | PHYSICIANS' PRIVATE OFFICES   | 26, 711         | 15, 658, 718         | -               | 376, 163                       | 26, 711         |        |
|              | OTHER NON-REIMBURSABLE  | 3, 457          | 3, 051, 295          |                 | 3, 861                         | 3, 457          |        |
|              | PAMILY HEALTH/GARY COMM HEALTH  | 8, 997          | 165, 332             |                 | 414                            | 8, 997          |        |
|              | NONPAID WORKERS   |                 | 105, 332             |                 | 414                            |                 | 192.0  |
| 200.00       | Cross Foot Adjustments  | 0               | 0                    | 0               | 0                              | 0               | 200.0  |
| 200.00       | Negative Cost Centers   |                 |                      |                 |                                |                 | 200.0  |
| 201.00       | Cost to be allocated (per Wkst. B,  | 8, 587, 267     | 24, 268, 572         | 15, 413, 915    | 3, 492, 106                    | 2, 792, 949     |        |
| 202.00       | Part I)   | 0, 307, 207     | 24, 200, 572         | 10, 413, 915    | 3, 472, 100                    | 2, 192, 949     | 202.0  |
| 203.00       | Unit cost multiplier (Wkst. B, Part I)  | 6. 089686       | 0 178/00             | 15, 413. 915000 | 0. 091274                      | 2. 026831       | 203 0  |
|              |   | 0.007000        |                      |                 |                                |                 | 203.0  |
|              | (Cost to be allocated (nor West D   |                 |                      |                 |                                |                 |        |
| 203.00       | Cost to be allocated (per Wkst. B,<br>Part II)  |                 | 35, 966              | 57, 040         | 44, 004                        | 59, 705         | 204.0  |
|              | Cost to be allocated (per Wkst. B,<br>Part II)<br>Unit cost multiplier (Wkst. B, Part |                 | 35, 966<br>0. 000264 |                 |                                |                 |        |

|                  | Financial Systems<br>ALLOCATION - STATISTICAL BASIS                    | METHODIST HOSE       |                    |   | eri od:                                 | u of Form CMS-2<br>Worksheet B-1 |                |
|------------------|--|----------------------|--------------------|---|---|----------------------------------|----------------|
|                  |  |                      |                    |   | rom 01/01/2014<br>o 12/31/2014          | Date/Time Pre<br>5/28/2015 9:0   |                |
|                  | Cost Center Description  | CASHI ERI NG/ACC     | Reconci I i ati on |   | PATI ENT                                | OPERATION OF                     |                |
|                  |  | OUNTS<br>RECEI VABLE |                    | (ACCUM. COST)                                 | TRANSPORTATI ON                         | PLANT<br>(SQUARE FEET)           |                |
|                  |  | (SQUARE FEET)        |                    |   | (NUMBER OF                              | (                                |                |
|                  |  | F 04                 |                    | F 0F  | TRI PS)                                 | 7 00                             |                |
|                  | GENERAL SERVICE COST CENTERS   | 5.04                 | 5A. 05             | 5.05  | 5.06                                    | 7.00                             |                |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT  |                      |                    |   |   |                                  | 1.00           |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT                                     |                      |                    |   |   |                                  | 4.00           |
| 5.01             | 00550 DATA PROCESSING  |                      |                    |   |   |                                  | 5.01           |
| 5.02<br>5.03     | 00560 PURCHASI NG RECEIVING AND STORES<br>00570 ADMITTING              |                      |                    |   |   |                                  | 5.02<br>5.03   |
| 5.04             | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                | 1, 347, 342          |                    |   |   |                                  | 5.04           |
| 5.05             | 00590 OTHER A&G  | 99, 579              | -40, 131, 739      |   |   |                                  | 5.05           |
| 5.06<br>7.00     | 00592 PATI ENT TRANSPORTATI ON<br>00700 OPERATI ON OF PLANT            | 0<br>299, 329        | 0                  | 771, 365<br>17, 932, 702                      |   | 948, 434                         | 5.06<br>7.00   |
| 7.00<br>8.00     | 00800 LAUNDRY & LINEN SERVICE  | 17, 825              | 0                  | 1, 668, 919                                   |   | 948, 434<br>17, 825              |                |
| 9.00             | 00900 HOUSEKEEPI NG  | 20, 635              | 0                  | 6, 723, 044                                   |   | 20, 635                          |                |
| 10.00            | 01000 DI ETARY   | 18, 848              | 0                  | 4, 992, 835                                   |   | 18, 848                          | •              |
| 11.00<br>13.00   | 01100 CAFETERI A<br>01300 NURSI NG ADMI NI STRATI ON                   | 13, 177<br>6, 350    | 0                  | 1, 882, 980<br>3, 421, 350                    |   | 13, 177<br>6, 350                |                |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY  | 35, 843              | 0                  | 2, 532, 335                                   |   | 35, 843                          | •              |
| 15.00            | 01500 PHARMACY   | 18, 957              | 0                  | 5, 402, 773                                   | 0                                       | 18, 957                          |                |
| 16.00            | 01600 MEDICAL RECORDS & LI BRARY                                       | 11, 307              | 0                  | 3, 127, 282                                   |   | 11, 307                          | 16.00          |
| 17.00<br>17.01   | 01700 SOCI AL SERVI CE<br>01701 STAFF EDUCATI ON                       | 1, 629<br>11, 147    | 0                  | 530, 471<br>105, 060                          |   | 1, 629<br>11, 147                | 17.00<br>17.01 |
| 17.01            | 01702 MEDICAL EDUCATION  | 374                  | 0                  | 111, 114                                      |   | 374                              |                |
| 21.00            | 02100 I &R SERVICES-SALARY & FRINGES APPRVD                            | 0                    | 0                  | 259, 824                                      |   | 0                                | 21.00          |
| 22.00            | 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD                             | 4, 467               | 0                  | 48, 702                                       |   | 4, 467                           | 1              |
| 23.00            | 02300 PARAMED ED PROGRAM<br>I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 3, 364               | 0                  | 472, 382                                      | 0                                       | 3, 364                           | 23.00          |
| 30.00            | 03000 ADULTS & PEDIATRICS  | 313, 217             | 0                  | 43, 958, 239                                  | 19, 840                                 | 313, 217                         | 30.00          |
| 31.00            | 03100 I NTENSI VE CARE UNI T   | 19, 864              | 0                  | 9, 099, 572                                   |   | 19, 864                          |                |
| 31.01            | 03101 NEONATAL ICU   | 2, 258               | 0                  | 2, 707, 839                                   |   | 2, 258                           |                |
| 32.00<br>33.00   | 03200 CORONARY CARE UNIT<br>03300 BURN INTENSIVE CARE UNIT             | 0                    | 0                  | C   |   | 0                                | 32.00          |
| 34.00            | 03400 SURGI CAL I NTENSI VE CARE UNI T                                 | 0                    | 0                  | C   | 0                                       | 0                                | 34.00          |
| 40.00            | 04000 SUBPROVIDER - IPF  | 3, 972               | 0                  | 1, 017, 273                                   | 0                                       | 3, 972                           |                |
| 41.00            | 04100 SUBPROVIDER - IRF  | 31, 243              | 0                  | 4, 308, 288                                   |   | 31, 243                          |                |
| 42.00<br>43.00   | 04200 SUBPROVI DER<br>04300 NURSERY                                    | 0<br>24, 424         | 0                  | C<br>1, 352, 929                              | -                                       | 0<br>24, 424                     | 42.00          |
| 44.00            | 04400 SKILLED NURSING FACILITY   | 0                    | 0                  | 1, 332, 727                                   |   | 0                                | 44.00          |
| 45.00            | 04500 NURSING FACILITY   | 0                    | 0                  | C   | -                                       | 0                                | 45.00          |
| 46.00            | 04600 OTHER LONG TERM CARE   | 0                    | 0                  | C   | 0                                       | 0                                | 46.00          |
| 50.00            | ANCI LLARY SERVI CE COST CENTERS                                       | 59,647               | 0                  | 9, 768, 279                                   | 0                                       | 59 647                           | 50.00          |
|                  | 05001 ENDOSCOPY  | 0                    | 0                  |   |   |                                  |                |
| 51.00            | 05100 RECOVERY ROOM  | 14, 546              | 0                  | 1, 326, 306                                   | 0                                       | 14, 546                          |                |
|                  | 05200 DELIVERY ROOM & LABOR ROOM                                       | 7,003                | 0                  | 3, 615, 395                                   | 549                                     | 7,003                            |                |
| 53.00<br>54.00   | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C                 | 53, 059              | 0                  | 4, 606, 151                                   | , i i i i i i i i i i i i i i i i i i i | 0<br>53, 059                     | •              |
| 54.01            | 05401 RADI OLOGY - ULTRASOUND  | 5, 054               | 0                  | 1, 928, 073                                   |   | 5, 054                           |                |
| 55.00            | 05500 RADI OLOGY-THERAPEUTI C  | 13, 485              | 0                  | 1, 487, 549                                   | 451                                     | 13, 485                          | 55.00          |
| 56.00<br>57.00   | 05600 RADI OI SOTOPE<br>05700 CT SCAN                                  | 9, 043<br>8, 563     | 0                  | 1, 654, 610                                   |   | 9, 043<br>8, 563                 | •              |
| 57.00            | 05700 CT SCAN<br>05800 MAGNETIC RESONANCE IMAGING (MRI)                | 4, 205               | 0                  | 2, 124, 046<br>744, 700                       |   |                                  |                |
| 59.00            | 05900 CARDI AC CATHETERI ZATI ON                                       | 8, 393               | 0                  | 4, 315, 968                                   |   | 8, 393                           |                |
| 60.00            | 06000 LABORATORY   | 23, 518              | 0                  | 10, 481, 968                                  | 0                                       | 23, 518                          |                |
| 60. 01<br>61. 00 | 06001 BLOOD LABORATORY<br>06100 PBP CLINICAL LAB SERVICES-PRGM ONLY    | 0                    | 0                  | C   | 0                                       | 0                                | 60.01<br>61.00 |
| 62.00            | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                             | 385                  | 0                  | 1, 722, 038                                   | 0                                       | 385                              |                |
| 63.00            | 06300 BLOOD STORING, PROCESSING & TRANS.                               | 0                    | 0                  | , <u>, , , , , , , , , , , , , , , , , , </u> | 0                                       | 0                                | 63.00          |
| 64.00            |  | 0                    | 0                  | 0   | 0                                       | 0                                |                |
| 65.00<br>66.00   | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY                  | 7, 766<br>12, 270    | 0                  | 3, 691, 922<br>1, 975, 294                    |   | 7, 766<br>12, 270                |                |
| 67.00            | 06700 OCCUPATI ONAL THERAPY  | 10, 545              | 0                  | 1, 547, 109                                   |   | 12, 270                          |                |
| 68.00            | 06800 SPEECH PATHOLOGY   | 1, 796               | 0                  | 528, 324                                      | 0                                       | 1, 796                           | 68.00          |
| 69.00            | 06900 ELECTROCARDI OLOGY   | 0                    | 0                  | 970, 886                                      |   | 0                                | 69.00          |
| 69.01<br>70.00   | 06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY                   | 0                    | 0                  | 743, 183<br>1, 680, 420                       |   | 0                                | 69.01<br>70.00 |
| 70.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                             | 0                    | 0                  | 11, 242, 645                                  |   | 0                                |                |
| 72.00            | 07200 IMPL. DEV. CHARGED TO PATIENTS                                   | 0                    | 0                  | 14, 522, 897                                  | 0                                       | 0                                | 72.00          |
|                  | 07300 DRUGS CHARGED TO PATIENTS  | 1,662                | 0                  | 12, 290, 735                                  |   | 1, 662                           |                |
| 74.00<br>75.00   | 07400 RENAL DI ALYSI S<br>07500 ASC (NON-DI STI NCT PART)              | 4, 383               | 0                  | 1, 559, 937<br>0                              |   | 4, 383<br>0                      | 1              |
| 10.00            |  | 0                    | 0                  |   | - U                                     | 0                                | 1,5.00         |
|                  | OUTPATIENT SERVICE COST CENTERS  |                      |                    |   |   |                                  |                |

| Health Financial Systems   |           | METHODIST HOSE                           | PITALS, INC    |                                       | In Lie         | u of Form CMS- | 2552-10 |
|--|-----------|--|----------------|---------------------------------------|----------------|----------------|---------|
| COST ALLOCATION - STATISTICAL BASIS  |           |  | Provi der      |                                       | Period:        | Worksheet B-1  |         |
|  |           |  |                |                                       | rom 01/01/2014 | Date/Time Pre  | norod.  |
|  |           |  |                |                                       | To 12/31/2014  | 5/28/2015 9:0  |         |
| Cost Center Description  |           | CASHI ERI NG/ACCI                        | Reconciliation | OTHER A&G                             | PATI ENT       | OPERATION OF   |         |
|  |           | OUNTS                                    |                | (ACCUM. COST)                         |                |                |         |
|  |           | RECEI VABLE                              |                | , , , , , , , , , , , , , , , , , , , |                | (SQUARE FEET)  |         |
|  |           | (SQUARE FEET)                            |                |                                       | (NUMBER OF     |                |         |
|  |           |  |                |                                       | TRI PS)        |                |         |
|  |           | 5.04                                     | 5A. 05         | 5.05                                  | 5.06           | 7.00           |         |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH                                       | CENTER    | 0  | 0              | (                                     |                | 0              |         |
| 90. 00 09000 CLINIC  |           | 76, 181                                  | 0              |                                       |                | 76, 181        |         |
| 91.00 09100 EMERGENCY  |           | 27, 063                                  | 0              | 9, 422, 623                           | 3 2, 522       | 27, 063        |         |
| 92.00 09200 0BSERVATI ON BEDS (NON-DI STI                                    | NCT PART) |  |                |                                       |                |                | 92.00   |
| OTHER REIMBURSABLE COST CENTERS  |           | -1                                       |                | -                                     | -              | -              |         |
| 94.00 09400 HOME PROGRAM DI ALYSI S  |           | 0  | 0              | (                                     |                | 0              |         |
| 95. 00 09500 AMBULANCE SERVICES  | _         | 0  | 0              | (                                     | -              | 0              |         |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTE                                   | )         | 0  | 0              | (                                     | ° °            | 0              |         |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD                                      |           | 0  | 0              | (                                     | 0              | 0              |         |
| 99.00 09900 CMHC   |           | 0  | 0              |                                       | 0              | 0              |         |
| 99.10 09910 CORF   |           | 0  | 0              | (                                     | ° I            | 0              |         |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRG<br>101.00 10100 HOME HEALTH AGENCY | VI        | 0  | 0              | 2 420 72                              | ° I            | 0              | 100.00  |
| SPECIAL PURPOSE COST CENTERS   |           | 0  | 0              | 2, 439, 732                           | 2 0            | 0              |         |
| 105. 00 10500 KI DNEY ACQUI SI TI ON   |           | 0  | 0              | (                                     | 0              | 0              | 105.00  |
| 106. 00 10600 HEART ACQUISITION  |           | 0  | 0              |                                       |                |                | 106.00  |
| 107. 00 10700 LI VER ACQUI SI TI ON  |           | 0  | 0              |                                       |                |                | 107.00  |
| 108. 00 10800 LUNG ACQUISITION   |           | 0  | 0              |                                       |                |                | 108.00  |
| 109. 00 10900 PANCREAS ACQUISITION   |           | 0  | 0              |                                       |                |                | 109.00  |
| 110. 00 11000 I NTESTI NAL ACQUI SI TI ON                                    |           | 0  | 0              |                                       |                |                | 110,00  |
| 111. 00 11100   SLET ACQUI SI TI ON  |           | 0  | 0              | (                                     | 0              |                | 111.00  |
| 113. 00 11300 I NTEREST EXPENSE  |           | J. J | 0              |                                       |                |                | 113.00  |
| 114. 00 11400 UTI LI ZATI ON REVIEW-SNF                                      |           |  |                |                                       |                |                | 114.00  |
| 115. 00 11500 AMBULATORY SURGICAL CENTER                                     | (D. P. )  | 0  | 0              | (                                     | 0 0            | 0              | 115.00  |
| 116. 00 11600 HOSPI CE   | . ,       | 0  | 0              | (                                     | 0              | 0              | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-1   | 17)       | 1, 306, 376                              | -40, 131, 739  | 227, 024, 040                         | 53, 098        | 907, 468       | 118.00  |
| NONREI MBURSABLE COST CENTERS  | •         |  |                |                                       |                |                |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP &                                     | CANTEEN   | 1, 801                                   | 0              | 264, 85                               | 7 0            | 1, 801         | 190.00  |
| 191. 00 19100 RESEARCH   |           | 0  | 0              | (                                     | 0 0            | 0              | 191.00  |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES                                  |           | 26, 711                                  | 0              | 36, 691, 816                          |                |                | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE   |           | 3, 457                                   | 0              | 5, 615, 029                           | 9 0            | 3, 457         | 192.01  |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEA                                     | LTH       | 8, 997                                   | 0              | 335, 759                              | 9 0            |                | 192.02  |
| 193.00 19300 NONPALD WORKERS   |           | 0  | 0              | (                                     | 0 0            | 0              | 193.00  |
| 200.00 Cross Foot Adjustments  |           |  |                |                                       |                |                | 200.00  |
| 201.00 Negative Cost Centers   | _         |  |                |                                       |                |                | 201.00  |
| 202.00 Cost to be allocated (per W Part I)                                   | kst. B,   | 1, 762, 891                              |                | 40, 131, 739                          | 886, 047       | 20, 598, 829   | 202.00  |
| 203.00 Unit cost multiplier (Wkst.   |           | 1. 308421                                |                | 0. 148674                             | 16. 687013     | 21. 718780     | 203.00  |
| 204.00 Cost to be allocated (per W<br>Part II)                               | kst. B,   | 188, 454                                 |                | 684, 389                              | 2, 115         | 1, 924, 405    | 204.00  |
| 205.00 Unit cost multiplier (Wkst.   | B, Part   | 0. 139871                                |                | 0. 002535                             | 0. 039832      | 2. 029034      | 205.00  |
|  | B, Part   | 0. 139871                                |                | 0. 002535                             | 0. 039832      | 2. 02903       | 4       |

| Health Financial Systems<br>COST ALLOCATION - STATISTICAL BASIS  | METHODIST HOS                            |   |  | Period:  | u of Form CMS-2<br>Worksheet B-1                                    | 2552-10   |
|--|--|---|--|--|---|---|
|  |  |   |  | From 01/01/2014<br>To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0                                      | pared:<br>7 am  |
| Cost Center Description  | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF | HOUSEKEEPING<br>(SQUARE FEET)   | DI ETARY<br>(MEALS SERVED)   | CAFETERI A<br>(PRODUCTI VE<br>HOURS)   | NURSI NG<br>ADMI NI STRATI ON                                       |   |
|  | LAUNDRY)                                 |   |  |  | (DI RECT NURS.  |   |
|  | 8.00                                     | 9.00  | 10.00  | 11.00  | HRS.)<br>13.00  |   |
| GENERAL SERVICE COST CENTERS   | I.                                       | I   | 1  | 1  |   |   |
| 1.00       00100       CAP       REL       COSTS-BLDG & FIXT         4.00       00400       EMPLOYEE       BENEFITS       DEPARTMENT         5.01       00550       DATA       PROCESSING         5.02       00560       PURCHASING RECEIVING AND STORES         5.03       00570       ADMITTING         5.04       00580       CASHI ERING/ACCOUNTS RECEIVABLE         5.05       00590       OTHER       A&G         5.06       00592       PATIENT       TRANSPORTATION         7.00       00700       OPERATION OF PLANT         8.00       00800       LAUNDRY & LINEN SERVICE         9.00       00900       HOUSEKEEPING         10.00       01000       DIETARY         11.00       01100       CAFETERIA         13.00       01300       NURSING ADMINISTRATION         14.00       01400       CENTRAL SERVICES & SUPPLY         15.00       01500       PHARMACY         16.00       01600       MEDICAL RECORDS & LIBRARY         17.00       01701       STAFF EDUCATION         17.02       01702       MEDICAL EDUCATION         17.02       01702       MEDICAL EDUCATION         17.02 |  | 909, 974<br>18, 848<br>13, 177<br>6, 350<br>35, 843<br>18, 957<br>11, 307 | 388, 62:<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>() | 2, 722, 981<br>60, 198<br>33, 185<br>79, 321<br>79, 321<br>0 15, 212<br>0 0<br>2, 069<br>0 0 | 1, 840, 869<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>21, 208 | $\begin{array}{c} 1.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 5.\ 06\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 01\\ 17.\ 02\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ \end{array}$ |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRI CS  | 1, 083, 757                              | 313, 217  | 273, 643   | 3 997, 554   | 997, 554  | 30.00   |
| 31.00 03100 I NTENSI VE CARE UNI T   | 57, 372                                  | 19, 864   | 37, 848  | 169, 094   | 169, 094  | 31.00   |
| 31.01 03101 NEONATAL ICU   | 50, 643                                  |   | 1  | 52, 316  | 52, 316   | 31.01   |
| 32. 00   03200   CORONARY CARE UNI T<br>33. 00   03300   BURN   NTENSI VE CARE UNI T   | 0  |   |  |  | 0   | 32.00<br>33.00  |
| 34.00 03400 SURGI CAL I NTENSI VE CARE UNI T   | 0  | 0   |  | 0 0  | 0   | 34.00   |
| 40. 00 04000 SUBPROVIDER - IPF   | 0  | 3, 972  | 4, 200   | 23, 000  | 23, 000   | 40.00   |
| 41.00 04100 SUBPROVIDER - IRF  | 0  |   |  |  | 104, 686  | 41.00   |
| 42. 00 04200 SUBPROVI DER<br>43. 00 04300 NURSERY  | 0<br>47, 078                             | 0<br>24, 424  |  | -  | 0<br>20, 877  | 42.00<br>43.00  |
| 44. 00 04400 SKI LLED NURSI NG FACI LI TY  | 47,070                                   | 24, 424   | 1  |  | 20, 077   | 44.00   |
| 45.00 04500 NURSING FACILITY   | 0  | 0   |  | -  | 0   | 45.00   |
| 46.00 O4600 OTHER LONG TERM CARE   | 0  | 0   | (  | 0 0  | 0   | 46.00   |
| ANCI LLARY SERVICE COST CENTERS<br>50.00 05000 0PERATI NG ROOM   | 228, 212                                 | 59, 647   |  | 127, 248   | 127, 248  | 50 00   |
| 50. 01 05001 ENOSCOPY  | 30, 017                                  |   |  | 36, 992  |   |   |
| 51.00 05100 RECOVERY ROOM  | 59, 738                                  | 14, 546   |  | 24, 417  | 24, 417   | 51.00   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM<br>53. 00 05300 ANESTHESI OLOGY  | 51,037                                   |   |  |  |   |   |
| 53. 00 05300 ANESTHESI OLOGY<br>54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 0<br>75, 883                             | -   |  |  | 0   | 53.00<br>54.00  |
| 54. 01 05401 RADI OLOGY - ULTRASOUND   | 12, 876                                  |   |  | 29,970   |   | 54.01   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 3, 440                                   |   |  | 14, 104  |   | 55.00   |
| 56. 00 05600 RADI 0I SOTOPE<br>57. 00 05700 CT SCAN  | 27, 841<br>17, 489                       |   |  | 0 12, 234<br>0 29, 843   |   | 56.00<br>57.00  |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)   | 6, 992                                   |   |  | 10, 865  |   | 58.00   |
| 59.00 05900 CARDI AC CATHETERI ZATI ON   | 49, 956                                  |   |  |  |   | 59.00   |
| 60. 00 06000 LABORATORY  | 0  |   | 1  | 119, 335   |   | 60.00   |
| 60. 01 06001 BLOOD LABORATORY<br>61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0  | C   |  | 0  | 0   | 60.01<br>61.00  |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0  | 385   |  | 64, 204  | 0   | 62.00   |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.  | 0  |   |  | 0 0  | 0   | 63.00   |
| 64.00 06400 I NTRAVENOUS THERAPY   | 0  | -   |  | 0 0  | 0   | 64.00   |
| 65. 00 06500 RESPI RATORY THERAPY<br>66. 00 06600 PHYSI CAL THERAPY  | 3, 361<br>27, 566                        |   |  | 0 75,880<br>0 40,889   | 0   | 65.00<br>66.00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY   | 27, 500                                  |   |  |  | 0   | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0  | 1, 796  |  | 9 9, 412   | 0   | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY  | 13, 103                                  |   |  |  |   | 69.00   |
|  | 3, 791                                   |   |  |  | 0   | 69.01<br>70.00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY<br>71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0  |   | 1:   |  | 0   | 70.00   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0  |   |  |  | 0   | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0  | .,  |  | 0 10, 129  |   | 73.00   |
| 74. 00 07400 RENAL DIALYSIS<br>75. 00 07500 ASC (NON-DISTINCT PART)  | 105, 153                                 | 4, 383  |  |  | 0   | 74.00<br>75.00  |
| OUTPATIENT SERVICE COST CENTERS  | 0  |   | 1 (  | <u>ل</u>   | 0   | 13.00   |
| 88.00 08800 RURAL HEALTH CLINIC  | 0  | C   | 1  | 0 0  |   | 88.00   |

| Health Financial Systems                              | METHODIST HOS | PITALS, INC   |                | In Lie         | eu of Form CMS-:          | 2552-10 |
|---|---------------|---------------|----------------|----------------|---------------------------|---------|
| COST ALLOCATION - STATISTICAL BASIS                   |               |               | CCN: 150002 P  | eri od:        | Worksheet B-1             |         |
|   |               |               | F              | rom 01/01/2014 |                           |         |
|   |               |               | T              | 0 12/31/2014   |                           |         |
| Cost Center Description                               | LAUNDRY &     | HOUSEKEEPING  | DIETARY        | CAFETERI A     | 5/28/2015 9:0<br>NURSI NG |         |
| cost center bescription                               | LINEN SERVICE |               | (MEALS SERVED) |                | ADMI NI STRATI ON         |         |
|   | (POUNDS OF    | (SQUARE FEET) | (WEALS SERVED) | HOURS)         |                           |         |
|   | LAUNDRY)      |               |                | 100K3)         | (DIRECT NURS.             |         |
|   | LAUNDRT)      |               |                |                | HRS. )                    |         |
|   | 8.00          | 9.00          | 10.00          | 11.00          | 13.00                     |         |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER         | 0             | 0             | 0              |                |                           | 89.00   |
| 90. 00 09000 CLINIC                                   | 43, 574       | 76, 181       | 0              | 63, 031        | 0                         | 90.00   |
| 91. 00 09100 EMERGENCY                                | 243, 850      |               | 14, 031        |                | 187, 425                  |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)      | ,             | ,             |                |                |                           | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                       | 1             |               | <u>.</u>       | 1              | I                         |         |
| 94, 00 09400 HOME PROGRAM DI ALYSI S                  | 0             | 0             | 0              | 0              | 0                         | 94.00   |
| 95. 00 09500 AMBULANCE SERVICES                       | 0             | 0             | 0              | 0              | 0                         | 95.00   |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED             | 0             | 0             | 0              | 0              | 0                         | 96.00   |
| 97.00 09700 DURABLE MEDICAL EQUIP-SOLD                | 0             | 0             | 0              | 0              | 0                         | 97.00   |
| 99. 00 09900 CMHC                                     | 0             | 0             | 0              | 0              | 0                         | 99.00   |
| 99. 10 09910 CORF                                     | 0             | 0             | 0              | 0              | 0                         | 99.10   |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM            | 0             | 0             | 0              | 0              | 0                         | 100.00  |
| 101.00 10100 HOME HEALTH AGENCY                       | 0             | 0             | 0              | 0              | 0                         | 101.00  |
| SPECIAL PURPOSE COST CENTERS                          |               |               |                |                | I                         |         |
| 105.00 10500 KIDNEY ACQUISITION                       | 0             | 0             | 0              | 0              | 0                         | 105.00  |
| 106. 00 10600 HEART ACQUI SI TI ON                    | 0             | 0             | 0              | 0              | 0                         | 106.00  |
| 107.00 10700 LI VER ACQUI SI TI ON                    | 0             | 0             | 0              | 0              | 0                         | 107.00  |
| 108.00 10800 LUNG ACQUISITION                         | 0             | 0             | 0              | 0              | 0                         | 108.00  |
| 109.00 10900 PANCREAS ACQUISITION                     | 0             | 0             | 0              | 0              | 0                         | 109.00  |
| 110.00 11000 INTESTINAL ACQUISITION                   | 0             | 0             | 0              | 0              | 0                         | 110.00  |
| 111.00 11100 I SLET ACQUI SI TI ON                    | 0             | 0             | 0              | 0              | 0                         | 111.00  |
| 113.00 11300 INTEREST EXPENSE                         |               |               |                |                |                           | 113.00  |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF               |               |               |                |                |                           | 114.00  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)       | 0             | 0             | 0              | 0              | 0                         | 115.00  |
| 116. 00 11600 HOSPI CE                                | 0             | 0             | 0              | 0              |                           | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)                 | 2, 267, 995   | 869, 008      | 388, 623       | 2, 718, 628    | 1, 840, 869               | 118.00  |
| NONREI MBURSABLE COST CENTERS                         |               |               |                | 1              |                           |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN      | 0             | 1, 801        | 0              |                |                           | 190.00  |
| 191. 00 19100 RESEARCH                                | 0             | 0             | 0              | -              |                           | 191.00  |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES           | 1, 319        | 26, 711       | 0              | 0              |                           | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE                  | 0             | 3, 457        | 0              | 0              |                           | 192.01  |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH           | 0             | 8, 997        | 0              | -              |                           | 192.02  |
| 193. 00 19300 NONPAI D WORKERS                        | 0             | 0             | 0              | 0              | 0                         | 193.00  |
| 200.00 Cross Foot Adjustments                         |               |               |                |                |                           | 200.00  |
| 201.00 Negative Cost Centers                          |               |               |                |                |                           | 201.00  |
| 202.00 Cost to be allocated (per Wkst. B,             | 2, 304, 181   | 8, 170, 753   | 6, 313, 734    | 2, 567, 436    | 4, 183, 208               | 202.00  |
| Part I)   | 1 0152/5      | 0.07010/      | 1/ 04/404      | 0.040077       | 2 272400                  | 202.00  |
| 203.00 Unit cost multiplier (Wkst. B, Part I)         | 1.015365      |               | 16. 246424     |                |                           |         |
| 204.00 Cost to be allocated (per Wkst. B,<br>Part II) | 152, 217      | 190, 040      | 174, 140       | 117, 215       | 65, 997                   | 204.00  |
| 205.00 Unit cost multiplier (Wkst. B, Part            | 0. 067076     | 0. 208841     | 0. 448095      | 0. 043047      | 0. 035851                 | 205 00  |
|   | 0.007070      | 0. 200041     | 0. 440090      | 0. 043047      | 0.030001                  | 200.00  |
|   | I             | I             | I              | I              | I                         | I       |

|  | Financial Systems<br>LLOCATION - STATISTICAL BASIS   | METHODIST HOSP                                       |                     | CCN: 150002                               | Peri od:                         | u of Form CMS-2<br>Worksheet B-1 |                |
|--|--|--|---------------------|---|----------------------------------|----------------------------------|----------------|
|  |  |  |                     |   | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre                    |                |
|  |  | 051/751/   |                     |   |                                  | 5/28/2015 9:0                    |                |
|  | Cost Center Description  | CENTRAL<br>SERVICES &                                | PHARMACY<br>(COSTED | MEDI CAL<br>RECORDS &                     | SOCI AL SERVI CE                 | STAFF<br>EDUCATI ON              |                |
|  |  | SUPPLY   | REQUIS.)            | LI BRARY                                  | (TIME SPENT)                     | (TIME SPENT)                     |                |
|  |  | (COSTED  |                     | (GROSS                                    |                                  |                                  |                |
|  |  | REQUIS.)   | 15.00               | CHARGES)                                  | 17.00                            | 17 01                            | -              |
|  | GENERAL SERVICE COST CENTERS   | 14.00  | 15.00               | 16.00                                     | 17.00                            | 17.01                            | -              |
| 0                                      | 00100 CAP REL COSTS-BLDG & FIXT  |  |                     |   |                                  |                                  | 1 1            |
| 00                                     | 00400 EMPLOYEE BENEFITS DEPARTMENT   |  |                     |   |                                  |                                  | 4              |
| )1                                     | 00550 DATA PROCESSI NG   |  |                     |   |                                  |                                  | 5              |
| )2                                     | 00560 PURCHASING RECEIVING AND STORES  |  |                     |   |                                  |                                  | 5              |
| )3                                     |  |  |                     |   |                                  |                                  | 5              |
| )4<br>)5                               | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE<br>00590 OTHER A&G   |  |                     |   |                                  |                                  | 5              |
| )6                                     | 00592 PATIENT TRANSPORTATION   |  |                     |   |                                  |                                  | 5              |
| 00                                     | 00700 OPERATI ON OF PLANT  |  |                     |   |                                  |                                  | 7              |
| 00                                     | 00800 LAUNDRY & LINEN SERVICE  |  |                     |   |                                  |                                  | 8              |
| 00                                     | 00900 HOUSEKEEPI NG  |  |                     |   |                                  |                                  | 9              |
| 00                                     | 01000 DI ETARY   |  |                     |   |                                  |                                  | 10             |
| 00                                     | 01100 CAFETERIA  |  |                     |   |                                  |                                  | 11             |
| 00                                     | 01300 NURSI NG ADMI NI STRATI ON   | 04 040 404   |                     |   |                                  |                                  | 13             |
|  | 01400 CENTRAL SERVICES & SUPPLY  | 36, 242, 131   | 12 554 505          |   |                                  |                                  | 14             |
|  | 01500 PHARMACY<br>01600 MEDICAL RECORDS & LIBRARY  | 110, 473<br>126, 762                                 | 13, 556, 505<br>0   | 969, 260, 42                              | 28                               |                                  | 15             |
|  | 01700 SOCIAL SERVICE   | 9, 204   | 0                   | 707, 200, 42                              | 0 801                            |                                  | 17             |
|  | 01701 STAFF EDUCATION  | 0  | o                   |   | 0 0                              | 107, 425                         |                |
| 02                                     | 01702 MEDICAL EDUCATION  | 407  | 0                   |   | 0 0                              | 0                                | 17             |
| 00                                     | 02100 I &R SERVICES-SALARY & FRINGES APPRVD  | 0  | 0                   |   | 0 0                              | 0                                | 21             |
|  | 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD  | 0  | 0                   |   | 0 0                              | 0                                | 22             |
| 00                                     | 02300 PARAMED ED PROGRAM   | 15, 516  | 0                   |   | 0 0                              | 25                               | 23             |
| 00                                     | INPATIENT ROUTINE SERVICE COST CENTERS   | 1 050 002  | 0                   | 05 7(0 (2                                 |                                  | E0 17E                           | 1 20           |
|  | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT   | 1, 959, 003<br>682, 726                              | 0                   | 85, 769, 62<br>14, 473, 59                |                                  | 58, 175                          |                |
|  | 03101 NEONATAL I CU  | 8, 770   | 0                   | 5, 727, 21                                |                                  | 1, 719                           |                |
|  | 03200 CORONARY CARE UNIT   | 0,770  | 0                   | 5,727,21                                  | 0 0                              | 0                                | 32             |
|  | 03300 BURN INTENSIVE CARE UNIT   | 0  | 0                   |   | 0 0                              | 0                                | 33             |
| 00                                     | 03400 SURGI CAL INTENSI VE CARE UNI T  | 0  | 0                   |   | 0 0                              | 0                                | 34             |
| 00                                     | 04000 SUBPROVIDER - IPF  | 1, 065   | 0                   | 1, 654, 64                                | 19 0                             | 901                              | 40             |
| 00                                     | 04100 SUBPROVI DER – I RF  | 113, 774   | 0                   | 7, 851, 04                                | 142                              | 4, 061                           | 41             |
|  | 04200 SUBPROVI DER   | 0  | 0                   |   | 0 0                              | 0                                | 42             |
|  |  | 134, 422   | 0                   | 1, 888, 22                                |                                  | 793                              |                |
| 00<br>00                               | 04400 SKILLED NURSING FACILITY<br>04500 NURSING FACILITY   | 0  | 0                   |   | 0 0                              | 0                                | 44             |
|  | 04600 OTHER LONG TERM CARE   | 0  | 0                   |   | 0 0                              | 0                                | 46             |
|  | ANCI LLARY SERVICE COST CENTERS  |  | -                   |   | -1 -                             |                                  |                |
|  | 05000 OPERATI NG ROOM  | 1, 705, 052  | 0                   | 126, 710, 89                              |                                  | 3, 822                           | 50             |
|  | 05001 ENDOSCOPY  | 618, 600   | 0                   | 17, 527, 13                               |                                  | 308                              | 50             |
|  | 05100 RECOVERY ROOM  | 221  | 0                   | 9, 487, 49                                |                                  | 324                              |                |
|  | 05200 DELIVERY ROOM & LABOR ROOM   | 107, 970   | 0                   | 5, 286, 27                                | 3 0                              | 3, 451                           |                |
|  | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C   | 141, 923   | 0                   | 28, 910, 27                               | 0 0                              | 0<br>1, 600                      |                |
|  | 05401 RADI OLOGY - ULTRASOUND  | 101, 819   | 0                   | 14, 253, 93                               |                                  | 79                               |                |
|  | 05500 RADI OLOGY - THERAPEUTI C  | 11, 771  | 0                   | 16, 246, 23                               |                                  | 623                              |                |
|  | 05600 RADI OI SOTOPE   | 540, 777   | o                   | 11, 776, 58                               |                                  | 2                                | 56             |
| 00                                     | 05700 CT SCAN  | 284, 486   | 0                   | 85, 148, 03                               |                                  | 441                              |                |
|  | 05800 MAGNETIC RESONANCE IMAGING (MRI)   | 73, 472  | 0                   | 22, 489, 61                               |                                  | 125                              |                |
| 00                                     | 05900 CARDI AC CATHETERI ZATI ON   | 676, 965   | 0                   | 62, 257, 17                               |                                  | 3, 056                           |                |
|  |  | 2, 186, 923  | 2, 016, 644         | 111, 806, 73                              | 0                                | 252                              |                |
|  | 06001 BLOOD LABORATORY   | 0  | 0                   |   | 0                                | 0                                |                |
|  | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY<br>06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 289, 016   | _                   | 7, 473, 80                                | 1                                | 17                               | 61             |
| 00                                     | 06300 BLOOD STORING, PROCESSING & TRANS.   | 209,010  | 0                   | 1,413,80                                  |                                  | 16                               | 63             |
|  | 06400 I NTRAVENOUS THERAPY   | 0  | 0                   |   | 0 0                              | 0                                | 64             |
|  | 06500 RESPI RATORY THERAPY   | 278, 491   | 0                   | 31, 049, 84                               | 2 0                              | 1, 049                           |                |
|  | 06600 PHYSI CAL THERAPY  | 11, 953  | 0                   | 7, 101, 33                                |                                  | 93                               |                |
|  | 06700 OCCUPATI ONAL THERAPY  | 9, 808   | 0                   | 5, 461, 48                                |                                  | 69                               |                |
|  | 06800 SPEECH PATHOLOGY   | 6, 010   | 0                   | 1, 751, 77                                |                                  | 10                               |                |
| 00                                     | 06900 ELECTROCARDI OLOGY   | 16, 663  | 0                   | 17,077,30                                 |                                  | 623                              |                |
| 00<br>00                               |  |  | 0                   | 454, 10                                   |                                  | 80                               |                |
| 00<br>00<br>01                         | 06901 CARDI AC REHAB   | 4, 256   | ~                   |   | ()                               | 222                              | 70             |
| 00<br>00<br>01<br>00                   | 06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY   | 246, 022   | 0                   | 27, 341, 31                               |                                  |                                  | 71             |
| 00<br>00<br>01<br>00<br>00             | 06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS  | 246, 022<br>10, 302, 312                             | 0                   | 40, 647, 24                               | 15 0                             | 0                                |                |
| 00<br>00<br>01<br>00<br>00<br>00       | 06901 CARDIAC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS                                    | 246, 022<br>10, 302, 312<br>13, 308, 188             | 0                   | 40, 647, 24<br>30, 675, 33                | 15 0<br>89 0                     | 0<br>0                           | 72             |
| 00<br>00<br>01<br>00<br>00<br>00<br>00 | 06901 CARDIAC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS | 246, 022<br>10, 302, 312<br>13, 308, 188<br>457, 262 | -                   | 40, 647, 24<br>30, 675, 33<br>81, 629, 74 | 9 0<br>9 0<br>1 0                | 0<br>0<br>34                     | 72<br>73       |
| 00<br>00<br>01<br>00<br>00<br>00<br>00 | 06901 CARDIAC REHAB<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS                                    | 246, 022<br>10, 302, 312<br>13, 308, 188             | 0                   | 40, 647, 24<br>30, 675, 33                | 9 0<br>9 0<br>1 0                | 0<br>0                           | 72<br>73<br>74 |

| Health Financial Systems                         | METHODIST HOSE |              |               |                                | u of Form CMS-2 |         |
|--|----------------|--------------|---------------|--------------------------------|-----------------|---------|
| COST ALLOCATION - STATISTICAL BASIS              |                | Provi der    |               | eriod:                         | Worksheet B-1   |         |
|  |                |              |               | rom 01/01/2014<br>o 12/31/2014 | Date/Time Pre   | narod   |
|  |                |              | '             | 0 12/31/2014                   | 5/28/2015 9:0   |         |
| Cost Center Description                          | CENTRAL        | PHARMACY     | MEDI CAL      | SOCIAL SERVICE                 |                 |         |
|  | SERVICES &     | (COSTED      | RECORDS &     |                                | EDUCATI ON      |         |
|  | SUPPLY         | REQUIS.)     | LI BRARY      | (TIME SPENT)                   | (TIME SPENT)    |         |
|  | (COSTED        |              | (GROSS        |                                |                 |         |
|  | REQUIS.)       |              | CHARGES)      |                                |                 |         |
|  | 14.00          | 15.00        | 16.00         | 17.00                          | 17.01           |         |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER    | 0              | 0            | C             | Ŭ                              | 0               |         |
| 90. 00 09000 CLINIC                              | 63, 820        | 0            | 17, 777, 697  |                                | 378             | 90.00   |
| 91. 00 09100 EMERGENCY                           | 1, 216, 124    | 0            | 62, 890, 452  | 39                             | 13, 175         | 1       |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) |                |              |               |                                |                 | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                  |                |              |               |                                |                 |         |
| 94. 00 09400 HOME PROGRAM DI ALYSI S             | 0              | 0            | C             | 0                              | 0               |         |
| 95. 00 09500 AMBULANCE SERVICES                  | 0              | 0            | C             | 0                              | 0               |         |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED      | 0              | 0            | C             | 0                              | 0               |         |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD          | 0              | 0            | C             | 0                              | 0               |         |
| 99. 00 09900 CMHC                                | 0              | 0            | C             | 0                              | 0               |         |
| 99. 10 09910 CORF                                | 0              | 0            | C             | 0                              | 0               |         |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM        | 0              | 0            | C             | 0                              |                 | 100.00  |
| 101.00 10100 HOME HEALTH AGENCY                  | 61, 078        | 30, 685      | 2, 747, 190   | 0                              | 828             | 101.00  |
| SPECIAL PURPOSE COST CENTERS                     |                |              |               |                                |                 |         |
| 105.00 10500 KIDNEY ACQUISITION                  | 0              | 0            | C             | -                              |                 | 105.00  |
| 106.00 10600 HEART ACQUI SI TI ON                | 0              | 0            | C             | -                              |                 | 106.00  |
| 107.00 10700 LIVER ACQUISITION                   | 0              | 0            | C             | 0                              |                 | 107.00  |
| 108.00 10800 LUNG ACQUISITION                    | 0              | 0            | C             | 0                              |                 | 108.00  |
| 109.00 10900 PANCREAS ACQUISITION                | 0              | 0            | C             | 0                              |                 | 109.00  |
| 110.00 11000 INTESTINAL ACQUISITION              | 0              | 0            | C             | 0                              |                 | 110.00  |
| 111.00 11100 I SLET ACQUI SI TI ON               | 0              | 0            | C             | 0                              | 0               | 111.00  |
| 113.00 11300 INTEREST EXPENSE                    |                |              |               |                                |                 | 113.00  |
| 114.00 11400 UTILIZATION REVIEW-SNF              |                |              |               |                                |                 | 114.00  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)   | 0              | 0            | C             | 0                              |                 | 115.00  |
| 116. 00 11600 HOSPI CE                           | 0              | 0            | C             | 0                              |                 | 116.00  |
| 118.00 SUBTOTALS (SUM OF LINES 1-117)            | 35, 900, 268   | 13, 281, 834 | 969, 260, 428 | 801                            | 106, 068        | 118.00  |
| NONREI MBURSABLE COST CENTERS                    |                | 1            |               | -                              |                 |         |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 745            | 0            | C             | -                              |                 | 190.00  |
| 191. 00 19100 RESEARCH                           | 0              | 0            | C             | 0                              |                 | 191.00  |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES    | 337, 092       | 274, 671     | C             | 0                              |                 | 192.00  |
| 192.01 19201 OTHER NON-REI MBURSABLE             | 3, 612         | 0            | C             | 0                              |                 | 192.01  |
| 192.02 19202 FAMILY HEALTH/GARY COMM HEALTH      | 414            | 0            | C             | 0                              |                 | 192. 02 |
| 193.00 19300 NONPALD WORKERS                     | 0              | 0            | C             | 0                              | 0               | 193.00  |
| 200.00 Cross Foot Adjustments                    |                |              |               |                                |                 | 200.00  |
| 201.00 Negative Cost Centers                     |                |              |               |                                |                 | 201.00  |
| 202.00 Cost to be allocated (per Wkst. B,        | 4, 066, 060    | 6, 800, 359  | 4, 028, 355   | 674, 721                       | 462, 869        | 202.00  |
| Part I)  |                |              |               |                                |                 |         |
| 203.00 Unit cost multiplier (Wkst. B, Part I)    | 0. 112192      | 0. 501631    | 0.004156      |                                | 4. 308764       | 1       |
| 204.00 Cost to be allocated (per Wkst. B,        | 314, 878       | 176, 146     | 109, 169      | 16, 059                        | 95, 136         | 204.00  |
| Part II)   | 0.000/00       | 0.010000     | 0.000110      | 00.046400                      | 0.005/07        | 005 00  |
| 205.00 Unit cost multiplier (Wkst. B, Part       | 0. 008688      | 0. 012993    | 0. 000113     | 20. 048689                     | 0. 885604       | 205.00  |
| 11)  | I I            | I            |               | I I                            | l               | I       |
|  |                |              |               |                                |                 |         |

|  | Financial Systems<br>ALLOCATION - STATISTICAL BASIS  | METHODIST HOS  | PTTA |  | CCN: 150002  |             | eriod:   | u of Form CMS<br>Worksheet B- |   |
|--|--|--|------|--|--|-------------|--|-------------------------------|---|
|  |  |  |      |  |  | F           | rom 01/01/2014<br>o 12/31/2014                         | Date/Time Pr                  |   |
|  |  |  |      | INTERNS &  | RESI DENTS   |             |  | 5/28/2015 9:                  | 07 am   |
|  | Cost Center Description  | MEDI CAL<br>EDUCATI ON<br>(ASSI GNED<br>TI ME)<br>17. 02 | Υ 8  | I CES-SALAR<br>FRI NGES<br>ASSI GNED<br>TI ME)<br>21. 00 | SERVI CES-OTH<br>PRGM COSTS<br>(ASSI GNED<br>TI ME)<br>22.00 | ;           | PARAMED ED<br>PROGRAM<br>(ASSI GNED<br>TI ME)<br>23.00 |                               |   |
| 1 00   | GENERAL SERVICE COST CENTERS   |  | 1    |  |  |             |  |                               | 1 1 0   |
| $\begin{array}{c} 1. \ 00 \\ 4. \ 00 \\ 5. \ 01 \\ 5. \ 02 \\ 5. \ 03 \\ 5. \ 04 \\ 5. \ 05 \\ 5. \ 06 \\ 7. \ 00 \\ 8. \ 00 \\ 9. \ 00 \\ 10. \ 00 \\ 11. \ 00 \\ 13. \ 00 \\ 14. \ 00 \\ 15. \ 00 \\ 15. \ 00 \\ 16. \ 00 \\ 17. \ 01 \\ 17. \ 02 \\ 21. \ 00 \\ 22. \ 00 \\ 23. \ 00 \end{array}$ | 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD<br>02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD                                    | 100<br>0<br>0<br>0                                       |      | 100  |  | 00          | 100  |                               | 1. 0<br>4. 0<br>5. 0<br>5. 0<br>5. 0<br>5. 0<br>5. 0<br>7. 0<br>8. 0<br>9. 0<br>10. 0<br>11. 0<br>13. 0<br>14. 0<br>15. 0<br>17. 0<br>17. 0<br>17. 0<br>21. 0<br>22. 0<br>23. 0 |
| 30. 00<br>31. 00<br>31. 01   | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS<br>03100 I NTENSI VE CARE UNI T<br>03101 NEONATAL I CU |  |      | 0<br>0<br>0  |  | 0<br>0<br>0 | 0<br>0<br>0  |                               | 30. 0<br>31. 0<br>31. 0   |
| 32.00<br>33.00<br>34.00  | 03200 CORONARY CARE UNIT<br>03300 BURN INTENSIVE CARE UNIT<br>03400 SURGICAL INTENSIVE CARE UNIT                                 |  |      | 0<br>0<br>0  |  | 0<br>0<br>0 | 0<br>0<br>0  |                               | 32.0<br>33.0<br>34.0  |
| 40.00  | 04000 SUBPROVI DER – I PF  | 0  |      | 0  |  | 0           | 0  |                               | 40. 0   |
| 41.00<br>42.00   | 04100 SUBPROVI DER – I RF<br>04200 SUBPROVI DER  |  |      | 0  |  | 0           | 0  |                               | 41.0  |
| 43.00  | 04300 NURSERY  | 0  |      | 0  |  | 0           | 0  |                               | 43.0  |
| 44.00<br>45.00   | 04400 SKILLED NURSING FACILITY<br>04500 NURSING FACILITY   |  |      | 0  |  | 0<br>0      | 0  |                               | 44.0  |
| 46.00  | 04600 OTHER LONG TERM CARE   | 0  |      | 0  |  | 0           | 0  |                               | 46.0  |
| 50 00  | ANCI LLARY SERVI CE COST CENTERS<br>05000 OPERATI NG ROOM  | 0  | 1    | 0  |  | 0           | 0  |                               | 50. 0   |
|  | 05001 ENDOSCOPY  | 0  |      | 0  |  | 0           | 0  |                               | 50.0  |
| 51.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 51.0  |
| 52.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 52.0  |
| 53.00<br>54.00   | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C   |  |      | 0  |  | 0           | 0  |                               | 53.0<br>54.0  |
| 54.01  | 05401 RADI OLOGY - ULTRASOUND  |  |      | 0  |  | 0           | 0  |                               | 54.0  |
|  | 05500 RADI OLOGY-THERAPEUTI C  | 0  |      | 0  |  | 0           | 0  |                               | 55.   |
| 56.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 56.0  |
| 57.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 57.0  |
| 58.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 58. (<br>59. (  |
| 59.00<br>50.00   | 05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY   |  |      | 0  |  | 0           | 0  |                               | 60.0  |
| 50.00<br>50.01   | 06001 BLOOD LABORATORY   |  |      | 0  |  | 0           | 0  |                               | 60.0  |
|  | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  |  |      | 0  |  | Ŭ           | Ŭ  |                               | 61.   |
| 2.00   | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0  |      | 0  |  | 0           | 0  |                               | 62.   |
| 3.00   |  | 0  |      | 0  |  | 0           | 0  |                               | 63.   |
| 54.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 64. (   |
| 55.00  |  | 0  |      | 0  |  | 0           | 0  |                               | 65.   |
| 6.00   | 06600 PHYSI CAL THERAPY  |  |      | 0  |  | 0           | 0  |                               | 66.   |
| 57.00<br>58.00   | 06700 OCCUPATIONAL THERAPY<br>06800 SPEECH PATHOLOGY   |  |      | 0  |  | 0           | 0  |                               | 67.0  |
| 58.00<br>59.00   | 06900 ELECTROCARDI OLOGY   |  |      | 0  |  | 0           | 0  |                               | 68.<br>69.  |
|  | 06901 CARDI AC REHAB   |  |      | 0  |  | 0           | 0  |                               | 69.   |
|  | 07000 ELECTROENCEPHALOGRAPHY   |  |      | 0  |  | 0           | o  |                               | 70.0  |
|  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0  |      | 0  |  | 0           | 0  |                               | 71. (   |
| 71.00  |  |  |      | 0  |  | 0           | 0  |                               | 72.0  |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENTS   | 0  |      |  |  | 0           | 0  |                               |   |
| 72. 00<br>73. 00   | 07300 DRUGS CHARGED TO PATIENTS  | 0  |      | 0  |  | 0           | 0  |                               | 73.0  |
| 72.00<br>73.00<br>74.00  |  |  |      | 0<br>0<br>0  |  | 0<br>0<br>0 | 0<br>0<br>0  |                               |   |

| lealth Financial Sy<br>COST ALLOCATION - S |  | METHODIST HOS            |                       | CCN: 150002    | In Lie<br>Period: | u of Form CMS-2552<br>Worksheet B-1 |
|--|--|--------------------------|-----------------------|----------------|-------------------|-------------------------------------|
| LUSI ALLUCATION - 3                        | STATISTICAL BASIS  |                          | Provi der             |                | From 01/01/2014   | WORKSneet B-I                       |
|  |  |                          |                       |                | To 12/31/2014     | Date/Time Prepare                   |
|  |  |                          | INTERNS &             | RESI DENTS     |                   | 5/28/2015 9:07 ar                   |
|  |  |                          | THTERNO &             | RESTDENTS      |                   |                                     |
| Cost Co                                    | enter Description  | MEDI CAL                 | SERVI CES-SALAR       | SERVI CES-OTHE | R PARAMED ED      |                                     |
|  |  | EDUCATI ON               | Y & FRINGES           | PRGM COSTS     | PROGRAM           |                                     |
|  |  | (ASSI GNED               | (ASSI GNED            | (ASSI GNED     | (ASSI GNED        |                                     |
|  |  | TIME)<br>17.02           | TIME)<br>21.00        | TIME)<br>22.00 | TIME)<br>23.00    |                                     |
| OUTPATLENT S                               | ERVICE COST CENTERS  | 17.02                    | 21.00                 | 22.00          | 23.00             |                                     |
|  | HEALTH CLINIC  | 0                        | 0                     |                | 0 0               | 88                                  |
|  | LY QUALIFIED HEALTH CENTER                                       | 0                        | 0                     |                | 0 0               | 89                                  |
| 90.00 09000 CLINIC                         |  | 0                        | 0                     |                | 0 0               | 90                                  |
| 91.00 09100 EMERGEI                        |  | 100                      | 100                   | 10             | 0 100             | 91                                  |
|  | ATION BEDS (NON-DISTINCT PART)                                   |                          |                       |                |                   | 92                                  |
|  | RSABLE COST CENTERS  |                          |                       | 1              | -                 |                                     |
|  | ROGRAM DI ALYSI S  | 0                        | 0                     |                | 0 0               | 94                                  |
| 95.00 09500 AMBULA                         |  | 0                        | 0                     |                | 0 0               | 95                                  |
|  | E MEDICAL EQUIP-RENTED   | 0                        | 0                     |                | 0 0               | 96                                  |
| 97.00 09700 DURABL                         | E MEDICAL EQUIP-SOLD   | 0                        | 0                     |                | 0 0               | 97                                  |
| 9. 10 09910 CORF                           |  | 0                        | 0                     |                |                   | 99                                  |
|  | RVICES-NOT APPRVD PRGM   | 0                        | 0                     |                | 0 0               | 100                                 |
| 01.00 10100 HOME H                         |  | 0                        | 0                     |                | 0 0               | 100                                 |
|  | DSE COST CENTERS   | <u> </u>                 | 0                     |                | 0 0               | 101                                 |
| 105. 00 10500 KI DNEY                      |  | 0                        | 0                     |                | 0 0               | 105                                 |
| 106.00 10600 HEART                         | ACQUI SI TI ON   | 0                        | 0                     |                | 0 0               | 106                                 |
| 107.00 10700 LI VER                        | ACQUI SI TI ON   | 0                        | 0                     |                | 0 0               | 107                                 |
| 108.00 10800 LUNG A                        | CQUISITION   | 0                        | 0                     |                | 0 0               | 108                                 |
| 09.00 10900 PANCRE                         |  | 0                        | 0                     |                | 0 0               | 109                                 |
| 10.00 11000 I NTEST                        |  | 0                        | 0                     |                | 0 0               | 110                                 |
| 11.00 11100 I SLET                         |  | 0                        | 0                     |                | 0 0               | 111                                 |
| 13.00 11300 I NTERE                        |  |                          |                       |                |                   | 113                                 |
| 14.00 11400 UTI LI Z                       | ATTON REVIEW-SNF   |                          |                       |                |                   | 114                                 |
|  | TORY SURGICAL CENTER (D. P. )                                    | 0                        | 0                     |                | 0 0               | 115<br>116                          |
| 116. 00 11600 HOSPI CI                     | <u>-</u><br>ALS (SUM OF LINES 1-117)                             | 100                      | 100                   |                |                   | 118                                 |
|  | BLE COST CENTERS   | 100                      | 100                   |                | 100               | 110                                 |
|  | FLOWER, COFFEE SHOP & CANTEEN                                    | 0                        | 0                     |                | 0 0               | 190                                 |
| 91. 00 19100 RESEAR                        | -  | 0                        | 0                     |                | 0 0               | 191                                 |
|  | ANS' PRIVATE OFFICES   | 0                        | 0                     |                | 0 0               | 192                                 |
| 192.01 19201 OTHER 1                       | NON-REI MBURSABLE  | 0                        | 0                     |                | 0 0               | 192                                 |
|  | HEALTH/GARY COMM HEALTH  | 0                        | 0                     |                | 0 0               | 192                                 |
| 93.00 19300 NONPALI                        |  | 0                        | 0                     |                | 0 0               | 193                                 |
|  | Foot Adjustments   |                          |                       |                |                   | 200                                 |
|  | ve Cost Centers  |                          |                       |                |                   | 201                                 |
|  | o be allocated (per Wkst. B,                                     | 141, 112                 | 298, 453              | 193, 07        | 1 715, 920        | 202                                 |
| Part I                                     |  | 1 411 120000             | 2 004 520000          | 1 020 71000    | 7 150 200000      | 202                                 |
|  | ost multiplier (Wkst. B, Part I)<br>b be allocated (per Wkst. B, | 1, 411. 120000<br>3, 576 | 2, 984. 530000<br>659 |                |                   | 203<br>204                          |
| 204.00 Part I                              | 4  | 3, 370                   | 009                   | 30, 14         | 31,031            | 204                                 |
|  | )<br>ost multiplier (Wkst. B, Part                               | 35, 760000               | 6, 590000             | 381, 42000     | 318. 310000       | 205                                 |
|  |  | 22. / 23000              | 0.070000              |                |                   | 200                                 |

| CAMPUTATION OF EXTLO OF DOSTS TO CLARGES         Provider         Col:         Source Test         Provider         Col:         Provider        Col:         Provider  | Health Financial Systems                      | METHODIST HOS                  | SPITALS, INC |              | In Lie          | u of Form CMS-          | 2552-10 |
|---|---|--------------------------------|--------------|--------------|-----------------|-------------------------|---------|
| Description         Total fail         Total fail <thtotal fail<="" th="">         Total fail         Total f</thtotal>  | COMPUTATION OF RATIO OF COSTS TO CHARGES      |                                | Provi der    | F            | From 01/01/2014 | Part I<br>Date/Time Pre | pared:  |
| Total Cost Center Description         Total Cost Center Description         Total Cost Center Description         Total Cost Center Description           0.00  |   |                                | Ti †I        | e XVIII      | Hospi tal       |                         | 7 am    |
| Investigation         Investigation         Investigation         Investigation         Investigation           30:00         BEXED ARALES & REDURINGS         70:542,511  |   |                                |              |              |                 |                         |         |
| Instruct   | Cost Center Description                       | (from Wkst. B,<br>Part I, col. |              | Total Costs  |                 | Total Costs             |         |
| INATE LET ROUTING SAND ALL COST CONTROLS         70.542.511         80.00         70.542.511         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00         81.00 <t< td=""><td></td><td></td><td>2.00</td><td>3.00</td><td>4.00</td><td>5.00</td><td></td></t<>   |   |                                | 2.00         | 3.00         | 4.00            | 5.00                    |         |
| 31.00       01.00       01.010       11.148.1YL       22, 464, 422       12, 464, 925       31.00         31.00       01.010       11.01       34.01, 565       0       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00       00       32.00         |   | 1                              | 1            |              |                 |                         |         |
| 31 01 Distol INTRIBUTAL ICU       3.431, bes       3.431, bes       0       0       3.431, bes       0  |   |                                |              |              |                 |                         |         |
| 32 00       3200       0200       0200       0200       0200          |   |                                |              |              |                 |                         |         |
| 31.00         Discond Human HITTREW FOR CARE UNIT         0         0         0         0         0         0         34.00           40.00         SUBREMU BER - IPF         1.443,511         1.443,511         0         1.445,511         0.00           40.00         SUBREMU BER - IPF         1.443,511         0.00         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>   |   |                                |              |              |                 |                         | •       |
| 40. 00 00000 SUBEROV DER - IPF         1, 443, 511         1, 443, 511         0         1, 453, 513         0         0         0         0         0         0         0         0  | 33.00 03300 BURN INTENSIVE CARE UNIT          | C                              |              |              | 0 0             | 0                       |         |
| 11       00       1000       Del HOD       SUBEROV IDER - I.FF       7, 033, 985       7, 035       985       7, 035       985       7, 035       985       7, 035       985       9  |   | -                              |              | (            |                 |                         |         |
| 42 00 (2420) SUPEROVIDER         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>   |   |                                |              |              |                 |                         | •       |
| 43. 00         00 H300         NURSERY         2. 445, 110         2. 445, 110         0         0         2. 445, 110         42. 00         44. 00           45. 00         0. H4500         NURSE NE, FACILITY         0         0         0         0         44. 00           45. 00         0. H4500         NURSE NE, FACILITY         0 </td <td></td> <td>7,033,703</td> <td></td> <td>7,033,703</td> <td></td> <td></td> <td>•</td>   |   | 7,033,703                      |              | 7,033,703    |                 |                         | •       |
| 45. 00         04500         04500         04500         04500            | 43. 00 04300 NURSERY                          | 2, 445, 110                    |              | 2, 445, 110  | 0 0             | 2, 445, 110             | 43.00   |
| 46. 00         0 exc00         0 exc00 <th< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></th<>  |   | -                              |              |              |                 |                         |         |
| ARCILLARY SERVICE COST CENTERS         1           0.0         05000 (PRATING ECONE         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 007, 713         0         4, 007, 713         0         4, 007, 713         0         1, 000         10, 000         10, 000         0         1, 100         0         0         1, 000         0         1, 100         0         1, 100         0         0         1, 100         0         1, 140         1, 140         1, 140         1, 140         1, 143, 111         0         2, 377, 963         2, 377, 963         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963  |   |                                |              |              |                 |                         |         |
| 50. 00         0500 (OPERATING RODU         14, 426, 944         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         14, 426, 944         0         1, 400, 97, 213         0         4, 097, 213         0         4, 097, 213         0  |   |                                | 4            | <u> </u>     | 0               | 0                       | 40.00   |
| 51.00         05100         RECOVERY ROM         2,150,038         2,150,038         2,150,038         5,014,804           53.00         05300         ANESTHESIOLOSY         0   | 50. 00 05000 OPERATI NG ROOM                  | 14, 426, 944                   |              | 14, 426, 944 | 4 0             |                         |         |
| 52.00         05200 DELL'LEEN ROOM & LABOR ROOM         5.014.804         0         5.014.804         0   |   |                                |              |              |                 |                         | •       |
| 53.00         63300 AMESTINESI OLDGY         0         0         0         53.00         65300 AMESTINESI OLDGY         0         0         0         53.00         573.00         573.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>   |   |                                |              |              |                 |                         | •       |
| 54. 00         05400         RADI LOCY - ULARNOV TIC         7, 313, 034  |   |                                |              |              |                 |                         |         |
| 54. 01         05401         RADI LOCY - HUTRAFEVITIC         2, 577, 741         2, 777, 741         2, 718, 511         2, 718, 511         50. 00         5500         05500         777, 763         2, 737, 963         0, 737, 963         50. 00         5700         57, 741         50. 00         5700         0, 737, 963         0, 737, 963         50. 00         5700         0, 730, 963         50. 00         5700         0, 730, 963         50. 00         5700, 00         5700, 00         5700, 00         5700, 00         5700, 00         5700, 00         5700, 00         5700, 00         5700, 00         5000, 00         5000, 00         5000, 00         5000, 00         570, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00         60, 00   |   | -                              |              |              | -               |                         |         |
| 56.00         06600 RADI DISTOPFE         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0         2, 377, 963         0   | 54. 01 05401 RADI OLOGY - ULTRASOUND          | 2, 577, 741                    |              |              |                 |                         |         |
| 57.00         06700 CT SCAM         3,260,258         3,260,258         0,360,268         87.00           59.00         05900 CARDIAC CATHETERIZATION         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         5,740,179         0   |   |                                |              |              |                 |                         | •       |
| 58. 00         05800         MACRETIC RESONANCE LINGING (MRI)         1, 148, 114         1, 148, 114         0         0        <  |   |                                |              |              | -               |                         | •       |
| 59.00         05500         CARDIAC CATHETERIZATION         5.740.179         5.740.179         5.740.179         5.740.179         60.00           60.00         06000         BLODD LABORATORY         14.597.556         0.00         60.00  |   |                                |              |              |                 |                         | •       |
| 60. 00         00         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>   |   |                                |              |              |                 |                         | •       |
| 61.00         06100         PBP CLINICAL LAB SERVICES-PREM ONLY         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>  |   |                                |              |              |                 |                         | •       |
| 62.200         bio200         WHOLE BLOOD & PACKED RED BLOOD CELLS         2, 113, 970         0         2, 113, 970         0         2, 113, 970         62.00         63   |   | -                              |              | (            |                 |                         |         |
| 63.00         De300         BLOOD STORING, PROCESSING & TRANS.         0         0         0         0         63.00           64.00         D6400         INTRAVEMOUS THERAPY         0         0         0         64.00         0         66.00         65.00         65.00         65.00         0         67.00         0         77.43.430         0         2,743.430         0         2,743.430         0         2,743.430         60.00           66.00         D6500         D57E0CH PATHOLOGY         689.582         0         689.582         0         689.582         0         69.00         69.01         69.01         0.6901         CARDIA C REHAB         870.789         870.789         0         2,100.103         0         2,100.103         0         2,100.103         70.00         14,238.901         11.4,238.901         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         14,238.901         0         14,238.901         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00 <td></td> <td>-</td> <td></td> <td>2 113 970</td> <td></td> <td></td> <td></td>  |   | -                              |              | 2 113 970    |                 |                         |         |
| 65.00         0c500         PESPI RATORY THERAPY         4, 720, 666         0         4, 720, 666         6         0           66.00         0c600         PHYSI CAL THERAPY         2, 743, 430         0         2, 743, 430         0         2, 743, 430         0         2, 743, 430         6         0           67.00         0c8000         PEECH PATHOLOGY         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         689, 582         0         69, 00         1228, 816         0         1, 228, 816         0         1, 228, 816         0         7, 789         870, 789         870, 789         870, 789         870, 789         870, 789         14, 238, 901         0         14, 238, 901         14, 328, 901         14, 328, 901         72, 00         72, 00         72, 00         72, 00         72, 00         72, 00         72, 00         72, 00 <t< td=""><td></td><td></td><td></td><td>2,110,770</td><td></td><td></td><td>•</td></t<>  |   |                                |              | 2,110,770    |                 |                         | •       |
| 66 00       0c600       PHYSI CAL THERAPY       2, 743, 430       0       680, 582  |   | -                              |              |              |                 |                         |         |
| 67:00       OCTOQ OCCUPATIONAL THERAPY       2.149,834       0       2.149,834       67:00         68:00       06800 SPECEL PATHOLOGY       69;582       0       69;010       128;38;61       0       1,228,816       0       1,228,816       0       1,228,917       0       0       70:00       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>  |   |                                |              |              |                 |                         | •       |
| 66:00         066000         SPECCH         PATHOLOGY         669:582         0         669:582         0         669:582         68:00           06:00         06:00         CARDI AC REHAB         870:789         870:789         870:789         0         870:789         69:01         0         970:00         0         2,100:103         0         2,100:103         0         2,100:103         0         2,100:103         70:00         0         0         0         2,000:103         70:00         71:00         70:00         0         0         0         2,000:103         0         2,100:103         0         2,100:103         0         2,100:103         0         2,100:103         0         2,000:103         0         71:00         71:00         71:00         0         0         0         0         0         0         0         10:30:2:619         72:00         0         0         0         0         73:00         73:00         73:00         <   |   |                                |              |              |                 |                         |         |
| 69:01         CARDI AC REHAB         870, 789         870, 789         21, 00, 103         21, 00, 103         21, 00, 103         21, 00, 103         21, 00, 103         21, 00, 103         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         21, 00, 103         0         14, 238, 901         11, 4, 238, 901         71, 00         14, 238, 901         71, 00         14, 238, 901         71, 00         20, 04, 890         20, 204, 890         00         20, 04, 890         20, 20, 59, 726         20, 05, 00         20, 00, 20, 00         20, 00, 00         20, 00, 00         20, 00, 00         20, 00, 00         20, 00, 00         20, 00, 00         88, 00         73, 00         75, 00         75, 00         75, 00         76, 00         88, 00         90, 00         90, 00         90, 00         90, 00         90  |   |                                |              |              |                 |                         | •       |
| 70:00       07000       ELECTROENCEPHALOGRAPHY       2, 100, 103       2, 100, 103       0       2, 100, 103       70.00         71:00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       14, 238, 901       14, 238, 901       0       14, 238, 901       0       14, 238, 901       0       14, 238, 901       0       14, 238, 901       0       14, 238, 901       0       14, 238, 901       0       14, 238, 901       0       18, 302, 619       0       0       20, 204, 890       20, 204, 890       20, 204, 890       20, 204, 890       73.00       0       0       0       20, 204, 890       73.00       0       0       0       0       20, 204, 890       73.00       0       0       0       0       0       20, 204, 890       73.00       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>1, 228, 816</td> <td>69.00</td>  |   |                                |              |              |                 | 1, 228, 816             | 69.00   |
| 11.00       07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS       14,238,901       14,238,901       71.00         72.00       07300 IMPL. DEV. CHARGED TO PATIENTS       18,302,619       18,302,619       0       18,302,619       72.00         73.00       07300 DRUGS CHARGED TO PATIENTS       20,204,890       20,204,890       02,024,890       20,024,890       20,024,890       20,024,890       20,024,890       20,024,890       20,024,890       20,024,890       20,059,726       0       2,059,726       0       2,059,726       0       2,059,726       0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   |   |                                |              |              |                 |                         |         |
| 72.00       07200       INPL. DEV. CHARGED TO PATIENTS       18, 302, 619       18, 302, 619       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       20, 204, 890       20, 204, 890       20, 204, 890       20, 204, 890       20, 204, 890       20, 204, 890       20, 204, 890       73.00         75.00       07500       ASC (NON-DISTINCT PART)       0 </td <td></td> <td></td> <td></td> <td></td> <td>,</td> <td>2,100,100</td> <td></td>  |   |                                |              |              | ,               | 2,100,100               |         |
| 73.00       DRUGS CHARGED TO PATIENTS       20, 204, 890       20, 204, 890       20, 204, 890       20, 204, 890       73.00         74.00       O7400 RENAL DIALYSIS       2, 059, 726       2, 059, 726       0  |   |                                |              |              |                 |                         |         |
| 75.00         07500         ASC         (NON-DI STINCT PART)         0         0         0         75.00           OUTPATI ENT SERVICE COST CENTERS           0         0         0         0         0         88.00         RURAL HEALTH CLINIC         0         0         0         0         88.00         89.00         90.00         0         0         0         0         0         89.00         89.00         90.00         0         0         0         0         0         89.00         89.00         90.00         0         0         0         0         89.00         89.00         90.00         14.119.024         14.119.024         0         14.119.024         0         14.119.024         0         14.119.024         0         14.119.024         0   |   |                                |              |              |                 |                         |         |
| OUTPATIENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC         0         0         0         88.00           89.00         0800         RURAL HEALTH CLINIC         0         0         0         89.00           90.00         09000         CLINIC         8, 174, 035         8, 174, 035         0         89.00           91.00         09100         EMERGENCY         14, 119, 024         14, 119, 024         0         14, 119, 024         91.00           92.00         09200         DESERVATION BEDS (NON-DISTINCT PART)         11, 333, 061         11, 333, 061         92.00           0THER REIMBURSABLE COST CENTERS         0         0         0         0         94.00           95.00         09500         AUBLANCE SERVICES         0         0         0         94.00           95.00         09500         AUBLANCE SERVICES         0         0         0         95.00           95.00         09500         MUBLANCE SERVICES         0         0         0         94.00           97.00         09700         DURABLE MEDI CAL EQUI P-RENTED         0         0         0         97.00           97.00         09900         CMHC         0   |   |                                |              |              |                 |                         | •       |
| 88.00         08800         RURAL HEALTH CLINIC         0         0         0         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0   |   | C                              |              | (            | 0 0             | 0                       | 75.00   |
| 89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0   |   | C                              |              | (            | 0 0             | 0                       | 88.00   |
| 91.00       09100       EMERGENCY       14, 119, 024       14, 119, 024       0       14, 119, 024       91.00         92.00       O9200       OBSERVATI ON BEDS (NON-DI STINCT PART)       11, 333, 061       11, 333, 061       11, 333, 061       92.00         OTHER REIMBURSABLE COST CENTERS       0       0       0       0       92.00       94.00         94.00       09400       HOME PROGRAM DI ALYSI S       0       0       0       94.00         95.00       09500       AMBULANCE SERVICES       0       0       0       95.00         96.00       09600       DURABLE MEDI CAL EQUI P-RENTED       0       0       0       97.00         97.00       09700       DURABLE MEDI CAL EQUI P-SOLD       0       0       0       97.00         99.00       OHO       CORF       0       0       0       99.00       99.10         101.00       10000       I & SERVI CES-NOT APPRVD PRGM       0       0       0       0       99.10         101.00       10100       HOME HEALTH AGENCY       2, 839, 687       2, 839, 687       2, 839, 687       2, 839, 687       101.00         105.00       10500       KI DREY ACQUI SI TI ON       0       0       0  | 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | -                              |              | 0            | -               |                         | 89.00   |
| 92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART)         11, 333, 061         11, 333, 061         92.00           0THER REIMBURSABLE COST CENTERS         0         0         0         0         94.00         94.00         94.00         0         0         0         94.00         94.00         94.00         94.00         0         0         0         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         96.00         96.00         96.00         96.00         97.00         97.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00         100.00  |   |                                |              |              |                 |                         | •       |
| OTHER         REI MBURSABLE         COST         CENTERS           94. 00         09400         HOME         PROGRAM DI ALYSIS         0         0         0         0         94. 00           95. 00         09500         AMBULANCE         SERVICES         0         0         0         0         95. 00         09600         DIRABLE         BEDI CAL         EQUI P-RENTED         0         0         0         0         97. 00         0         0         0         0         0         97. 00         0         0         0         0         0         0         0         97. 00            |   |                                |              |              |                 |                         | •       |
| 94.00       09400       HOME       PROGRAM       DI ALYSI S       0       0       0       0       94.00         95.00       09500       AMBULANCE       SERVI CES       0       0       0       0       95.00         96.00       09600       DURABLE       MEDI CAL       EQUI P-RENTED       0       0       0       0       96.00         97.00       09700       DURABLE       MEDI CAL       EQUI P-SOLD       0       0       0       0       97.00         99.00       09900       CMHC       0       0       0       0       97.00       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       99.00       0       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       <  |   | 11, 333, 001                   |              | 11, 333, 00  | 1               | 11, 333, 001            | 92.00   |
| 96. 00         09600         DURABLE MEDI CAL EQUI P-RENTED         0         0         0         96. 00         97. 00         09700         DURABLE MEDI CAL EQUI P-SOLD         0         0         0         97. 00         99. 00         99. 10         00         99. 10         00         00         00         00         00         00         00         00         00 <td></td> <td>C</td> <td>)</td> <td>(</td> <td>0 0</td> <td>0</td> <td>94.00</td>   |   | C                              | )            | (            | 0 0             | 0                       | 94.00   |
| 97. 00         09700         DURABLE MEDI CAL EQUI P-SOLD         0         0         0         97. 00         9700         09900         CMHC         0         0         99. 00         99. 10         00         99. 10         00         99. 10         00         99. 10         00         99. 10         00         99. 10         00         00         100. 00         100. 00         100. 00         100. 00         100. 00         100. 00         100. 00         100. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         10  |   | C                              |              |              | 0 0             |                         |         |
| 99.00         09900         CMHC         0         0         99.00         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0         99.10         0<   |   | C                              |              |              | 0               |                         | •       |
| 99.10         09910         CORF         0         0         0         99.10           100.00         10000         1&R SERVICES-NOT APPRVD PRGM         0         0         0         100.00           101.00         10100         HOME HEALTH AGENCY         2,839,687         2,839,687         2,839,687         101.00           SPECIAL PURPOSE COST CENTERS           105.00         10600         HEART ACQUISITION         0         0         105.00           106.00         10600         HEART ACQUISITION         0         0         0         105.00           107.00         10600         HEART ACQUISITION         0         0         0         106.00           107.00         LIVER ACQUISITION         0         0         0         106.00         106.00           108.00         10800         LIVER ACQUISITION         0         0         0         108.00           109.00         10900         PANCREAS ACQUISITION         0         0         0         109.00           110.00         INTERSTINAL ACQUISITION         0         0         0         109.00         110.00           111.00         INTO         0         0         0 <t< td=""><td></td><td></td><td></td><td></td><td>0</td><td></td><td></td></t<>  |   |                                |              |              | 0               |                         |         |
| 100.00         1&R         SERVICES-NOT APPRVD PRGM         0         0         0         100.00         101.00         100.00         101.00         100.00         101.00         100.00         101.00         100.00         101.00         100.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         106.00         106.00         106.00         106.00         106.00         106.00         106.00         106.00         106.00         107.00         107.00         108.00         108.00         108.00         108.00         108.00         109.00         109.00         100.00         110.00         110.00         110.00         110.00         110.00<   |   |                                |              |              |                 |                         | •       |
| SPECIAL PURPOSE COST CENTERS           105.00         10500         KIDNEY ACQUISITION         0         0         105.00           106.00         1600         HEART ACQUISITION         0         0         0         106.00           107.00         10700         LIVER ACQUISITION         0         0         0         106.00           107.00         LIVER ACQUISITION         0         0         0         0         107.00           108.00         10800         LIVER ACQUISITION         0         0         0         108.00         108.00         108.00         108.00         108.00         108.00         109.00         109.00         109.00         109.00         109.00         109.00         109.00         108.00         109.00         109.00         109.00         109.00         109.00         109.00         109.00         100.00         110.00         110.00         110.00         0         0         0         0         0         110.00         110.00         0         0         0         111.00         111.00         111.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         113.00         11  |   | C                              |              | 0            | D               | 0                       | •       |
| 105.00       10500       KI DNEY ACQUI SI TI ON       0       0       105.00         106.00       10600       HEART ACQUI SI TI ON       0       0       0       106.00         107.00       LI VER ACQUI SI TI ON       0       0       0       0       107.00         108.00       LIVER ACQUI SI TI ON       0       0       0       0       107.00         108.00       LUNG ACQUI SI TI ON       0       0       0       0       108.00         109.00       PANCREAS ACQUI SI TI ON       0       0       0       109.00       109.00       109.00       109.00       109.00       0       109.00       100.00       100.00       100.00       0       0       0       0       0       0       100.00       100.00       0       0       0       100.00       0       0       110.00       0       110.00       0       0       0       111.00       0       111.00       111.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       100.00       100.00   |   | 2, 839, 687                    |              | 2, 839, 68   | 7               | 2, 839, 687             | 101.00  |
| 106.00       10600       HEART ACQUISITION       0       0       106.00         107.00       10700       LIVER ACQUISITION       0       0       0       107.00         108.00       10800       LUNG ACQUISITION       0       0       0       108.00         109.00       PANCREAS ACQUISITION       0       0       0       108.00         109.00       PANCREAS ACQUISITION       0       0       0       109.00         110.00       INTESTINAL ACQUISITION       0       0       0       110.00         111.00       ISLET ACQUISITION       0       0       0       111.00         113.00       INTEREST EXPENSE       113.00       113.00       113.00       113.00   |   |                                | 1            |              |                 | 0                       | 105 00  |
| 107.00       LI VER ACQUI SI TI ON       0       0       107.00         108.00       10800       LUNG ACQUI SI TI ON       0       0       0       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       109.00         100.00       10000       INTESTI NAL ACQUI SI TI ON       0       0       0       109.00         110.00       11000       INTESTI NAL ACQUI SI TI ON       0       0       0       110.00         111.00       11100       I SLET ACQUI SI TI ON       0       0       0       111.00         113.00       11300       I NTEREST EXPENSE       113.00       113.00       113.00       113.00       113.00   |   |                                |              |              |                 |                         |         |
| 109.00         PANCREAS         ACQUISITION         0         0         109.00           110.00         11000         INTESTINAL ACQUISITION         0         0         0         110.00           111.00         11100         ISLET         ACQUISITION         0         0         0         110.00           111.00         11100         INTEREST EXPENSE         0         0         111.00         111.00   |   |                                |              |              | D               | 0                       | 107.00  |
| 110.00       INTESTINAL ACQUISITION       0       0       110.00         111.00       ISLET ACQUISITION       0       0       0       111.00         113.00       INTEREST EXPENSE       0       0       113.00       113.00  |   | C                              |              |              | ס               |                         |         |
| 111. 00 11100 I SLET ACQUI SI TI ON 0 111. 00 113. 00 |   | 0                              |              |              |                 |                         |         |
| 113.00 11300 I NTEREST EXPENSE 113.00   |   |                                |              |              |                 |                         | •       |
|   |   |                                |              |              |                 | 0                       |         |
|   |   |                                |              |              | <u> </u>        |                         |         |

| Health Financial Systems                        | METHODIST HOS  | PITALS, INC   |              | In Lieu of Form CMS-2552-10 |                       |        |  |
|---|----------------|---------------|--------------|-----------------------------|-----------------------|--------|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES        |                | Provi der     |              | Period:<br>From 01/01/2014  | Worksheet C<br>Part I |        |  |
|   |                |               |              | To 12/31/2014               | Date/Time Pre         |        |  |
|   |                |               |              |                             | 5/28/2015 9:0         | / am   |  |
|   |                |               | e XVIII      | Hospi tal                   | PPS                   |        |  |
|   |                |               |              | Costs                       |                       |        |  |
| Cost Center Description                         | Total Cost     | Therapy Limit | Total Costs  | RCE                         | Total Costs           |        |  |
|   | (from Wkst. B, | Adj.          |              | Di sal I owance             |                       |        |  |
|   | Part I, col.   | -             |              |                             |                       |        |  |
|   | 26)            |               |              |                             |                       |        |  |
|   | 1.00           | 2.00          | 3.00         | 4.00                        | 5.00                  |        |  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) | 0              |               |              | 0                           | 0                     | 115.00 |  |
| 116. 00 11600 HOSPI CE                          | 0              |               |              | 0                           | 0                     | 116.00 |  |
| 200.00 Subtotal (see instructions)              | 270, 173, 095  | 0             | 270, 173, 09 | 95 0                        | 270, 173, 095         | 200.00 |  |
| 201.00 Less Observation Beds                    | 11, 333, 061   |               | 11, 333, 06  | 51                          | 11, 333, 061          | 201.00 |  |
| 202.00 Total (see instructions)                 | 258, 840, 034  | 0             | 258, 840, 03 | 34 0                        | 258, 840, 034         | 202.00 |  |
|   |                |               |              |                             |                       |        |  |

| Health Financial Systems<br>COMPUTATION OF RATIO OF COSTS TO CHARGES                                | METHODI ST HOSI              |                               | F                            | In Lie<br>eriod:<br>rom 01/01/2014<br>o 12/31/2014 | u of Form CMS-<br>Worksheet C<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:             |
|---|------------------------------|-------------------------------|------------------------------|--|---|--------------------|
|   | 1                            |                               | e XVIII                      | Hospi tal  | PPS   |                    |
| Cost Center Description   | I npati ent                  | <u>Charges</u><br>Outpati ent | Total (col. 6<br>+ col. 7)   | Cost or Other<br>Ratio                             | TEFRA<br>I npati ent<br>Rati o  |                    |
|   | 6.00                         | 7.00                          | 8.00                         | 9.00   | 10.00   |                    |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS  | (4, 700, 000)                |                               | ( 4 700 000                  |  |   |                    |
| 30. 00 03000 ADULTS & PEDI ATRI CS<br>31. 00 03100 I NTENSI VE CARE UNI T                           | 64, 723, 830<br>14, 473, 596 |                               | 64, 723, 830<br>14, 473, 596 |  |   | 30.00<br>31.00     |
| 31. 01 03101 NEONATAL I CU  | 5, 727, 216                  |                               | 5, 727, 216                  |  |   | 31.00              |
| 32. 00 03200 CORONARY CARE UNI T  | 0                            |                               | 0                            |  |   | 32.00              |
| 33.00 03300 BURN INTENSIVE CARE UNIT  | 0                            |                               | 0                            |  |   | 33.00              |
| 34.00 03400 SURGI CAL INTENSI VE CARE UNI T   | 0                            |                               | 0                            |  |   | 34.00              |
| 40. 00 04000 SUBPROVI DER - I PF  | 1, 654, 649                  |                               | 1, 654, 649                  |  |   | 40.00              |
| 41. 00 04100 SUBPROVI DER - I RF  | 7, 851, 047                  |                               | 7, 851, 047                  |  |   | 41.00              |
| 42. 00 04200 SUBPROVI DER<br>43. 00 04300 NURSERY   | 1, 888, 221                  |                               | 1, 888, 221                  |  |   | 42.00              |
| 44. 00 04400 SKI LLED NURSI NG FACI LI TY   | 1,000,221                    |                               | 1,000,221                    |  |   | 44.00              |
| 45. 00 04500 NURSING FACILITY   | 0                            |                               | 0                            |  |   | 45.00              |
| 46.00 04600 OTHER LONG TERM CARE  | 0                            |                               | 0                            |  |   | 46.00              |
| ANCI LLARY SERVI CE COST CENTERS  | T                            |                               |                              | []   |   | -                  |
| 50. 00 05000 OPERATING ROOM   | 82, 951, 667                 | 43, 759, 223                  |                              |  | 0.00000   |                    |
| 50. 01 05001 ENDOSCOPY<br>51. 00 05100 RECOVERY ROOM  | 5,065,335                    | 12, 461, 796                  |                              |  | 0.00000   | •                  |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM  | 5, 003, 778<br>3, 305, 161   | 4, 483, 721<br>1, 981, 112    |                              |  | 0. 000000<br>0. 000000  |                    |
| 53. 00 05300 ANESTHESI OLOGY  | 0, 303, 101                  | 1, 701, 112                   | 0,200,275                    |  | 0. 000000   | •                  |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 9, 513, 433                  | 19, 396, 844                  | 28, 910, 277                 |  | 0.000000  |                    |
| 54. 01 05401 RADI OLOGY - ULTRASOUND  | 4, 886, 472                  | 9, 367, 464                   | 14, 253, 936                 | 0. 180844  | 0.000000  | 54.01              |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 1, 131, 310                  | 15, 114, 926                  |                              |  | 0.00000   | •                  |
| 56. 00 05600 RADI OI SOTOPE   | 5, 694, 677                  | 6, 081, 903                   |                              |  | 0.00000   |                    |
| 57.00 05700 CT SCAN   | 37, 129, 577                 | 48,018,460                    |                              |  | 0. 000000   |                    |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)<br>59.00 05900 CARDIAC CATHETERIZATION                | 9, 359, 851<br>30, 506, 103  | 13, 129, 763<br>31, 751, 071  |                              |  | 0. 000000<br>0. 000000  | •                  |
| 60. 00 06000 LABORATORY   | 58, 113, 531                 | 53, 693, 199                  |                              |  | 0. 000000   | •                  |
| 60. 01 06001 BLOOD LABORATORY   | 00, 110, 001                 | 00,070,177                    | 0                            | 0. 000000  | 0. 000000   | •                  |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY   | 0                            | C                             | 0                            | 0.000000   | 0.000000  | 61.00              |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 6, 268, 596                  | 1, 205, 205                   | 7, 473, 801                  | 0. 282851  | 0.000000  | •                  |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.   | 0                            | 0                             | 0                            |  | 0.00000   | •                  |
| 64. 00 06400 I NTRAVENOUS THERAPY<br>65. 00 06500 RESPI RATORY THERAPY                              | 0                            |                               |                              | 0.000000   | 0.00000   |                    |
| 65. 00 06500 RESPI RATORY THERAPY<br>66. 00 06600 PHYSI CAL THERAPY                                 | 28, 097, 135<br>6, 943, 169  | 2, 952, 707<br>158, 170       |                              |  | 0. 000000<br>0. 000000  |                    |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 5, 374, 253                  | 87, 236                       |                              |  | 0. 000000   | •                  |
| 68.00 06800 SPEECH PATHOLOGY  | 1, 650, 968                  | 100, 809                      |                              |  | 0.000000  |                    |
| 69. 00 06900 ELECTROCARDI OLOGY   | 10, 456, 318                 | 6, 620, 991                   | 17, 077, 309                 | 0. 071956  | 0.000000  | 69.00              |
| 69. 01 06901 CARDI AC REHAB   | 98, 155                      | 355, 952                      |                              |  | 0.00000   | •                  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 11, 711, 995                 | 15, 629, 322                  |                              |  | 0. 000000<br>0. 000000  |                    |
| 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS<br>72.00 07200 I MPL. DEV. CHARGED TO PATI ENTS | 24, 051, 650<br>20, 259, 982 | 16, 595, 595<br>10, 415, 357  |                              |  | 0. 000000   | •                  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS  | 70, 385, 066                 | 11, 244, 675                  |                              |  | 0. 000000   |                    |
| 74.00 07400 RENAL DIALYSIS  | 5, 629, 457                  | 287, 595                      |                              |  | 0.000000  |                    |
| 75.00 07500 ASC (NON-DISTINCT PART)   | 0                            | 0                             | 0                            | 0.000000   | 0.00000   | 75.00              |
| OUTPATIENT SERVICE COST CENTERS   |                              |                               |                              |  |   |                    |
| 88. 00 08800 RURAL HEALTH CLINIC<br>89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER                  | 0                            | 0                             |                              |  |   | 88.00<br>89.00     |
| 90. 00 09000 CLINIC   | 405, 595                     | 17, 372, 102                  | -                            | 0. 459792  | 0. 000000   |                    |
| 91. 00 09100 EMERGENCY  | 16, 687, 472                 | 46, 202, 980                  |                              |  | 0. 000000   |                    |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)  | 0                            | 21, 045, 795                  |                              |  | 0.000000  | •                  |
| OTHER REIMBURSABLE COST CENTERS   |                              |                               |                              |  |   |                    |
| 94.00 09400 HOME PROGRAM DI ALYSI S   | 0                            | 0                             | 0                            |  | 0.00000   |                    |
| 95. 00 09500 AMBULANCE SERVICES   | 0                            | 0                             | 0                            | 0.000000   | 0.00000   |                    |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED<br>97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD            | 0                            | 0                             |                              | 0. 000000  | 0. 000000<br>0. 000000  | •                  |
| 99. 00 09900 CMHC   | 0                            | 0                             | 0                            | 0.000000   | 0.000000  | 99.00              |
| 99. 10 09910 CORF   | 0                            | Ő                             | 0                            |  |   | 99.10              |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM   | 0                            | C                             | 0                            |  |   | 100. 00            |
| 101.0010100HOME HEALTH AGENCY   | 0                            | 2, 747, 190                   | 2, 747, 190                  |  |   | 101.00             |
| SPECIAL PURPOSE COST CENTERS  |                              |                               |                              |  |   | 105 00             |
| 105. 00 10500 KI DNEY_ACQUI SI TI ON<br>106. 00 10600 HEART_ACQUI SI TI ON                          | 0                            | 0                             | 0                            |  |   | 105.00<br>106.00   |
| 107. 00 10700 LI VER ACQUI SI TI ON   | 0                            | 0                             |                              |  |   | 107.00             |
| 108. 00 10800 LUNG ACQUI SI TI ON   | 0                            | 0                             | 0                            |  |   | 108.00             |
| 109. 00 10900 PANCREAS ACQUI SI TI ON   | 0                            | C                             | 0                            |  |   | 109.00             |
| 110.00 11000 INTESTINAL ACQUISITION   | 0                            | C                             | 0                            |  |   | 110. 00            |
| 111.00 11100 I SLET ACQUI SI TI ON  | 0                            | C                             | 0                            |  |   | 111.00             |
| 113.00 11300 INTEREST EXPENSE   |                              |                               |                              |  |   | 113.00             |
| 114.00 11400 UTILIZATION REVIEW-SNF<br>115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)               | 0                            | C                             | o                            |  |   | 114. 00<br>115. 00 |
|   | <u>ا</u> ا                   | 0                             | 1 0                          |  |   | 1113.00            |

| Health Financial Systems                 | METHODIST HOS | PITALS, INC          |               | In Lie          | u of Form CMS- | 2552-10 |
|--|---------------|----------------------|---------------|-----------------|----------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES |               | Provider CCN: 150002 |               |                 | Worksheet C    |         |
|  |               |                      |               | From 01/01/2014 |                |         |
|  |               |                      |               | To 12/31/2014   |                | epared: |
|  |               |                      |               |                 | 5/28/2015 9:0  | )/ am   |
|  |               | Ti tl                | e XVIII       | Hospi tal       | PPS            |         |
|  | Charges       |                      |               |                 |                |         |
| Cost Center Description                  | I npati ent   | Outpati ent          | Total (col. 6 | Cost or Other   | TEFRA          |         |
|  |               |                      | + col. 7)     | Ratio           | Inpati ent     |         |
|  |               |                      |               |                 | Ratio          |         |
|  | 6.00          | 7.00                 | 8.00          | 9.00            | 10.00          |         |
| 116. 00 11600 H0SPI CE                   | 0             | 0                    |               | C               |                | 116.00  |
| 200.00 Subtotal (see instructions)       | 556, 999, 265 | 412, 261, 163        | 969, 260, 42  | 8               |                | 200.00  |
| 201.00 Less Observation Beds             |               |                      |               |                 |                | 201.00  |
| 202.00 Total (see instructions)          | 556, 999, 265 | 412, 261, 163        | 969, 260, 42  | В               |                | 202.00  |

| Health Financial Systems  | METHODIST HOSPITA      | ALS, INC             | In Lie                     | u of Form CMS-2552-10                    |
|---|------------------------|----------------------|----------------------------|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES  |                        | Provider CCN: 150002 | Period:<br>From 01/01/2014 | Worksheet C<br>Part I                    |
|   |                        |                      | To 12/31/2014              | Date/Time Prepared:<br>5/28/2015 9:07 am |
|   |                        | Title XVIII          | Hospi tal                  | PPS                                      |
| Cost Center Description   | PPS Inpatient<br>Ratio |                      |                            |  |
|   | 11.00                  |                      |                            |  |
| 30. 00 03000 ADULTS & PEDIATRICS  |                        |                      |                            | 30.00                                    |
| 31.00 03100 I NTENSI VE CARE UNI T  |                        |                      |                            | 31.00                                    |
| 31. 01 03101 NEONATAL I CU  |                        |                      |                            | 31.01                                    |
| 32. 00 03200 CORONARY CARE UNIT<br>33. 00 03300 BURN INTENSIVE CARE UNIT                            |                        |                      |                            | 32.00<br>33.00                           |
| 34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T   |                        |                      |                            | 34.00                                    |
| 40. 00 04000 SUBPROVIDER - IPF  |                        |                      |                            | 40.00                                    |
| 41.00 04100 SUBPROVIDER - IRF   |                        |                      |                            | 41.00                                    |
| 42. 00 04200 SUBPROVI DER<br>43. 00 04300 NURSERY   |                        |                      |                            | 42.00<br>43.00                           |
| 44. 00 04400 SKILLED NURSING FACILITY   |                        |                      |                            | 43.00                                    |
| 45.00 04500 NURSING FACILITY  |                        |                      |                            | 45.00                                    |
| 46.00 O4600 OTHER LONG TERM CARE  |                        |                      |                            | 46.00                                    |
| ANCI LLARY SERVI CE COST CENTERS<br>50. 00 05000 OPERATI NG ROOM                                    | 0. 113857              |                      |                            | 50.00                                    |
| 50. 01 05001 ENDOSCOPY  | 0. 233764              |                      |                            | 50.01                                    |
| 51.00 05100 RECOVERY ROOM   | 0. 226618              |                      |                            | 51.00                                    |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM   | 0. 948646              |                      |                            | 52.00                                    |
| 53. 00 05300 ANESTHESI OLOGY<br>54. 00 05400 RADI OLOGY-DI AGNOSTI C                                | 0. 000000<br>0. 252956 |                      |                            | 53.00<br>54.00                           |
| 54. 01 05401 RADI OLOGY - ULTRASOUND  | 0. 180844              |                      |                            | 54.01                                    |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 0. 136555              |                      |                            | 55.00                                    |
| 56. 00 05600 RADI OI SOTOPE   | 0. 201923              |                      |                            | 56.00                                    |
| 57.00  05700  CT SCAN<br>58.00  05800  MAGNETI C RESONANCE I MAGI NG (MRI)                          | 0. 038289<br>0. 051051 |                      |                            | 57.00<br>58.00                           |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 0. 092201              |                      |                            | 59.00                                    |
| 60. 00 06000 LABORATORY   | 0. 130561              |                      |                            | 60.00                                    |
| 60. 01 06001 BLOOD LABORATORY   | 0. 000000              |                      |                            | 60.01                                    |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY<br>62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS | 0. 000000<br>0. 282851 |                      |                            | 61.00<br>62.00                           |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.   | 0. 000000              |                      |                            | 63.00                                    |
| 64.00 06400 I NTRAVENOUS THERAPY  | 0. 000000              |                      |                            | 64.00                                    |
|   | 0. 152035              |                      |                            | 65.00                                    |
| 66. 00 06600 PHYSI CAL THERAPY<br>67. 00 06700 OCCUPATI ONAL THERAPY                                | 0. 386326<br>0. 393635 |                      |                            | 66. 00<br>67. 00                         |
| 68. 00 06800 SPEECH PATHOLOGY   | 0. 393647              |                      |                            | 68.00                                    |
| 69. 00 06900 ELECTROCARDI OLOGY   | 0. 071956              |                      |                            | 69.00                                    |
|   | 1. 917586              |                      |                            | 69.01                                    |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY<br>71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         | 0. 076811<br>0. 350304 |                      |                            | 70.00                                    |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS  | 0. 596656              |                      |                            | 72.00                                    |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 0. 247519              |                      |                            | 73.00                                    |
| 74.00 07400 RENAL DIALYSIS  | 0.348100               |                      |                            | 74.00                                    |
| 75.00 07500 ASC (NON-DISTINCT PART)<br>OUTPATIENT SERVICE COST CENTERS                              | 0. 000000              |                      |                            | 75.00                                    |
| 88.00 08800 RURAL HEALTH CLINIC   |                        |                      |                            | 88.00                                    |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER   |                        |                      |                            | 89.00                                    |
| 90. 00 09000 CLI NI C<br>91. 00 09100 EMERGENCY   | 0. 459792              |                      |                            | 90.00<br>91.00                           |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 0. 224502<br>0. 538495 |                      |                            | 91.00                                    |
| OTHER REIMBURSABLE COST CENTERS   |                        |                      |                            |  |
| 94. 00 09400 HOME PROGRAM DI ALYSI S  | 0.000000               |                      |                            | 94.00                                    |
| 95. 00 09500 AMBULANCE SERVI CES<br>96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED                     | 0.000000               |                      |                            | 95.00<br>96.00                           |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD   | 0. 000000              |                      |                            | 97.00                                    |
| 99. 00 09900 CMHC   |                        |                      |                            | 99.00                                    |
| 99. 10 09910 CORF   |                        |                      |                            | 99.10                                    |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM<br>101.00 10100 HOME HEALTH AGENCY                        |                        |                      |                            | 100. 00<br>101. 00                       |
| SPECIAL PURPOSE COST CENTERS  |                        |                      |                            | 101.00                                   |
| 105.00 10500 KIDNEY ACQUISITION   |                        |                      |                            | 105.00                                   |
| 106.00 10600 HEART ACQUI SI TI ON   |                        |                      |                            | 106.00                                   |
| 107. 00 10700 LI VER ACQUI SI TI ON<br>108. 00 10800 LUNG ACQUI SI TI ON                            |                        |                      |                            | 107. 00<br>108. 00                       |
| 109. 00 10900 PANCREAS ACQUISITION  |                        |                      |                            | 108.00                                   |
| 110.00 11000 INTESTINAL ACQUISITION   |                        |                      |                            | 110. 00                                  |
| 111.00 11100 I SLET ACQUI SI TI ON  |                        |                      |                            | 111.00                                   |
| 113. 00 11300 I NTEREST EXPENSE<br>114. 00 11400 UTI LI ZATI ON REVI EW-SNF                         |                        |                      |                            | 113.00<br>114.00                         |
| 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )   |                        |                      |                            | 114.00                                   |
| 116. 00 11600 HOSPI CE  |                        |                      |                            | 116.00                                   |
| 200.00 Subtotal (see instructions)  |                        |                      |                            | 200.00                                   |

| Health Financ | ial Systems                  | In Lieu of Form CMS-2552-10 |                      |                            |                                |        |
|---------------|------------------------------|-----------------------------|----------------------|----------------------------|--------------------------------|--------|
| COMPUTATION C | DF RATIO OF COSTS TO CHARGES |                             | Provider CCN: 150002 | Period:<br>From 01/01/2014 | Worksheet C                    |        |
|               |                              |                             |                      |                            | Date/Time Pre<br>5/28/2015 9:0 |        |
|               |                              |                             | Title XVIII          | Hospi tal                  | PPS                            |        |
| (             | Cost Center Description      | PPS Inpatient               |                      |                            |                                |        |
|               |                              | Ratio                       |                      |                            |                                |        |
|               |                              | 11.00                       |                      |                            |                                |        |
| 201.00 I      | Less Observation Beds        |                             |                      |                            |                                | 201.00 |
| 202.00        | Total (see instructions)     |                             |                      |                            |                                | 202.00 |

| Health Financial Systems<br>COMPUTATION OF RATIO OF COSTS TO CHARGES                               | METHODI ST HOS                                      |                       | F                            | In Lie<br>Period:<br>From 01/01/2014<br>Fo 12/31/2014 | u of Form CMS-<br>Worksheet C<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:           |
|--|---|-----------------------|------------------------------|---|---|------------------|
|  |   | Tit                   | le XIX                       | Hospi tal   | Cost  |                  |
| Cost Center Description  | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Total Costs                  | Costs<br>RCE<br>Di sal I owance                       | Total Costs   |                  |
|  | 1.00  | 2.00                  | 3.00                         | 4.00  | 5.00  |                  |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRI CS    | 70, 542, 511  |                       | 70, 542, 511                 | 1 0   | 70, 542, 511  | 30.00            |
| 31. 00 03100 I NTENSI VE CARE UNI T  | 12, 464, 925  |                       | 12, 464, 925                 |   | 12, 464, 925  |                  |
| 31.01 03101 NEONATAL ICU   | 3, 431, 565   |                       | 3, 431, 565                  |   | 3, 431, 565   | 1                |
| 32.00 03200 CORONARY CARE UNIT   | C   |                       |                              | -   | 0   |                  |
| 33. 00 03300 BURN I NTENSI VE CARE UNI T<br>34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T          |   |                       |                              |   | 0   |                  |
| 40. 00 04000 SUBPROVIDER - IPF   | 1, 443, 511   |                       | 1, 443, 511                  | -   | 1, 443, 511   | 1                |
| 41. 00 04100 SUBPROVI DER – I RF   | 7, 033, 985   |                       | 7, 033, 985                  |   | 7, 033, 985   | 1                |
| 42. 00 04200 SUBPROVI DER  | 0 445 110   |                       |                              | 0   | 0   |                  |
| 43.00 04300 NURSERY<br>44.00 04400 SKILLED NURSING FACILITY  | 2, 445, 110   |                       | 2, 445, 110                  |   | 2, 445, 110<br>0  | 1                |
| 45. 00 04500 NURSI NG FACI LI TY   | C   |                       |                              | -   | 0   | 1                |
| 46.00 04600 OTHER LONG TERM CARE   | C   |                       | (                            | 0 0   | 0   | 46.00            |
| ANCI LLARY SERVI CE COST CENTERS<br>50. 00 05000 OPERATI NG ROOM                                   | 14, 426, 944  | 1                     | 14 426 044                   | 1   | 14 426 044  |                  |
| 50. 00 05000 OPERATI NG ROOM<br>50. 01 05001 ENDOSCOPY   | 4, 097, 213   |                       | 14, 426, 944<br>4, 097, 213  |   | 14, 426, 944<br>4, 097, 213   | 1                |
| 51. 00 05100 RECOVERY ROOM   | 2, 150, 038   |                       | 2, 150, 038                  |   | 2, 150, 038   | 1                |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   | 5, 014, 804   |                       | 5, 014, 804                  |   | 5, 014, 804   | 1                |
| 53. 00 05300 ANESTHESI OLOGY   | 7 212 024   |                       | 7 212 02                     | -   | 0   |                  |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C<br>54. 01 05401 RADI OLOGY - ULTRASOUND                       | 7, 313, 034 2, 577, 741                             |                       | 7, 313, 034<br>2, 577, 741   |   | 7, 313, 034<br>2, 577, 741  |                  |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 2, 218, 511   |                       | 2, 218, 511                  |   | 2, 218, 511   | 1                |
| 56. 00 05600 RADI OI SOTOPE  | 2, 377, 963   |                       | 2, 377, 963                  |   | 2, 377, 963   | 1                |
| 57.00 05700 CT SCAN  | 3, 260, 258   |                       | 3, 260, 258                  |   | 3, 260, 258   | 1                |
| 58.00 05800 MAGNETIC RESONANCE I MAGI NG (MRI)<br>59.00 05900 CARDI AC CATHETERI ZATI ON           | 1, 148, 114<br>5, 740, 179                          |                       | 1, 148, 114<br>5, 740, 179   |   | 1, 148, 114<br>5, 740, 179  | 1                |
| 60. 00 06000 LABORATORY  | 14, 597, 556  |                       | 14, 597, 556                 |   | 14, 597, 556  | 1                |
| 60. 01 06001 BLOOD LABORATORY  | C   |                       | 0                            | -   | 0   | 60. 01           |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0 110 070   |                       | )                            | 0   | 0   |                  |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS<br>63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 2, 113, 970   |                       | 2, 113, 970                  |   | 2, 113, 970<br>0  | 1                |
| 64. 00 06400 I NTRAVENOUS THERAPY  | C   |                       |                              | -   | 0   | 1                |
| 65. 00 06500 RESPI RATORY THERAPY  | 4, 720, 666   |                       | 4, 720, 666                  |   | 4, 720, 666   | 1                |
| 66.00 06600 PHYSI CAL THERAPY  | 2,743,430   |                       | 2, 743, 430                  |   | 2, 743, 430   | 1                |
| 67. 00 06700 OCCUPATI ONAL THERAPY<br>68. 00 06800 SPEECH PATHOLOGY                                | 2, 149, 834<br>689, 582                             |                       | 2, 149, 834<br>689, 582      |   | 2, 149, 834<br>689, 582   |                  |
| 69. 00 06900 ELECTROCARDI OLOGY  | 1, 228, 816   |                       | 1, 228, 816                  |   | 1, 228, 816   | 1                |
| 69. 01 06901 CARDI AC REHAB  | 870, 789  |                       | 870, 789                     |   | 870, 789  | 1                |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 2, 100, 103   |                       | 2, 100, 103                  |   | 2, 100, 103   | 1                |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>72.00 07200 IMPL. DEV. CHARGED TO PATIENTS     | 14, 238, 901<br>18, 302, 619                        |                       | 14, 238, 901<br>18, 302, 619 |   | 14, 238, 901<br>18, 302, 619  |                  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 20, 204, 890  |                       | 20, 204, 890                 |   | 20, 204, 890  |                  |
| 74.00 07400 RENAL DI ALYSI S   | 2, 059, 726   |                       | 2, 059, 726                  |   | 2, 059, 726   | 1                |
| 75. 00 07500 ASC (NON-DISTINCT PART)<br>OUTPATIENT SERVICE COST CENTERS                            | C   |                       |                              | 0 0   | 0   | 75.00            |
| 88.00 08800 RURAL HEALTH CLINIC  | C   |                       |                              | 0 0   | 0   | 88.00            |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER  | C   |                       | 0                            | 0 0   | 0   | 89.00            |
| 90. 00 09000 CLINIC  | 8, 174, 035   |                       | 8, 174, 035                  |   | 8, 174, 035   | 1                |
| 91.00 09100 EMERGENCY<br>92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)                        | 14, 119, 024<br>11, 333, 061                        |                       | 14, 119, 024<br>11, 333, 061 |   | 14, 119, 024<br>11, 333, 061  |                  |
| OTHER REIMBURSABLE COST CENTERS  | 11, 333, 001  |                       | 11, 333, 00                  | •   | 11, 333, 001  | /2.00            |
| 94.00 09400 HOME PROGRAM DI ALYSI S  | C   |                       | (                            | 0 0   | 0   | 1                |
| 95. 00 09500 AMBULANCE SERVICES  | C   |                       | 0                            | 0   | 0   |                  |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED<br>97. 00 09700 DURABLE MEDICAL EQUIP-SOLD               |   |                       |                              |   | 0   |                  |
| 99. 00 09900 CMHC  | C   |                       |                              |   | 0   | 1                |
| 99. 10 09910 CORF  | C   |                       | (                            | ס   | 0   |                  |
| 100.00 10000 I &R SERVICES-NOT APPRVD PRGM   | 0 000 (07   |                       | 0.000 (0                     |   |   | 100.00           |
| 101. 00 10100 HOME HEALTH AGENCY<br>SPECIAL PURPOSE COST CENTERS                                   | 2,839,687   |                       | 2, 839, 687                  | /   | 2, 839, 687   | 101.00           |
| 105. 00 10500 KI DNEY ACQUI SI TI ON   | C   |                       | (                            |   | 0   | 105.00           |
| 106. 00 10600 HEART ACQUI SI TI ON   | C   |                       | 0                            |   |   | 106. 00          |
|  | 0   |                       |                              |   |   | 107.00<br>108.00 |
| 108. 00 10800 LUNG ACQUI SI TI ON<br>109. 00 10900 PANCREAS ACQUI SI TI ON                         |   |                       |                              |   |   | 108.00           |
| 110. 00 11000 I NTESTI NAL ACQUI SI TI ON  | C   |                       |                              | D   |   | 110.00           |
| 111.00 11100 I SLET ACQUI SI TI ON   | C   |                       | 0                            |   | 0   | 111.00           |
| 113. 00 11300 I NTEREST EXPENSE<br>114. 00 11400 UTI LI ZATI ON REVI EW-SNF                        |   |                       |                              |   |   | 113.00<br>114.00 |
| THE OUT THE ATTON REVIEW-SINF  | 1   |                       | 1                            |   |   | 1114.00          |

| Health Financial Systems METHODIST HOSPITALS, INC |                |               |              |                            | In Lieu of Form CMS-2552-10    |        |  |
|---|----------------|---------------|--------------|----------------------------|--------------------------------|--------|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES          |                | Provi der     | CCN: 150002  | Period:<br>From 01/01/2014 |                                |        |  |
|   |                |               |              | To 12/31/2014              | Date/Time Pre<br>5/28/2015 9:0 |        |  |
|   |                | Tit           | le XIX       | Hospi tal                  | Cost                           |        |  |
|   |                |               |              | Costs                      |                                |        |  |
| Cost Center Description                           | Total Cost     | Therapy Limit | Total Costs  | RCE                        | Total Costs                    |        |  |
|   | (from Wkst. B, | Adj.          |              | Di sal I owance            |                                |        |  |
|   | Part I, col.   |               |              |                            |                                |        |  |
|   | 26)            |               |              |                            |                                |        |  |
|   | 1.00           | 2.00          | 3.00         | 4.00                       | 5.00                           |        |  |
| 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)    | 0              |               |              | 0                          | 0                              | 115.00 |  |
| 116.00 11600 HOSPI CE                             | 0              |               |              | 0                          | 0                              | 116.00 |  |
| 200.00 Subtotal (see instructions)                | 270, 173, 095  | 0             | 270, 173, 09 | 95 0                       | 270, 173, 095                  | 200.00 |  |
| 201.00 Less Observation Beds                      | 11, 333, 061   |               | 11, 333, 00  | 51                         | 11, 333, 061                   | 201.00 |  |
| 202.00 Total (see instructions)                   | 258, 840, 034  | 0             | 258, 840, 03 | 34 0                       | 258, 840, 034                  | 202.00 |  |
|   |                |               |              |                            |                                |        |  |

| Health Financial Systems<br>COMPUTATION OF RATIO OF COSTS TO CHARGES                      | METHODI ST HOS               |                              | F                            | In Lie<br>eriod:<br>rom 01/01/2014<br>o 12/31/2014 | u of Form CMS-<br>Worksheet C<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:             |
|---|------------------------------|------------------------------|------------------------------|--|---|--------------------|
|   |                              |                              | le XIX                       | Hospi tal  | Cost  |                    |
| Cost Center Description   | Inpati ent                   | Charges<br>Outpati ent       | Total (col. 6<br>+ col. 7)   | Cost or Other<br>Ratio                             | TEFRA<br>I npati ent<br>Rati o  |                    |
|   | 6.00                         | 7.00                         | 8.00                         | 9.00   | 10.00   |                    |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS  | 64, 723, 830                 |                              | (4 702 020                   |  |   | 20.00              |
| 30. 00  03000  ADULTS & PEDI ATRI CS<br>31. 00  03100  I NTENSI VE CARE UNI T             | 14, 473, 596                 |                              | 64, 723, 830<br>14, 473, 596 |  |   | 30.00<br>31.00     |
| 31. 01 03101 NEONATAL I CU  | 5, 727, 216                  |                              | 5, 727, 216                  |  |   | 31.00              |
| 32. 00 03200 CORONARY CARE UNI T  | 0                            |                              | 0,727,210                    |  |   | 32.00              |
| 33.00 03300 BURN INTENSIVE CARE UNIT  | 0                            |                              | C                            |  |   | 33.00              |
| 34.00 03400 SURGI CAL INTENSI VE CARE UNI T   | 0                            |                              | C                            |  |   | 34.00              |
| 40. 00 04000 SUBPROVI DER - I PF  | 1,654,649                    |                              | 1, 654, 649                  |  |   | 40.00              |
| 41. 00   04100   SUBPROVI DER - I RF<br>42. 00   04200   SUBPROVI DER                     | 7, 851, 047                  |                              | 7, 851, 047                  |  |   | 41.00              |
| 43. 00  04200  SUBFROVI DER<br>43. 00  04300  NURSERY                                     | 1, 888, 221                  |                              | 1, 888, 221                  |  |   | 42.00              |
| 44. 00 04400 SKI LLED NURSI NG FACI LI TY   | 0                            |                              | 000,221                      |  |   | 44.00              |
| 45.00 04500 NURSING FACILITY  | 0                            |                              | C                            |  |   | 45.00              |
| 46.00 04600 OTHER LONG TERM CARE  | 0                            |                              | C                            |  |   | 46.00              |
| ANCI LLARY SERVICE COST CENTERS   |                              |                              |                              |  |   |                    |
| 50. 00 05000 OPERATING ROOM   | 82, 951, 667                 | 43, 759, 223                 |                              |  | 0.00000   | •                  |
| 50. 01 05001 ENDOSCOPY<br>51. 00 05100 RECOVERY ROOM                                      | 5, 065, 335<br>5, 003, 778   | 12, 461, 796<br>4, 483, 721  |                              |  | 0. 000000<br>0. 000000  |                    |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM   | 3, 305, 161                  | 1, 981, 112                  |                              |  | 0. 000000   |                    |
| 53. 00 05300 ANESTHESI OLOGY  | 0                            | 0                            | C                            |  | 0. 000000   |                    |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 9, 513, 433                  | 19, 396, 844                 | 28, 910, 277                 | 0. 252956  | 0. 000000   | 54.00              |
| 54. 01 05401 RADI OLOGY - ULTRASOUND  | 4, 886, 472                  | 9, 367, 464                  | 14, 253, 936                 | 0. 180844  | 0.00000   | 54.01              |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 1, 131, 310                  | 15, 114, 926                 |                              |  | 0.00000   | •                  |
| 56. 00 05600 RADI OI SOTOPE   | 5, 694, 677                  | 6, 081, 903                  |                              |  | 0.000000  | •                  |
| 57.00 05700 CT SCAN<br>58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                       | 37, 129, 577<br>9, 359, 851  | 48, 018, 460<br>13, 129, 763 |                              |  | 0. 000000<br>0. 000000  |                    |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 30, 506, 103                 | 31, 751, 071                 |                              |  | 0. 000000   | •                  |
| 60. 00 06000 LABORATORY   | 58, 113, 531                 | 53, 693, 199                 |                              |  | 0. 000000   | •                  |
| 60. 01 06001 BLOOD LABORATORY   | 0                            | 0                            | C                            | 0.000000   | 0.000000  | •                  |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY   | 0                            | C                            | C                            | 0. 000000  | 0.00000   | 61.00              |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 6, 268, 596                  | 1, 205, 205                  |                              |  | 0.00000   | •                  |
| 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.   | 0                            | 0                            | C                            |  | 0.00000   | •                  |
| 64. 00 06400 I NTRAVENOUS THERAPY<br>65. 00 06500 RESPI RATORY THERAPY                    | 28, 097, 135                 | 2, 952, 707                  | 31, 049, 842                 | 0. 000000<br>0. 152035                             | 0. 000000<br>0. 000000  |                    |
| 66. 00 06600 PHYSI CAL THERAPY  | 6, 943, 169                  | 158, 170                     |                              |  | 0. 000000   |                    |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 5, 374, 253                  | 87, 236                      |                              |  | 0.000000  | •                  |
| 68.00 06800 SPEECH PATHOLOGY  | 1, 650, 968                  | 100, 809                     |                              |  | 0. 000000   |                    |
| 69. 00 06900 ELECTROCARDI OLOGY   | 10, 456, 318                 | 6, 620, 991                  |                              |  | 0. 000000   |                    |
| 69. 01 06901 CARDI AC REHAB   | 98, 155                      | 355, 952                     |                              |  | 0.00000   | •                  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY<br>71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS | 11, 711, 995<br>24, 051, 650 |                              |                              |  | 0. 000000<br>0. 000000  |                    |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS   | 20, 259, 982                 | 10, 415, 357                 |                              |  |   | •                  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS  | 70, 385, 066                 | 11, 244, 675                 |                              |  |   |                    |
| 74.00 07400 RENAL DIALYSIS  | 5, 629, 457                  | 287, 595                     |                              |  |   |                    |
| 75.00 07500 ASC (NON-DI STINCT PART)  | 0                            | 0                            | C                            | 0.000000   | 0.00000   | 75.00              |
| OUTPATIENT SERVICE COST CENTERS   |                              |                              |                              | 0,000000   | 0,000000  | 0.00               |
| 88. 00  08800  RURAL HEALTH CLINIC<br>89. 00  08900  FEDERALLY QUALIFIED HEALTH CENTER    | 0                            | C<br>C                       |                              | 0. 000000<br>0. 000000                             |   |                    |
| 90. 00 09000 CLINIC   | 405, 595                     | 17, 372, 102                 |                              |  | 0. 000000   |                    |
| 91. 00 09100 EMERGENCY  | 16, 687, 472                 | 46, 202, 980                 |                              |  | 0.000000  |                    |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)  | 0                            | 21, 045, 795                 |                              |  | 0.000000  |                    |
| OTHER REIMBURSABLE COST CENTERS   |                              |                              |                              |  |   |                    |
| 94.00 09400 HOME PROGRAM DI ALYSI S   | 0                            | 0                            | C                            |  |   |                    |
| 95. 00 09500 AMBULANCE SERVICES   | 0                            | 0                            | C                            | 0.000000   | 0.00000   | •                  |
| 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED<br>97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD  | 0                            |                              |                              | 0. 000000<br>0. 000000                             | 0. 000000<br>0. 000000  | •                  |
| 99. 00 09900 CMHC   | 0                            | 0                            |                              | 0.000000   | 0.000000  | 99.00              |
| 99. 10 09910 CORF   | 0                            | 0                            | C                            |  |   | 99.10              |
| 100.00 10000 I&R SERVICES-NOT APPRVD PRGM   | 0                            | C                            | C                            |  |   | 100. 00            |
| 101.0010100 HOME HEALTH AGENCY  | 0                            | 2, 747, 190                  | 2, 747, 190                  |  |   | 101.00             |
| SPECIAL PURPOSE COST CENTERS  |                              |                              |                              | 1  |   | 105 00             |
| 105. 00 10500 KI DNEY_ACQUI SI TI ON<br>106. 00 10600 HEART_ACQUI SI TI ON                | 0                            | 0                            |                              |  |   | 105.00<br>106.00   |
| 107. 00 10700 LI VER ACQUI SI TI ON   | 0                            | 0                            |                              |  |   | 107.00             |
| 108. 00 10800 LUNG ACQUI SI TI ON   | 0                            | 0                            |                              |  |   | 108.00             |
| 109. 00 10900 PANCREAS ACQUI SI TI ON   | 0                            | C                            | d d                          |  |   | 109.00             |
| 110.00 11000 INTESTINAL ACQUISITION   | 0                            | C                            | C                            |  |   | 110. 00            |
| 111.00 11100 I SLET ACQUI SI TI ON  | 0                            | C                            | C                            |  |   | 111.00             |
| 113.00 11300 INTEREST EXPENSE   |                              |                              |                              |  |   | 113.00             |
| 114.00 11400 UTILIZATION REVIEW-SNF<br>115.00 11500 AMBULATORY SURGICAL CENTER (D. P. )   | 0                            | C                            | c                            |  |   | 114. 00<br>115. 00 |
| 113. OUTTOULAMBULATURT SURGICAL CENTER (D. P. )   | <u> </u>                     | U                            | 1 U                          |  |   | 113.00             |

| Health Financial Systems METHODIST HOSPITALS, INC In Lieu of Form CMS |                      |               |               |                                  |                                |        |  |  |
|---|----------------------|---------------|---------------|----------------------------------|--------------------------------|--------|--|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES                              | Provider CCN: 150002 |               |               | Period:                          | Worksheet C                    |        |  |  |
|   |                      |               |               | From 01/01/2014<br>To 12/31/2014 |                                | nored. |  |  |
|   |                      |               |               | 10 12/31/2014                    | Date/Time Pre<br>5/28/2015 9:0 | 07 am  |  |  |
|   |                      | Tit           | le XIX        | Hospi tal                        | Cost                           |        |  |  |
|   | Charges              |               |               |                                  |                                |        |  |  |
| Cost Center Description   | I npati ent          | Outpati ent   | Total (col. 6 | Cost or Other                    | TEFRA                          |        |  |  |
|   |                      |               | + col. 7)     | Rati o                           | I npati ent                    |        |  |  |
|   |                      |               |               |                                  | Ratio                          |        |  |  |
|   | 6.00                 | 7.00          | 8.00          | 9.00                             | 10.00                          |        |  |  |
| 116. 00 11600 HOSPI CE  | 0                    | 0             |               | C                                |                                | 116.00 |  |  |
| 200.00 Subtotal (see instructions)                                    | 556, 999, 265        | 412, 261, 163 | 969, 260, 42  | 3                                |                                | 200.00 |  |  |
| 201.00 Less Observation Beds  |                      |               |               |                                  |                                | 201.00 |  |  |
| 202.00 Total (see instructions)                                       | 556, 999, 265        | 412, 261, 163 | 969, 260, 42  | 3                                |                                | 202.00 |  |  |

| COMPUTATION OF EATID OF COSTS TO CUMBED         Provider CAL 19000         Period         Period <th>Health Financial System</th> <th>ms</th> <th>METHODIST HOSPIT</th> <th>TALS, INC</th> <th>In Lie</th> <th>u of Form CMS-2552-10</th>   | Health Financial System | ms                         | METHODIST HOSPIT | TALS, INC            | In Lie          | u of Form CMS-2552-10 |
|--|-------------------------|----------------------------|------------------|----------------------|-----------------|-----------------------|
| Cost Conter Description         PS Inpatient         Title XIX         Mongital         Cost Conter Description           18410         11.00         11.00         10.00            | COMPUTATION OF RATIO O  | OF COSTS TO CHARGES        |                  | Provider CCN: 150002 | From 01/01/2014 | Part I                |
| Cost Conter Bosch pit ion         MPS Inset and<br>Attract         MPS Inset and<br>Attract           0         MATLEN ISOURD SHAPCAS COST DEMENS<br>11 00         30 00           10         000000         31 00           11         00         31 00           11         00         31 00           11         00         31 00           11         00         31 00           11         00         31 00           12         0100000000000000000000000000000000000  |                         |                            |                  |                      | To 12/31/2014   |                       |
| Bit n         Bit n         Bit n           10.001         10000116: SEMINAL TAS A FRA ATRICS         33.0         00           11.00         000101         10000116: SEMINAL TAS A FRA ATRICS         33.0         00           11.00         000101         100000010         1000000000000000000000000000000000000   | Cost Conto              | or Description             | DDS Innationt    | Title XIX            | Hospi tal       | Cost                  |
| INAL DAT NOUTR & PERVANCE USE         30.00           IN ON DATA ON TS & PERVANCE CASE LOCATES         30.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         31.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         32.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         32.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         32.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         32.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         32.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         42.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         42.00           IT OD DATA ON TS & PERVANCE CASE LOCATES         44.00           IT OD DATA ON TS REPORT DR NOW         44.00           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD DATA ON TS REPORT DR NOW         0.000000           IT OD D   | COST CENTE              | er bescription             | Ratio            |                      |                 |                       |
| 30. 00         40. 00         40. 00<  | INPATIENT ROUTIN        | NE SERVICE COST CENTERS    | 11.00            |                      |                 |                       |
| 31 01 03107 REAMAR LOU<br>23 00 03200 COMARY CARE UNIT<br>33 00 03200 REAL INFORMATION CARE UNIT<br>34 00 03200 REAL INFORMATION CARE UNIT<br>35 00 0400 COMARY CARE UNIT<br>36 00 0400 COMARY CARE UNIT<br>46 00 0400 COMARY CARE UNIT<br>47 00 0400 COMARY CARE UNIT<br>48 00 0400 COMARY CARE UNIT | 30.00 03000 ADULTS & F  | PEDI ATRI CS               |                  |                      |                 |                       |
| 32.00         05200         COROLARY CAFE (UNT         33.00           33.00         05200         STREACCAL UNTYRE VICE CAFE (UNT         33.00           34.00         05200         STREACCAL UNTYRE VICE CAFE (UNT         33.00           34.00         05200         STREACCAL UNTYRE VICE CAFE (UNT         44.00           34.00         05200         STREACCAL UNTYRE VICE CAFE (UNT         44.00           35.00         STREACCAL UNTYRE VICE CAFE (UNT         44.00         44.00           35.00         STREACCAL UNTYRE VICE CAFE (UNTYRE VICE   |                         |                            |                  |                      |                 |                       |
| 34.00       00.000       SNRC (CAL, INTERS) VE CARE UNIT       30.00         41.00       00.000       SNRC (CAL, INTERS) VE CARE UNIT       40.00         41.00       DETODS SUPPORT DER - I FE       41.00         41.00       DETODS SUPPORT DER - I FE       42.00         42.00       DETODS SUPPORT DER - I FE       42.00         43.00       DETODS SUPPORT DER - I FE       42.00         44.00       DETODS SUPPORT DER - I FE       42.00         44.00       DETODS SUPPORT DER - I FE       42.00         45.00       DETODS SUPPORT DER - I FE       42.00         45.00       DETODS SUPPORT DER - I FE       42.00         46.00       DETODS SUPPORT DER - I FE       40.00         46.00       DETODS SUPPORT DER - I FE       40.00         40.01       DETODS SUPPORT DER - I FE       40.00         41.01       DETODS SUPPORT DER - I FE       40.00         42.00       DETODS SUPPORT DER - I FE       40.00         43.00       DETODS SUPPORT DER - I FE       40.00         44.00       DETODS SUPPORT DER - I FE       40.00         45.00       DETODS SUPPORT DER SUPPO   |                         |                            |                  |                      |                 |                       |
| 40.00         00000         SUBFROVIDER - IFF         40.00           42.00         04000         SUBFROVIDER - IFF         41.00           42.00         04000         SUBFROVIDER - IFF         41.00           42.00         04200         SUBFROVIDER - IFF         41.00           42.00         SUBFROVIDER - IFF         41.00         42.00           43.00         SUBFROVIDER - IFF         40.00         42.00           44.00         SUBFROVIDER - IFF         40.00         42.00           45.00         SUBFROVIDER - IFF         40.00         42.00           45.00         SUBFROVIDER - IFF         40.000         50.00           45.00         SUBFROVIDER - IFF         SUBFROVIDER - IFF         50.00           54.00<  |                         |                            |                  |                      |                 |                       |
| 11.00         01100         SUBPROVIDER - LIFE         41.00           12.00         01200         SUBPROVIDER - LIFE         42.00           13.00         01200         SUBPROVIDER - LIFE         42.00           14.00         01200         SUBPROVIDER - LIFE         42.00           14.00         01200         SUBPROVIDER - LIFE         42.00           14.00         01200         FILE         62.00           14.00         01200         FILE         62.00           14.00         01200         FILE         62.00           14.00         01200         FILE         62.00           14.00         01200         01200         62.00           14.00         01200         01200         62.00           14.00         01200         01200         52.00           14.00         01200         01200         52.00           14.00         012000         012000         52.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                         |                            |                  |                      |                 |                       |
| 43.00         04300         NURSERY         44.00           44.00         04400         04500         NURSENG FACILITY         44.00           45.00         04500         NURSENG FACILITY         50.00           50.00         05000         04500         NURSENG FACILITY         50.00           51.00         05100         RECOVERY ROM         0.000000         51.00           51.00         05000         AUSTREENDAND         0.000000         51.00           51.00         05000         AUSTREENDAND         0.000000         55.00           51.00         05000         AUSTREENDAND         0.000000         56.00           51.00         05000         AUSTREENDAND         0.000000         66.00  |                         |                            |                  |                      |                 |                       |
| 44.00         04400         SKILLED NURSING FACILITY         44.00           45.00         04500         OHENG THER LOKE TERM CARE         46.00           00         0000         THE LOKE TERM CARE         46.00           0000         0000         THE LOKE TERM CARE         46.00           0000         DECOUNTRY ROW         0.000000         50.00           0000         DECOUNTRY ROW         0.000000         50.00           00000         DECOUNTRY ROW         0.000000         50.00           00000         DECOUNTRY ROW         0.000000         50.00           00000         DECOUNTRY ROW         LABOR ROW         0.000000         50.00           000000         DECOUNTRY ROW         LABOR ROW         0.000000         50.00 <t< td=""><td></td><td>ĒR</td><td></td><td></td><td></td><td></td></t<>  |                         | ĒR                         |                  |                      |                 |                       |
| 45.00         bis00         bis00 <td< td=""><td></td><td>IRSING FACILLITY</td><td></td><td></td><td></td><td></td></td<>  |                         | IRSING FACILLITY           |                  |                      |                 |                       |
| ANCI LLARY SERVICE COST CENTRES         50           50         00         000000         50         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         50         00000         55         00         56         00         56         00         56 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                         |                            |                  |                      |                 |                       |
| 50.00         05000 (OPERATING ROOM         0.000000         50.00           51.00         05000 (DECOVERY ROOM & LABOR ROOM         0.000000         51.00           52.00         05200 (DECOVERY ROOM & LABOR ROOM         0.000000         53.00           51.00         05300 (ARESTHESIOLOY         0.000000         53.00           52.00         05300 (ARESTHESIOLOY         0.000000         53.00           54.00         05300 (ARESTHESIOLOY         0.000000         55.00           55.00         05500 (ARD 10.0007) "HERAPEUTC         0.000000         55.00           55.00         05500 (ARD 10.007) "HERAPEUTC         0.000000         55.00           56.00         05500 (ARD 10.007) "HERAPEUTC         0.000000         55.00           56.00         05500 (ARD 10.007) "HERAPEUTC         0.000000         55.00           56.00         05500 (ARD 10.4007) "HERAPEUTC         0.000000         56.00           56.00         05500 (ARD 10.4007) "HERAPEUTOR         0.000000         66.00           60.01         060001 (ARD 10.4ESTOR NO         0.000000         66.00           61.00         04000 (ARD 10.4ESTOR NO         0.000000         62.00           62.00         06300 (ARD 10.4ESTOR ARCER REB DIOD CALES 0.00         0.0000000         62.00   |                         |                            |                  |                      |                 | 46.00                 |
| 50.01         05001         ENOSOD         50.01           51.00         05001         ECOULEY KOW A LABOR ROM         0.000000         52.00           52.00         05200         DELVIEY ROW A LABOR ROM         0.000000         53.00           53.00         05000         AMSTHESI LOGY         0.000000         54.00           54.00         DEADD         AMDICLOCY-UL RADURC         0.000000         54.00           54.00         DEADD         RADUEDCY-UL RADURC         0.000000         55.00           57.00         DEADD         RADUEDCY-UL RADURC         0.000000         55.00           57.00         DEADD         RADUEDCY-UL RADURC         0.000000         55.00           57.00         DEADD         RADUEDCY-UL REGINE         0.000000         56.00           58.00         DEADD         RADUEDCY-UL REGINE ROW         0.000000         60.01           60.01         DEADD         RADUE REGINE ROW         0.000000         60.01           60.00         DEADD         LABOR ACTORY         0.000000         60.01           61.00         DEADD         LABOR ACTORY         0.000000         60.01           61.00         DEADD         LABOR ACTORY         0.0000000         60.00  |                         |                            | 0,00000          |                      |                 | 50.00                 |
| 52.00         05200 [DELLUPEN RODU & LABOR ROM         0.000000         55.00           53.00         05300 (MSSTHESI GLOGY)         0.000000         54.00           54.00         05400 (RADICLOGY)         ULTRASCUMD         0.000000         54.00           55.00         05500 (RADICLOGY)         ULTRASCUMD         0.000000         55.00           55.00         05500 (RADICLOGY)         0.000000         55.00         56.00           50.00         05600 (LABORATORY)         0.000000         60.00         60.00           01.00         0500 (LABORATORY)         0.000000         62.00         62.00           01.00         0500 (LABORATORY)         0.000000         63.00         63.00           01.00         0500 (LABORATORY)         0.000000         63.00         63.00           01.00         0500 (LABORATORY)         0.000000         63.00         63.00           01.00         0500 (LABORATORY)         0.000000         63   |                         |                            | 1                |                      |                 |                       |
| 93.00         00300         ANESTHESI CLOCY         0.000000         53.00           54.00         05400         RADI CLOCY-10 ANOSTI C         0.000000         55.00           55.00         05500         RADI CLOCY-10 ANOSTI C         0.000000         55.00           55.00         05500         RADI CLOCY-10 ANOSTI C         0.000000         55.00           56.00         05600         RADI CLOCY-10 ANOSTI C         0.000000         55.00           57.00         05700         CSADI CASAN         0.000000         55.00           57.00         DSADI CARDI AC, CATHETER IATI ON         0.000000         60.01           00.00         DSADI CARDI AC, CATHETER IATI ON         0.000000         60.01           00.00         DSADI CARDI AC, CATHETER IATI ON         0.000000         60.01           00.00         DSADI CARDI AC, CATHETER IATI ON         0.000000         60.01           00.00         DSADI CARDI AC, CATHETER IATI ON         0.000000         60.01           00.00         DSADI CARDI AC, CATHETER ATI ON         0.000000         60.01           00.00         DSADI CARDI AC, PARLER IATION         0.000000         60.00           00.00         DSADI CARDI AC, PARLER IATION         0.000000         62.00   | 1 1                     |                            | 1                |                      |                 |                       |
| 94.00         05400 [AQD (COV-DI AGNOSTIC         0.000000         54.01           95.10         05500 [AQD (COV-TI LASACNIND         0.000000         55.01           95.00         05500 [AQD (COV-TI LASACNIND         0.000000         55.00           95.00         05500 [AQD (COV-TI LASACNIND         0.000000         55.00           95.00         05700 [CT SCAN         0.000000         57.00           95.00         05700 [CT SCAN         0.000000         59.00           95.00         05900 [CARDIA CATHERIZATION         0.000000         60.00           95.00         05900 [CARDIA CATHERIZATION         0.000000         60.00           95.00         05000 [PBP CLINICAL LAS SEP/CES PRAI ONLY         0.000000         62.00           95.00         05300 [INTRVENUS TRAPY         0.000000         64.00           95.00         05600 [RESPI RATOFY THERAPY         0.000000         65.00           95.00         05600 [RESPI RATOFY THERAPY         0.000000         65.00           95.00         05700 [CCUPATI ONAL THERAPY         0.000000         65.00           95.00         05700 [RESPI RATOFY THERAPY         0.000000         65.00           95.00         05700 [CCUPATI ONAL THERAPY         0.000000         77.00           <   | 1 1                     |                            | 1                |                      |                 |                       |
| 55. 00         05500 RADIOLOX-THERAPEUTIC         0.000000         55.00           56. 00         05500 CT SCAN         0.000000         57.00           57. 00         05700 CT SCAN         0.000000         57.00           58. 00         05800 CARDIA C CATHETERI ZATION         0.000000         59.00           59. 00         05900 CARDIA C CATHETERI ZATION         0.000000         60.00           60. 00         06000 LABORATORY         0.000000         60.00           60. 00         06000 LABORATORY         0.000000         60.00           60. 01         06001 BLOOD LABORATORY         0.000000         60.00           60. 00         06000 HIVEL BLOOD A PACKDE REB DLOOD CELLES         0.000000         66.00           60. 00         06000 HIVEL BLOOD A PACKDE REB DLOOD CELLES         0.000000         66.00           60. 00         06000 HIVSIGLA THERAPY         0.000000         66.00           60.00         06000 DILES CHILDARING (WR THERAPY         0.000000         66.00           60.00         06000 DIVSIGLA THERAPY         0.000000         67.00           61.00         06000 DIVSIGLA THERAPY         0.000000         71.00           70.00         00700 DIVSIGLA THERAPY         0.0000000         77.00  | 1 1                     |                            |                  |                      |                 |                       |
| 56.00         06600         RAD ID SOTOPE         0.000000         55.00           57.00         05700         05700         05700         57.00           58.00         05800         MAGNETIC RESONANCE I MAGING (MRI )         0.000000         55.00           50.00         05700         CRAIN AC CATHERET XT ION         0.000000         60.00           60.00         Ded000         LABORATORY         0.000000         60.00           61.00         De000         LABORATORY         0.000000         60.00           61.00         De000         LABORATORY         0.000000         60.00           61.00         De000         LABORATORY         0.000000         60.00           63.00         De300         BLODU         LABORATORY         0.000000         66.00           63.00         De300         BLODU         LABORATORY         0.000000         66.00           64.00         De300         DEV0N         PARKED RED BLODU CELLS         0.000000         66.00           65.00         De300         DEV0N         PARKED RED BLODU CELLS         0.000000         67.00           66.00         De300         DEV0N LTERANT         D.000000         67.00         F0.00           6   |                         |                            | 1                |                      |                 |                       |
| 57.00         06700 CT SCAM         0.000000         57.00           58.00         06800 MAGHET C RESONANCE I MAGING (MRI )         0.000000         55.00           59.00         06900 CARDIAC C ATHETERIZATION         0.000000         66.00           60.00         06001 BLOD LARDRATORY         0.000000         66.00           60.01         06001 BLOD LARDRATORY         0.000000         67.00           61.00         06200 WHOLE BLOD & PACKED RED BLOD CELLS         0.000000         67.00           63.00         06300 UHOL CARS PROCESSING CELLS         0.000000         66.00           64.00         DEADO STORING, PROCESSING KE TRANS.         0.000000         67.00           64.00         DEADO STORING, PROCESSING KE TRANS.         0.000000         67.00           65.00         DEADO LOST TRICK PARTY         0.000000         67.00           66.00         DEADO STORING, PRANCE TRANS         0.000000         67.00           67.00         DEADO STORING, PRANCE TRANS         0.000000         67.00           67.00         DEADO STORING, PRANCE TRANS         0.000000         67.00           67.00         DEADO STORING, PRANCE TRANS         0.000000         77.00           67.00         DEADO STORING, PRANCERANINY         0.0000000         77.00   |                         |                            | 1                |                      |                 |                       |
| 59:00         05900         ARDIAC CATHETERIZATION         0.000000         60.01           60:00         66000         LABORATORY         0.000000         60.01           60:00         106001         BLODD LABORATORY         0.000000         60.01           61:00         06100         PB CLI NICAL LAB SERVICES-PROM ONLY         0.000000         62.00           63:00         06300         WHOLE BLODD & PACKED RED BLODD CELLS         0.000000         63.00           63:00         06400         INTRAVENUS THERAPY         0.000000         64.00           66:00         06500         OCEPATIONAL THERAPY         0.000000         66.00           67:00         06700         OCEPATIONAL THERAPY         0.000000         66.00           67:00         06700         OCEPATIONAL THERAPY         0.000000         66.00           69:01         06400         ELETINGARAMENT         0.000000         66.00           69:01         06400         ELETINGARAMENT         0.000000         77.00           70:00         07200         ILETINGARAMENT         0.000000         77.00           70:00         07200         ILETINGARAMENT         0.000000         77.00           70:00         07200         ILETINGARA  |                         |                            |                  |                      |                 |                       |
| 60.00         66000         LABORATORY         0.000000         60.01           61.00         66001         BLODD LABORATORY         0.000000         61.00           62.00         62600         PBF CLINI CAL LAB SERVI CES-PREM ONLY         0.000000         63.00           63.00         64.00         64.00         64.00         63.00         63.00           64.00         64.00         0.000000         63.00         65.00         6  |                         |                            |                  |                      |                 |                       |
| 60 001         BLODD LABORATORY         0.000000         60 01           61 00         GGTOD PRP CLINTCAL LAB SERVICES-PRGM ONLO         62 00         63 00           63 00         GGTOD PRP CLINTCAL LAB SERVICES-PRGM ONLO         62 00         63 00           63 00         GGTOD STORT NE, PROCESSIN & TRANS.         0.000000         63 00           64 00         GGTOD STORT NERAPY         0.000000         65 00           65 00         GGTOD CUENT TINCH NERAPY         0.000000         67 00           67 00         GGTOD CUENT TINCH NERAPY         0.000000         67 00           67 00         GGTOD CUENT TINCH THERAPY         0.000000         67 00           68 00         GGGTO CUENT TINCH THERAPY         0.000000         67 00           69 01         GGTOD CUENT TINCH THERAPY         0.000000         69 00           70 00         CTODE LECTROCARCHAPY         0.000000         70 00           71 00         CTODE LECTROCARCHAPY         0.000000         71 00           72 00         CTODE MELCICE COST CHARGED TO PATIENTS         0.000000         73 00           73 00         CTODE MELCICE COST CHARGED TO PATIENTS         0.000000         74 00           74 00         CTODE MERLICE COST CENTERS         75 00         73 00   |                         |                            |                  |                      |                 |                       |
| 62.00         06200         WHOLE BLODD & PACKED RED BLODD CELLS         0.000000         62.00           63.00         06300 BLODD STONK OR, PROCESSIN 6. TRANS.         0.000000         65.00           65.00         06500 RESPIR ATORY THERAPY         0.000000         65.00           65.00         06500 CUENATIONAL THERAPY         0.000000         67.00           67.00         06700 OCUENATIONAL THERAPY         0.000000         67.00           67.00         06700 DESPIR ATORY THERAPY         0.000000         67.00           67.00         06700 DELECTRORACHAL THERAPY         0.000000         67.00           67.00         06700 DELECTRORACHARPY         0.000000         69.00           69.00         06900 LECTRORACHARPY         0.000000         77.00           70.00         07010 AEDI CARSU ARCED TO PATI ENTS         0.000000         72.00           71.00         07010 AEDI CARSU ARCED TO PATI ENTS         0.000000         73.00           71.00         07000 ASC (NNN-DISTINCT PART)         0.000000         74.00           75.00         070000 CUENT ION SEGN (NN-DISTINCT PART)         0.000000         74.00           75.00         070000 CUENT ION SEGN (NN-DISTINCT PART)         0.000000         97.00           99.00         06800 RUBAL HEALTH CLI  |                         |                            |                  |                      |                 |                       |
| 63:00         063:00         PLODD STORING, PROCESSING & TRANS.         0.000000         63:00           64:00         064:00         NERVENDENT THERAPY         0.000000         65:00           64:00         064:00         NERVENDENT THERAPY         0.000000         66:00           66:00         065:00         PRESIP HATORY THERAPY         0.000000         67:00           66:00         06:00         PRESIP HATORY THERAPY         0.000000         67:00           66:00         06:00         PRESIP HATORY THERAPY         0.000000         67:00           66:00         06:00         PRESIP HATORY THERAPY         0.000000         69:01           66:00         06:00         PRESIP HATORY THERAPY         0.000000         69:01           70:00         07:00         CARDIA CREAPHALORY         0.000000         70:00           70:00         07:00         MEDICAL SURGED TO PATIENTS         0.000000         71:00           70:00         07:00         DRESIS CHARGED TO PATIENTS         0.000000         72:00           70:00         07:00         DRESIS CHARGED TO PATIENTS         0.000000         74:00           70:00         07:00         DRESIS CHARGED TO PATIENTS         0.000000         74:00           70:00<  |                         |                            |                  |                      |                 |                       |
| 64 00         0c400         INTRAVENUUS THERAPY         0.000000         65.00           65 00         0c500         RESPIRATORY THERAPY         0.000000         65.00           65 00         0c500         RESPIRATORY THERAPY         0.000000         67.00           67 00         0c700         OCCUPATIONAL THERAPY         0.000000         68.00           68 00         0c500         CLECTROCARCEPHATHOLOGY         0.000000         69.01           69 01         0c500         ELECTROCARCEPHATARED TO PATIENTS         0.000000         70.00           71.00         OTCOD FLECTROCARCEPHACED TO PATIENTS         0.000000         71.00           72.00         OTZOD INFLIS CHARGED TO PATIENTS         0.000000         72.00           73.00         OTZOD ORUS CHARGED TO PATIENTS         0.000000         73.00           73.00         OTZOD ORUS CHARGED TO PATIENTS         0.000000         74.00           75.00         OTZOD ORUS CHARGED TO PATIENTS         0.000000         74.00           74.00         OTADO RENAL PLAST CLARGED TO PATIENTS         0.000000         74.00           75.00         OTZOD RENAL PLAST CLARGED TO PATIENTS         0.000000         74.00           72.00         OTZOD RENAL PLAST CLARGED TO PATIENTS         0.000000         7  |                         |                            |                  |                      |                 |                       |
| 66.00         bc6c00         bc7c00         bc7c00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                         |                            |                  |                      |                 |                       |
| 67:00       0c700       0c700       0c700       0c700       67:00         68:00       06900       SPECCH PATHOLOGY       0.000000       69:00         69:01       06900       ELECTROCARD DLOGY       0.000000       69:01         70:00       GEDTONCEPHALOGRAPHY       0.000000       70:00         71:00       07000       ELECTROCARD DATERNAL       69:01         71:00       07100       NEDICAL SUPPLIES CHARGED TO PATIENTS       0.000000       71:00         72:00       07200       IELECTROCARGED TO PATIENTS       0.000000       73:00         74:00       07300       RURSC CHARGED TO PATIENTS       0.000000       73:00         75:00       07500       REC (NON-DISTINCT PART)       0.000000       74:00         00       07500       OFEDERALLY OLAL TELE HEALTH CLINIC       0.000000       89:00         80:00       088000       RERAL HEALTH CLINIC COST CENTERS       89:00       90:00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |                         |                            |                  |                      |                 |                       |
| 68:00         06800         SPEECH PATHOLOGY         0.000000         69.00           69:00         06900         ELECTROCARDIOLOGY         0.000000         69.00           70:00         07000         ELECTROCARDIOLOGRAPHY         0.000000         70.00           71:00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.000000         71.00           71:00         O7100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.000000         73.00           73:00         07300         DRAUG CHARGED TO PATIENTS         0.000000         73.00           74:00         OF4000 RENAL DIALYSIS         0.000000         74.00           75:00         DTOOR ASC (NON-DISTINCT PART)         0.000000         75.00           001000 RURAL HALTH CLINIC         0.000000         89.00         89.00           001000 RURAL HALTH CLINIC         0.000000         90.00         90.00           90:00         09000 CLINIC         0.000000         91.00         92.00           01100 OPIDO EMERGENCY         0.000000         91.00         92.00         09100 EMERGENCY         92.00           91:00         09100 CMHC         EXPLICE SC         0.000000         95.00         95.00           92:00         09200 CMHC  |                         |                            |                  |                      |                 |                       |
| 69:00         06900         CECTROCARD I OLOGY         0.000000         69:00           69:01         66010         CARDIAC REHAB         0.000000         70.00           70:00         07000         ELECTROENCEPHALOGRAPHY         0.000000         70.00           71:00         07100         MEDI CAL, SUPPLIES CHARGED TO PATIENTS         0.000000         72.00           72:00         072000         INCL         SUPPLIES CHARGED TO PATIENTS         0.000000         73.00           74:00         07400 RENAL DIALYSIS         0.000000         74.00         74.00           75:00         07500 ASC (NON-DISTINCT PART)         0.000000         75.00         75.00           88:00         08800 RURAL HEALTH CLINIC         CENTES         88.00         89.00         89.00           90:00         09000 CLINIC         0.000000         90.00         90.00         90.00         90.00           91:00         094000 CLINIC         0.000000         90.00         90.00         90.00         90.00         90.00           92:00         00200 OBSERVATION BEDS (NON-DISTINCT PART)         0.000000         91.00         99.00         94.00         94.00         94.00         94.00         94.00         95.00         95.00         95.00  |                         |                            | 1                |                      |                 |                       |
| 70.00         07000         LECTROENCEPHALGERAPHY         0.00000         70.00           71.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENTS         0.000000         71.00           72.00         07200         INPL. DEV. CHARGED TO PATIENTS         0.000000         73.00           73.00         07300         REAGE TO PATIENTS         0.000000         73.00           74.00         73.00         REAGE TO PATIENTS         0.000000         74.00           75.00         07500         RESC (NON-DISTINCT PART)         0.000000         75.00           00         07500         08000         RURAL, HEALTH CLINIC         0.000000         89.00           88.00         08000         RURAL, HEALTH CLINIC         0.000000         99.00           90.00         09000         CLINIC         0.000000         99.00           91.00         09000         CLINIC         0.000000         99.00           91.00         09100         EMERGENCY  | 69.00 06900 ELECTROCAF  | RDI OLOGY                  | 0. 000000        |                      |                 |                       |
| 11.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       0.000000       72.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       73.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.000000       74.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.000000       74.00         75.00       07500/ASC (MON-DISTINCT PART)       0.000000       75.00         00       00000 (UIPATIENT SERVICE COST CENTERS       0.000000       88.00         80.00       08000 FEDERALLY QUALIFIED HEALTH CENTER       0.000000       89.00         90.00       09000 CLINIC       0.000000       90.00         91.00       09100 DEMERGENCY       0.000000       91.00         91.00       09100 EMERGENCY       0.000000       92.00         94.00       09400 HMBE PROGRAM DIALYSIS       0.000000       94.00         95.00       09400 HMBE PROGRAM DIALYSIS       0.000000       95.00         96.00       09400 DURABLE MEDICAL EQUIP-RENTED       0.000000       95.00         97.00       09700 DURABLE MEDICAL EQUIP-SOLD       0.000000       97.00         97.00       09700 DURABLE MEDICAL EQUIP-RENTED       0.000000       97.00         9   |                         |                            | 1                |                      |                 |                       |
| 72.00       07200       IMPL       DEV, CHARGED TO PATIENTS       0.000000       72.00         73.00       07300       RENAL DIALYSIS       0.000000       73.00         74.00       07400       RENAL DIALYSIS       0.000000       74.00         75.00       07500       ASC (NON-DISTINCT PART)       0.000000       74.00         75.00       0800       RIRAL HEALTH CLINIC       0.000000       88.00         88.00       0800       RIRAL HEALTH CLINIC       0.000000       90.00         90.00       09000       CLINIC       0.000000       90.00         91.00       DERGENCY       0.000000       90.00         92.00       09200       OBSTANTION BEDS (NON-DISTINCT PART)       0.000000       91.00         92.00       09200       ODERVALION BEDS (NON-DISTINCT PART)       0.000000       92.00         95.00       09500       MUBLANCE SERVICES       0.000000       92.00         95.00       09500       MUBLANCE SERVICES       0.000000       95.00         96.00       09400       IMARE MEDICAL EQUI P-SOLD       0.000000       97.00         97.00       09700       DURABLE MEDICAL EQUI P-SOLD       0.000000       97.00         99.00       09700<   |                         |                            | 1                |                      |                 |                       |
| 74.00       07400       RENAL DIALYSIS       0.000000       74.00         75.00       07500       ASC (NON-DISTINCT PART)       0.000000       75.00         00       07500       ASC (NON-DISTINCT PART)       0.000000       75.00         88.00       08800 RURAL HEALTH CLINIC       0.000000       88.00         90.00       09000 CLINIC       0.000000       90.00         91.00       09100 EWERGENCY       0.000000       91.00         92.00       092500 INSERVATION BEDS (NON-DISTINCT PART)       0.000000       92.00         00       09400 HOME PROGRAM DIALYSIS       0.000000       92.00         92.00       09500 AMBULANCE SERVICES       0.000000       92.00         94.00       09400 HOME PROGRAM DIALYSIS       0.000000       92.00         95.00       09500 AMBULANCE SERVICES       0.000000       95.00         96.00       09600 DURABLE MEDI CAL EQUI P-SOLD       0.000000       97.00         97.00       09700 DURABLE MEDI CAL EQUI P-SOLD       0.000000       97.00         99.00       09900 CMHC       EMEDI CAL EQUI P-SOLD       0.000000       97.00         99.10       001000 IAR SERVICES-NOT APPRVD PRGM       10.00       101.00       100.00         101.00  |                         |                            | 0. 000000        |                      |                 |                       |
| 75.00       07500 ASC (NON-DI STINCT PART)       0.000000       75.00         0UTPATI ENT SERVICE COST CENTERS       0.000000       88.00         88.00       08800 [RURAL HEALTH CLINIC       0.000000       89.00         90.00       09000 [LUNIC       0.000000       90.00         91.00       99100 [EMERGENCY       0.000000       91.00         09100 [EMERGENCY       0.000000       91.00         09400 [HOME PROGRAM DI ALYSI S       0.000000       92.00         09400 [HOME PROGRAM DI ALYSI S       0.000000       94.00         94.00       09400 [HOME PROGRAM DI ALYSI S       0.000000         95.00       09500 [AURALE MEDI CAL EQUI P-SOLD       0.000000         97.00       09700 [DURABLE MEDI CAL EQUI P-SOLD       0.000000         97.00       09910 [CORF       99.10         100.00 [MHC       99.10       100.000         99.10 [OOON HAC       99.10         101.00 [INC       101.00       100.00         101.00 [INC       101.00       100.00         102.00 [INC       99.10       100.00         99.10 [INC       101.00       100.00         101.00       100.00 [INC       99.10         101.00       100.00 [INC       99.10   |                         |                            |                  |                      |                 |                       |
| OUTPATIENT SERVICE COST CENTERS         88.00         08300         RURAL HEALTH CLINIC         0.000000         88.00           88.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0.000000         99.00         92.00         94.00         92.00         99.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |                         |                            |                  |                      |                 |                       |
| 89.00         68900         FEDERALLY QUALIFIED HEALTH CENTER         0.000000         90.00           90.00         09000         CLINIC         0.000000         91.00           91.00         09100         ENERGENCY         0.000000         91.00           010ERREENCY         0.000000         92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART)         0.000000         92.00           01HER REIMBURSABLE COST CENTERS         0.000000         92.00         94.00         95.00         95.00         94.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         96.00         97.00  | OUTPATIENT SERVI        | ICE COST CENTERS           |                  |                      |                 |                       |
| 90.00       9000       CLINIC       0.00000       90.00         91.00       09000       CLINIC       0.000000       91.00         92.00       095ERVATION BEDS (NON-DISTINCT PART)       0.000000       92.00         0THER REIMBURSABLE COST CENTERS       0.000000       92.00         94.00       09400       HOME PROGRAM DIALYSIS       0.000000       94.00         95.00       09500       AMBULANCE SERVICES       0.000000       95.00         97.00       09700       DURABLE MEDICAL EQUIP-RENTED       0.000000       95.00         99.00       OP400       HOME CAL EQUIP-SOLD       0.000000       97.00         99.00       OP400       GORF       99.00       99.00         99.00       OP900       CMHC       99.00       99.00         99.00       OP900       CMHC       99.00       99.00         99.00       I01000       I & SERVI CES-NOT APPRVD PRGM       100.00       100.00         101.00       I functional Accuration of the teach th accuration of teach teac  |                         |                            |                  |                      |                 |                       |
| 92.00         OBSERVATION         BEDS (NON-DISTINCT PART)         0.000000         92.00           OTHER         REIMBURSABLE COST CENTERS  |                         |                            |                  |                      |                 |                       |
| OTHER         REI MBURSABLE         COST         CENTERS           94. 00         09400         HOME         PROGRAM         DI ALYSI S         0.000000         95.00         96.00         97.00         97.00         09700         DURABLE         MEDI CAL         EQUI P-SOLD         0.000000         97.00         99.00         99.00         99.00         09900         CMF         99.10         100.0   |                         |                            |                  |                      |                 |                       |
| 94.00       09400       HOME PROGRAM DI ALYSI S       0.000000       94.00         95.00       09500       AMBULANCE SERVI CES       0.000000       95.00         96.00       09600       DURABLE MEDI CAL EQUI P-RENTED       0.000000       96.00         97.00       09700       DURABLE MEDI CAL EQUI P-SOLD       0.000000       97.00         99.00       09900       CMHC       99.00       99.00         99.10       09910       CORF       99.10         100.00       10000       1&& SERVI CES-NOT APPRVD PRGM       100.00         101.00       10100       HOME HEALTH AGENCY       101.00         SPECI AL PURPOSE COST CENTERS         105.00       10500       KI DNEY ACQUI SI TI ON       105.00         106.00       10600       HEART ACQUI SI TI ON       106.00         107.00       107.00       1000       NTESTI NAL ACQUI SI TI ON       106.00         109.00       10900       PANCREAS ACQUI SI TI ON       100.00       100.00         110.00       INTESTI NAL ACQUI SI TI ON       110.00       110.00       110.00       110.00         111.00       113.00       INTESTI NAL ACQUI SI TI ON       110.00       111.00       111.00       111.00       1   |                         |                            | 0. 000000        |                      |                 | 92.00                 |
| 96.00       09600       DURABLE MEDICAL EQUIP-RENTED       0.000000       97.00       97.00       97.00       97.00       97.00       97.00       97.00       97.00       97.00       97.00       99.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10       90.10  | 94.00 09400 HOME PROGR  | RAM DI ALYSI S             | 0. 000000        |                      |                 | 94.00                 |
| 97.00       09700       DURABLE MEDI CAL EQUI P-SOLD       0.000000       97.00         99.00       09900       CMHC       99.00         99.10       09910       CORF       99.00         100.00       10000       18% SERVI CES-NOT APPRVD PRGM       100.00         101.00       10100       HOME HEALTH AGENCY       101.00         SPECIAL PURPOSE COST CENTERS         105.00       10500       KI DNEY ACQUI SI TI ON       105.00         106.00       10400       HEART ACQUI SI TI ON       106.00         107.00       LIVER ACQUI SI TI ON       106.00         108.00       LONG ACQUI SI TI ON       107.00         109.00       PANCREAS ACQUI SI TI ON       108.00         109.00       PANCREAS ACQUI SI TI ON       109.00         110.00       INTESTI NAL ACQUI SI TI ON       109.00         110.00       INTESTI NAL ACQUI SI TI ON       109.00         111.00       ISLET ACQUI SI TI ON       110.00         111.00       ISLET ACQUI SI TI ON       110.00         111.00       ISLET ACQUI SI TI ON       110.00         111.00       ISLET ACQUI SI TI ON       111.00         111.00       ISLET ACQUI SI TI ON       110.00  |                         |                            |                  |                      |                 |                       |
| 99.00       09900       CMHC       99.00         99.10       09910       CORF       99.00         100.00       10000       I&R SERVICES-NOT APPRVD PRGM       100.00         101.00       10100       HOME HEALTH AGENCY       101.00         SPECIAL PURPOSE COST CENTERS       105.00       10500       KIDNEY ACQUISITION       105.00         106.00       10600       HEART ACQUISITION       105.00       106.00         107.00       10700       LIVER ACQUISITION       105.00         108.00       10800       LUNG ACQUISITION       107.00         109.00       10700       IVESTINAL ACQUISITION       108.00         109.00       INTESTINAL ACQUISITION       109.00         111.00       INTESTINAL ACQUISITION       110.00         111.00       INTERST EXPENSE       111.00         111.00       INTERST EXPENSE       113.00         114.00       INTERST EXPENSE       113.00         114.00       INTEQUICAL CENTER (D. P. )       115.00         116.00       11600       HOSPICE       116.00   |                         |                            |                  |                      |                 |                       |
| 100.00         10000         1&R SERVICES-NOT APPRVD PRGM         100.00           101.00         10100         HOME HEALTH AGENCY         101.00           SPECIAL PURPOSE COST CENTERS         105.00         10500         KI DNEY ACQUISITION         105.00           106.00         10600         HEART ACQUISITION         105.00         105.00           107.00         10700         LIVER ACQUISITION         106.00           108.00         10800         LUNG ACQUISITION         107.00           109.00         10900         PANCREAS ACQUISITION         108.00           109.00         10900         PANCREAS ACQUISITION         109.00           111.00         11100         INTESTINAL ACQUISITION         109.00           111.00         11000         INTERST EXPENSE         111.00           111.00         11300         INTEREST EXPENSE         113.00           114.00         114.00         ILUNG AMBULATORY SURGICAL CENTER (D. P. )         115.00           116.00         11600         HOSPICE         116.00  |                         |                            | 0.000000         |                      |                 |                       |
| 101.00       10100       HOME HEALTH AGENCY       101.00         SPECI AL PURPOSE COST CENTERS         105.00       10500       KI DNEY ACQUI SI TI ON       105.00         106.00       10600       HEART ACQUI SI TI ON       106.00         107.00       10700       LI VER ACQUI SI TI ON       106.00         108.00       10800       LUNG ACQUI SI TI ON       109.00         109.00       10900       PANCREAS ACQUI SI TI ON       109.00         110.00       INTESTI NAL ACQUI SI TI ON       109.00         111.00       INTESTI NAL ACQUI SI TI ON       110.00         111.00       INTERST EXPENSE       111.00         113.00       INTEREST EXPENSE       113.00         114.00       ITILI LZATI ON REVIEW-SNF       114.00         115.00       IN500       AMBULATORY SURGI CAL CENTER (D. P. )         116.00       11600       HOSPI CE       116.00   |                         | SEC NOT ADDOUD DDOU        |                  |                      |                 |                       |
| SPECIAL PURPOSE COST CENTERS           105.00         10500         KI DNEY ACQUI SI TI ON         105.00           106.00         10600         HEART ACQUI SI TI ON         106.00           107.00         10700         LI VER ACQUI SI TI ON         107.00           108.00         10800         LUNG ACQUI SI TI ON         107.00           109.00         10900         PANCREAS ACQUI SI TI ON         108.00           109.01         10900         PANCREAS ACQUI SI TI ON         109.00           100.01         INTESTI NAL ACQUI SI TI ON         109.00           111.00         INTESTI NAL ACQUI SI TI ON         110.00           111.00         ISLET ACQUI SI TI ON         111.00           113.00         INTEREST EXPENSE         113.00           114.00         11400         UTI LI ZATI ON REVI EW-SNF         114.00           115.00         11500         AMBULATORY SURGI CAL CENTER (D. P. )         115.00           116.00         11600         HOSPI CE         116.00  |                         |                            |                  |                      |                 |                       |
| 106.00       HEART ACQUI SI TI ON       106.00         107.00       10700       LI VER ACQUI SI TI ON       107.00         108.00       10800       LUNG ACQUI SI TI ON       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       108.00         100.01       11000       INTESTI NAL ACQUI SI TI ON       109.00         110.00       11000       INTESTI NAL ACQUI SI TI ON       110.00         111.00       ISLET ACQUI SI TI ON       110.00         113.00       INTEREST EXPENSE       111.00         114.00       UTI LI ZATI ON REVI EW-SNF       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P. )       115.00         116.00       11600       HOSPI CE       116.00  |                         |                            |                  |                      |                 | 101.00                |
| 107.00       10700       LI VER ACQUI SI TI ON       107.00         108.00       10800       LUNG ACQUI SI TI ON       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       109.00         110.00       INTESTI NAL ACQUI SI TI ON       109.00         111.00       INTESTI NAL ACQUI SI TI ON       110.00         111.00       ISLET ACQUI SI TI ON       110.00         113.00       INTEREST EXPENSE       111.00         114.00       UTI LI ZATI ON REVI EW-SNF       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P. )       115.00         116.00       11600       HOSPI CE       116.00   |                         |                            |                  |                      |                 |                       |
| 108.00       10800       LUNG ACQUI SI TI ON       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       109.00         110.00       INTESTI NAL ACQUI SI TI ON       110.00         111.00       INTESTI NAL ACQUI SI TI ON       110.00         111.00       INTESTI NAL ACQUI SI TI ON       110.00         113.00       INTERST EXPENSE       111.00         114.00       I1400       UTI LI ZATI ON REVI EW-SNF       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P. )       115.00         116.00       11600       HOSPI CE       116.00  |                         |                            |                  |                      |                 |                       |
| 110.00       11000       INTESTINAL ACQUISITION       110.00         111.00       1SLET ACQUISITION       111.00         113.00       11300       INTEREST EXPENSE       113.00         114.00       11400       UTILIZATION REVIEW-SNF       114.00         115.00       11500       AMBULATORY SURGICAL CENTER (D. P. )       115.00         116.00       11600       HOSPICE       116.00   |                         |                            |                  |                      |                 |                       |
| 111.00       11100       I SLET ACQUI SI TI ON       111.00         113.00       11300       I NTEREST EXPENSE       113.00         114.00       11400       UTI LI ZATI ON REVIEW-SNF       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P.)       115.00         116.00       11600       HOSPI CE       116.00   | 1 1                     |                            |                  |                      |                 |                       |
| 113.00       11300       INTEREST EXPENSE       113.00         114.00       11400       UTI LI ZATI ON REVIEW-SNF       114.00         115.00       11500       AMBULATORY SURGICAL CENTER (D. P.)       115.00         116.00       11600       HOSPICE       116.00  |                         |                            |                  |                      |                 |                       |
| 115.00         11500         AMBULATORY SURGI CAL CENTER (D. P. )         115.00           116.00         11600         HOSPI CE         116.00  |                         |                            |                  |                      |                 |                       |
| 116. 00 11600 HOSPI CE 116. 00   | 1 1                     |                            |                  |                      |                 |                       |
|  | 1 1                     | T SUKGICAL CENIER (D. P. ) |                  |                      |                 |                       |
|  | 1 1                     | (see instructions)         |                  |                      |                 |                       |

| Health Fin       | nancial Systems                                   | In Lieu of Form CMS-2552-10     |                      |                            |                                |                    |
|------------------|---|---------------------------------|----------------------|----------------------------|--------------------------------|--------------------|
| COMPUTATI        | ON OF RATIO OF COSTS TO CHARGES                   |                                 | Provider CCN: 150002 | Period:<br>From 01/01/2014 | Worksheet C                    |                    |
|                  |   |                                 |                      |                            | Date/Time Pre<br>5/28/2015 9:0 |                    |
|                  |   |                                 | Title XIX            | Hospi tal                  | Cost                           |                    |
|                  | Cost Center Description                           | PPS Inpatient<br>Ratio<br>11.00 |                      |                            |                                |                    |
| 201.00<br>202.00 | Less Observation Beds<br>Total (see instructions) |                                 |                      |                            |                                | 201. 00<br>202. 00 |

| Health Financial Systems |                        | METHODIST HOS  |                |               | In Lie                     | u of Form CMS-2 | 2552-10 |
|--------------------------|------------------------|----------------|----------------|---------------|----------------------------|-----------------|---------|
| APPORTIONMENT OF INPATI  | ENT ROUTINE SERVICE CA | API TAL COSTS  | Provi der      |               | Period:<br>From 01/01/2014 | Worksheet D     |         |
|                          |                        |                |                |               | To 12/31/2014              |                 | nared   |
|                          |                        |                |                |               | 10 12/31/2014              | 5/28/2015 9:0   | 7 am    |
|                          |                        |                | Ti tl          | e XVIII       | Hospi tal                  | PPS             | _       |
| Cost Center              | Description            | Capi tal       | Swing Bed      | Reduced       | Total Patient              | Per Diem (col.  |         |
|                          |                        | Related Cost   | Adjustment     | Capi tal      | Days                       | 3 / col. 4)     |         |
|                          |                        | (from Wkst. B, |                | Related Cost  |                            |                 |         |
|                          |                        | Part II, col.  |                | (col. 1 - col |                            |                 |         |
|                          |                        | 26)            |                | 2)            |                            |                 |         |
|                          |                        | 1.00           | 2.00           | 3.00          | 4.00                       | 5.00            |         |
|                          | SERVICE COST CENTERS   |                |                | 1             | - 1                        |                 |         |
| 30.00 ADULTS & PEDIATR   |                        | 3, 153, 057    | 0              | 0,100,00      |                            |                 |         |
| 31.00 INTENSIVE CARE UI  | NIT                    | 244, 957       |                | 244, 95       |                            |                 | 31.00   |
| 31.01 NEONATAL ICU       |                        | 36, 421        |                | 36, 42        | 3, 353                     | 10.86           | 31.01   |
| 32.00 CORONARY CARE UN   | Т                      | 0              |                |               | 0 0                        | 0.00            |         |
| 33.00 BURN INTENSIVE CA  | ARE UNIT               | 0              |                |               | 0 0                        | 0.00            | 33.00   |
| 34.00 SURGICAL INTENSI   | /E CARE UNIT           | 0              |                |               | 0 0                        | 0.00            | 34.00   |
| 40.00 SUBPROVIDER - IPI  | =                      | 41, 280        | 0              | 41, 28        | 30 1, 330                  | 31.04           | 40.00   |
| 1.00 SUBPROVIDER - IR    | =                      | 310, 778       | 0              | 310, 77       | 78 11, 263                 | 27.59           | 41.00   |
| 42.00 SUBPROVI DER       |                        | 0              | 0              |               | 0 0                        | 0.00            | 42.00   |
| 43.00 NURSERY            |                        | 218, 546       |                | 218, 54       | 6 3, 192                   | 68.47           | 43.00   |
| 44.00 SKILLED NURSING I  | FACILITY               | 0              |                |               | 0 0                        | 0.00            | 44.00   |
| 45.00 NURSING FACILITY   |                        | 0              |                |               | 0 0                        | 0.00            | 45.00   |
| 200.00 Total (lines 30-  | 199)                   | 4,005,039      |                | 4,005,03      | 123, 947                   |                 | 200.00  |
| Cost Center              | Description            | I npati ent    | I npati ent    |               |                            |                 |         |
|                          | ·                      | Program days   | Program        |               |                            |                 |         |
|                          |                        |                | Capital Cost   |               |                            |                 |         |
|                          |                        |                | (col. 5 x col. |               |                            |                 |         |
|                          |                        |                | 6)             |               |                            |                 |         |
|                          |                        | 6.00           | 7.00           |               |                            |                 |         |
|                          | SERVICE COST CENTERS   |                |                |               |                            |                 |         |
| 30.00 ADULTS & PEDIATR   |                        | 35, 658        |                |               |                            |                 | 30.00   |
| 31.00 INTENSIVE CARE UI  | NIT                    | 3, 898         | 113, 861       |               |                            |                 | 31.00   |
| 31.01 NEONATAL ICU       |                        | 0              | 0              |               |                            |                 | 31.01   |
| 32.00 CORONARY CARE UN   |                        | 0              | 0              |               |                            |                 | 32.00   |
| 33.00 BURN INTENSIVE CA  | ARE UNIT               | 0              | 0              |               |                            |                 | 33.00   |
| 34.00 SURGICAL INTENSI   |                        | 0              | 0              |               |                            |                 | 34.00   |
| 40.00 SUBPROVIDER - IPI  |                        | 653            |                |               |                            |                 | 40.00   |
| 41.00 SUBPROVIDER - IRI  | =                      | 7,610          | 209, 960       |               |                            |                 | 41.00   |
| 42.00 SUBPROVI DER       |                        | 0              | 0              |               |                            |                 | 42.00   |
| 43.00 NURSERY            |                        | 0              | 0              |               |                            |                 | 43.00   |
| 44.00 SKILLED NURSING I  | FACILITY               | 0              | 0              |               |                            |                 | 44.00   |
| 45.00 NURSING FACILITY   |                        | 0              | 0              |               |                            |                 | 45.00   |
|                          |                        |                |                |               |                            |                 |         |

| PPORTIONMENT OF INPATIENT AN     | ICI LLARY SERVI CE CAPI TAL | _ COSTS        | Provi der      | CCN: 150002   | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D<br>Part II<br>Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am |
|----------------------------------|-----------------------------|----------------|----------------|---------------|---|--|----------------|
|                                  |                             |                | Titl           | e XVIII       | Hospi tal                                   | PPS  |                |
| Cost Center Desci                | ription                     | Capi tal       | Total Charges  | Ratio of Cos  |   | Capital Costs  |                |
|                                  |                             |                | (from Wkst. C, |               | Program                                     | (column 3 x  |                |
|                                  |                             | (from Wkst. B, | Part I, col.   | (col. 1 ÷ col |   | column 4)  |                |
|                                  |                             | Part II, col.  | 8)             | 2)            | 5   | ,  |                |
|                                  |                             | 26)            | , í            | í í           |   |  |                |
|                                  |                             | 1.00           | 2.00           | 3.00          | 4.00  | 5.00   |                |
| ANCI LLARY SERVICE COST          | CENTERS                     |                |                | 1             |   |  |                |
| 0. 00 05000 OPERATI NG ROOM      |                             | 593, 016       | 126, 710, 890  | 0. 00468      | 30 33, 083, 021                             | 154, 829   | 50.00          |
| 0. 01 05001 ENDOSCOPY            |                             | 22, 022        | 17, 527, 131   |               |   | 2, 866   |                |
| 1.00 05100 RECOVERY ROOM         |                             | 134, 706       | 9, 487, 499    |               |   | 21, 915  |                |
| 2. 00 05200 DELIVERY ROOM & I    | ABOR ROOM                   | 91,684         | 5, 286, 273    |               |   | 890  |                |
| 3. 00 05300 ANESTHESI OLOGY      |                             | 0              | 0,200,270      |               |   | 0,0  | 53.00          |
| 4. 00 05400 RADI OLOGY-DI AGNOS  | STLC                        | 478, 466       | 28, 910, 277   |               |   | 87, 483  |                |
| 4. 01 05401 RADI OLOGY - ULTR    |                             | 53, 316        | 14, 253, 936   |               |   | 6, 929   | 54.01          |
| 5. 00 05500 RADI OLOGY - ULIN    |                             | 122,045        | 16, 246, 236   |               |   | 2, 892   |                |
| 6. 00 05600 RADI 02001 - THERAPI |                             | 90, 468        | 11, 776, 580   |               |   |  | 56.00          |
|                                  |                             |                |                |               |   | 20, 731  |                |
| 7. 00 05700 CT SCAN              |                             | 94, 100        | 85, 148, 037   |               |   | 16, 049  |                |
| B. 00 05800 MAGNETI C RESONANC   |                             | 42, 198        | 22, 489, 614   |               |   | 6, 743   |                |
| 9. 00 05900 CARDI AC CATHETERI   | ZATION                      | 106, 378       |                |               |   | 22, 757  | 59.00          |
| D. 00 06000 LABORATORY           |                             | 293, 383       | 111, 806, 730  |               |   | 65, 977  | 60.00          |
| D. 01 06001 BLOOD LABORATORY     |                             | 0              | 0              | 0. 00000      | 0 00  | 0  | 60.01          |
| 1.00 06100 PBP CLINICAL LAB      | SERVICES-PRGM ONLY          |                |                |               |   |  | 61.00          |
| 2.00 06200 WHOLE BLOOD & PAG     | CKED RED BLOOD CELLS        | 14, 421        | 7, 473, 801    | 0.00193       | 30 2, 509, 704                              | 4, 844   | 62.00          |
| 3. 00 06300 BLOOD STORING, PF    | ROCESSING & TRANS.          | 0              | C              | 0.0000        | 0 00  | 0  | 63.00          |
| 4.00 06400 INTRAVENOUS THER      | APY                         | 0              | C              | 0. 00000      | 0 0   | 0  | 64.00          |
| 5. 00 06500 RESPI RATORY THER    | APY                         | 86, 983        | 31, 049, 842   | 0. 00280      | 12, 177, 808                                | 34, 110  | 65.00          |
| 6. 00 06600 PHYSI CAL THERAPY    |                             | 114, 429       | 7, 101, 339    | 0. 01611      | 1, 616, 273                                 | 26, 045  | 66.00          |
| 7.00 06700 OCCUPATIONAL THE      | RAPY                        | 95, 846        | 5, 461, 489    | 0. 01754      | 919, 523                                    | 16, 137  | 67.00          |
| 8.00 06800 SPEECH PATHOLOGY      |                             | 17, 696        | 1, 751, 777    |               |   | 6, 618   |                |
| 9. 00 06900 ELECTROCARDI OLOG    | (                           | 7,089          |                |               |   | 1, 829   | •              |
| 9. 01 06901 CARDI AC REHAB       |                             | 2,875          | 454, 107       |               |   | 0  | 69.0           |
| D. 00 07000 ELECTROENCEPHALO     | RAPHY                       | 11, 323        | 27, 341, 317   |               |   | 790  |                |
| 1. 00 07100 MEDICAL SUPPLIES     |                             | 134, 684       | 40, 647, 245   |               |   | 35, 481  |                |
| 2. 00 07200 I MPL. DEV. CHARGE   |                             | 171, 529       | 30, 675, 339   |               |   | 48, 868  |                |
| 3. 00 07300 DRUGS CHARGED TO     |                             | 205, 587       | 81, 629, 741   |               |   | 75, 172  | •              |
| 4. 00 07400 RENAL DIALYSIS       | FAITENTS                    | 49, 147        | 5, 917, 052    |               |   | 28, 565  |                |
|                                  |                             |                |                |               |   |  |                |
| 5. 00 07500 ASC (NON-DI STI NC   |                             | 0              | 0              | 0.0000        | 0 00  | 0  | 75.00          |
| OUTPATIENT SERVICE COS           |                             |                |                |               |   |  |                |
| B. 00 08800 RURAL HEALTH CLII    |                             | 0              | 0              |               |   | 0  | 88.00          |
| 9. 00 08900 FEDERALLY QUALI FI   | ED HEALTH CENTER            | 0              | C              |               |   | 0  | 89.00          |
| D. 00 09000 CLINIC               |                             | 670, 006       | 17, 777, 697   |               |   | 4, 019   |                |
| 1.00 09100 EMERGENCY             |                             | 328, 431       | 62, 890, 452   |               |   | 36, 302  |                |
| 2.00 09200 OBSERVATION BEDS      |                             | 506, 554       | 21, 045, 795   | 0. 02406      | 59 0  | 0  | 92.00          |
| OTHER REIMBURSABLE COS           |                             |                |                |               |   |  |                |
| 4.00 09400 HOME PROGRAM DIAI     | _YSI S                      | 0              | C              | 0.0000        | 0 00  | 0  | 94.00          |
| 5.00 09500 AMBULANCE SERVICE     | ES                          |                |                |               |   |  | 95.00          |
| 6.00 09600 DURABLE MEDICAL I     | EQUI P-RENTED               | 0              | C              | 0. 00000      | 0 00  | 0  | 96.00          |
| 7.00 09700 DURABLE MEDICAL I     |                             | 0              | C              | 0. 00000      |   | 0  | 97.00          |
| 00.00 Total (lines 50-           |                             | 4, 538, 382    | 870, 194, 679  |               | 187, 742, 059                               |  |                |

| Health Financial Systems                           | METHODI ST HOS   | PITALS, INC    |              | In Lie                                      | eu of Form CMS-2               | 2552-10        |
|--|------------------|----------------|--------------|---|--------------------------------|----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER F | PASS THROUGH COS |                | CCN: 150002  | Period:<br>From 01/01/2014<br>To 12/31/2014 | Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am |
|  |                  |                | e XVIII      | Hospi tal                                   | PPS                            |                |
| Cost Center Description                            | Nursing School   | Allied Health  | All Other    | Swi ng-Bed                                  | Total Costs                    |                |
|  |                  | Cost           | Medi cal     | Adjustment                                  | (sum of cols.                  |                |
|  |                  |                | Education Co |   | 1 through 3,                   |                |
|  |                  |                |              |   | minus col. 4)                  |                |
|  | 1.00             | 2.00           | 3.00         | 4.00  | 5.00                           |                |
| INPATIENT ROUTINE SERVICE COST CENTERS             |                  |                |              |   |                                |                |
| 30. 00 03000 ADULTS & PEDI ATRI CS                 | 0                | 0              | D            | 0 0   | 0                              |                |
| 31.00 03100 INTENSIVE CARE UNIT                    | 0                | 0              | D            | 0   | 0                              |                |
| 31.01 03101 NEONATAL I CU                          | 0                | 0              | D            | 0   | 0                              | 31.01          |
| 32.00 03200 CORONARY CARE UNI T                    | 0                | 0              | D            | 0   | 0                              | 02.00          |
| 33.00 03300 BURN INTENSIVE CARE UNIT               | 0                | 0              | D            | 0   | 0                              | 33.00          |
| 34.00 03400 SURGI CAL I NTENSI VE CARE UNI T       | 0                | 0              | D            | 0   | 0                              | 34.00          |
| 40. 00 04000 SUBPROVIDER - IPF                     | 0                | 0              |              | 0 0   | 0                              | 40.00          |
| 41. 00 04100 SUBPROVIDER – IRF                     | 0                | 0              |              | 0 0   | 0                              | 41.00          |
| 42. 00 04200 SUBPROVI DER                          | 0                | 0              |              | 0 0   | 0                              | 42.00          |
| 43. 00 04300 NURSERY                               | 0                | 0              |              | 0   | 0                              | 43.00          |
| 44.00 04400 SKILLED NURSING FACILITY               | 0                | 0              |              | 0   | 0                              | 44.00          |
| 45.00 04500 NURSING FACILITY                       | 0                | 0              |              | 0   | 0                              | 45.00          |
| 200.00 Total (lines 30-199)                        | 0                | 0              | D            | 0   | 0                              | 200.00         |
| Cost Center Description                            | Total Patient    | Per Diem (col. | I npati ent  | Inpati ent                                  |                                |                |
|  | Days             | 5 ÷ col. 6)    | Program Day  |   |                                |                |
|  |                  |                |              | Pass-Through                                |                                |                |
|  |                  |                |              | Cost (col. 7 x                              |                                |                |
|  |                  |                |              | col. 8)                                     |                                |                |
|  | 6.00             | 7.00           | 8.00         | 9.00  |                                |                |
| INPATIENT ROUTINE SERVICE COST CENTERS             |                  |                | 1            |   | 1                              | -              |
| 30. 00 03000 ADULTS & PEDI ATRI CS                 | 96, 424          |                |              |   |                                | 30.00          |
| 31.00 03100 INTENSIVE CARE UNIT                    | 8, 385           |                |              | -   |                                | 31.00          |
| 31.01 03101 NEONATAL ICU                           | 3, 353           |                |              | 0 0   |                                | 31.01          |
| 32.00 03200 CORONARY CARE UNI T                    | 0                | 0.00           |              | 0 0   |                                | 32.00          |
| 33.00 03300 BURN INTENSIVE CARE UNIT               | 0                | 0.00           |              | 0 0   |                                | 33.00          |
| 34.00 03400 SURGICAL INTENSIVE CARE UNIT           | 0                | 0.00           |              | 0 0   |                                | 34.00          |
| 40. 00 04000 SUBPROVIDER - IPF                     | 1, 330           |                |              | 53 0  |                                | 40.00          |
| 41.00 04100 SUBPROVIDER - IRF                      | 11, 263          |                |              |   |                                | 41.00          |
| 42. 00 04200 SUBPROVI DER                          | 0                | 0100           |              | 0 0   |                                | 42.00          |
| 43. 00 04300 NURSERY                               | 3, 192           |                |              | 0 0   |                                | 43.00          |
| 44.00 04400 SKILLED NURSING FACILITY               | 0                |                |              | 0 0   |                                | 44.00          |
| 45.00 04500 NURSING FACILITY                       | 0                | 0.00           |              | 0 0   |                                | 45.00          |
| 200.00  Total (lines 30-199)                       | 123, 947         | l              | 47,8         | 19  0                                       | 1                              | 200. 00        |
|  |                  |                |              |   |                                |                |

| Health Financial Systems   | METHODI ST HOSPI    | TALS, INC     |               | In Lie                                      | u of Form CMS-   | 2552-10 |
|--|---------------------|---------------|---------------|---|--|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF<br>THROUGH COSTS | RVICE OTHER PASS    | Provi der     |               | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D<br>Part IV<br>Date/Time Pre<br>5/28/2015 9:0 |         |
|  |                     | Ti tl         | e XVIII       | Hospi tal                                   | PPS  |         |
| Cost Center Description  | Non Physician Nu    | ursing School | Allied Health |   | Total Cost   |         |
|  | Anesthetist<br>Cost |               |               | Medical<br>Education Cost                   | (sum of col 1<br>through col.                            |         |
|  | 1.00                |               |               |   | 4)   |         |
| ANCI LLARY SERVI CE COST CENTERS                                     | 1.00                | 2.00          | 3.00          | 4.00  | 5.00   |         |
| 50. 00 05000 OPERATI NG ROOM   | 0                   | 0             |               | 0 0   | 0  | 50.00   |
| 50. 01 05000 OPERATING ROOM<br>50. 01 05001 ENDOSCOPY                | 0                   | 0             |               | 0 0   | 0  |         |
|  | 0                   | 0             |               | 0 0   | 0  |         |
|  | 0                   | 0             |               |   | 0  |         |
| 52.00 O5200 DELIVERY ROOM & LABOR ROOM                               | 0                   | -             |               | 0   | -  |         |
| 53. 00 05300 ANESTHESI OLOGY   | 0                   | 0             |               | 0 0   | 0  |         |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                  | 0                   | 0             |               | 0 0   | 0  |         |
| 54. 01 05401 RADI OLOGY - ULTRASOUND                                 | 0                   | 0             |               | 0 0   | 0  |         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                                 | 0                   | 0             |               | 0 0   | 0  |         |
| 56. 00 05600 RADI OI SOTOPE  | 0                   | 0             |               | 0 0   | 0  |         |
| 57.00 05700 CT SCAN  | 0                   | 0             |               | 0 0   | 0  |         |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                         | 0                   | 0             |               | 0 0   | 0  |         |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                              | 0                   | 0             |               | 0 0   | 0  |         |
| 60. 00 06000 LABORATORY  | 0                   | 0             |               | 0 0   | 0  |         |
| 60. 01 06001 BLOOD LABORATORY  | 0                   | 0             |               | 0 0   | 0  | 60.01   |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                      |                     |               |               |   |  | 61.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                     | 0                   | 0             |               | 0 0   | 0  | 62.00   |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS.                       | 0                   | 0             |               | 0 0   | 0  | 63.00   |
| 64.00 06400 INTRAVENOUS THERAPY                                      | 0                   | 0             |               | 0 0   | 0  | 64.00   |
| 65. 00 06500 RESPI RATORY THERAPY                                    | 0                   | 0             |               | 0 0   | 0  | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                                       | 0                   | 0             |               | 0 0   | 0  | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    | 0                   | 0             |               | 0 0   | 0  | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0                   | 0             |               | 0 0   | 0  | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                                      | 0                   | 0             |               | 0 0   | 0  | 69.00   |
| 69. 01 06901 CARDI AC REHAB  | 0                   | 0             |               | 0 0   | 0  | 69.01   |
| 70.00 07000 ELECTROENCEPHALOGRAPHY                                   | 0                   | 0             |               | 0 0   | 0  | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                     | 0                   | 0             |               | o o   | 0  | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                           | 0                   | 0             |               | o o   | 0  | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                | 0                   | 0             |               | o o   | 0  | 73.00   |
| 74.00 07400 RENAL DIALYSIS   | 0                   | 0             |               | 0 0   | 0  | 74.00   |
| 75.00 07500 ASC (NON-DISTINCT PART)                                  | 0                   | 0             |               | 0 0   | 0  | •       |
| OUTPATIENT SERVICE COST CENTERS                                      |                     |               |               |   | -  | 1       |
| 88.00 08800 RURAL HEALTH CLINIC                                      | 0                   | 0             |               | 0 0   | 0  | 88.00   |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER                        | 0                   | 0             |               | 0 0   | 0  |         |
| 90. 00 09000 CLINIC  | 0                   | 0             |               | 0 0   | 0  |         |
| 91. 00 09100 EMERGENCY   | 0                   | 0             |               | -   | 715, 920   |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                     | 0                   | 0             |               | 0 0   | 0  | •       |
| OTHER REIMBURSABLE COST CENTERS                                      | 0                   | 0             | 1             | 0   | 0  | 72.00   |
| 94. 00 09400 HOME PROGRAM DI ALYSI S                                 | 0                   | 0             |               | 0 0   | 0  | 94.00   |
| 95. 00 09500 AMBULANCE SERVICES                                      |                     | 0             |               | 0   | 0  | 95.00   |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED                            | 0                   | 0             |               | o o   | 0  |         |
| 97. 00 09700 DURABLE MEDICAL EQUIP-RENTED                            | 0                   | 0             |               | 0   | 0  |         |
| 200.00 Total (lines 50-199)  | 0                   | 0             |               | -   |  |         |
| 200.00  10tal (11185 30-199)   | I U                 | 0             | 1 /15, 92     | 0   | /15, 920   | 1200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE | RVICE OTHER PAS | S Provi der    |               | Period:                          | Worksheet D                               | 2552-10        |
|--|-----------------|----------------|---------------|----------------------------------|---|----------------|
| THROUGH COSTS                                      |                 |                |               | From 01/01/2014<br>To 12/31/2014 | Part IV<br>Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am |
|  |                 | Titl           | e XVIII       | Hospi tal                        | PPS                                       |                |
| Cost Center Description                            | Total           | Total Charges  | Ratio of Cost | Outpati ent                      | Inpati ent                                |                |
|  | Outpati ent     | (from Wkst. C, | to Charges    | Ratio of Cost                    | Program                                   |                |
|  | Cost (sum of    |                | (col. 5 ÷ col |                                  | Charges                                   |                |
|  | col. 2, 3 and   | 8)             | 7)            | (col. 6 ÷ col.                   |   |                |
|  | 4)              |                |               | 7)                               |   |                |
|  | 6.00            | 7.00           | 8.00          | 9.00                             | 10.00                                     |                |
| ANCI LLARY SERVI CE COST CENTERS                   |                 | 10/ 710 000    | 0.00000       | 0 000000                         | 00.000.001                                | 1 50 00        |
| 50. 00 05000 OPERATI NG ROOM                       | 0               |                |               |                                  |   |                |
| 50. 01 05001 ENDOSCOPY                             | 0               |                |               |                                  |   |                |
| 51.00 05100 RECOVERY ROOM                          | 0               |                |               |                                  |   | 51.00          |
| 52.00 O5200 DELIVERY ROOM & LABOR ROOM             | 0               |                |               |                                  |   | 52.00          |
| 53.00 05300 ANESTHESI OLOGY                        | 0               |                | 0.00000       |                                  |   | 53.00          |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                | 0               |                |               |                                  | 5, 286, 001                               | 54.00          |
| 54. 01 05401 RADIOLOGY - ULTRASOUND                | 0               |                |               |                                  | 1, 852, 703                               |                |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C               | 0               |                |               |                                  | 385, 025                                  |                |
| 56. 00 05600 RADI OI SOTOPE                        | 0               |                |               |                                  | 2, 698, 603                               | 56.00          |
| 57.00 05700 CT SCAN                                | 0               | 85, 148, 037   | 0.00000       | 0. 000000                        | 14, 524, 281                              | 57.00          |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)      | 0               | 22, 489, 614   | 0.00000       | 0. 000000                        | 3, 594, 100                               | 58.00          |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON            | 0               | 62, 257, 174   | 0.00000       | 0. 000000                        | 13, 316, 136                              | 59.00          |
| 60. 00 06000 LABORATORY                            | 0               | 111, 806, 730  | 0.00000       | 0. 000000                        | 25, 143, 758                              | 60.00          |
| 60. 01 06001 BLOOD LABORATORY                      | 0               | 0              | 0.00000       | 0. 000000                        | 0   | 60.01          |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY    |                 |                |               |                                  |   | 61.00          |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0               | 7, 473, 801    | 0.00000       | 0. 000000                        | 2, 509, 704                               | 62.00          |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS.     | 0               | 0              | 0.00000       | 0. 000000                        |   | 63.00          |
| 64.00 06400 INTRAVENOUS THERAPY                    | 0               | 0              |               |                                  |   | 64.00          |
| 65. 00 06500 RESPI RATORY THERAPY                  | 0               | 31, 049, 842   |               |                                  |   | 65.00          |
| 66. 00 06600 PHYSI CAL THERAPY                     | 0               |                |               |                                  |   |                |
| 67. 00 06700 OCCUPATI ONAL THERAPY                 | 0               |                |               |                                  |   | •              |
| 68. 00 06800 SPEECH PATHOLOGY                      | 0               |                | 1             |                                  | 655, 089                                  |                |
| 69. 00 06900 ELECTROCARDI OLOGY                    | 0               |                |               |                                  |   | 69.00          |
| 69. 01 06901 CARDI AC REHAB                        | 0               |                |               |                                  |   | 69.01          |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                |                 |                |               |                                  |   | •              |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  |                 |                | 1             |                                  |   |                |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS       | 0               |                |               |                                  |   |                |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS             | 0               |                |               |                                  |   | 73.00          |
| 74. 00 07400 RENAL DIALYSIS                        |                 |                |               |                                  |   |                |
| 75. 00 07500 ASC (NON-DI STINCT PART)              |                 |                |               |                                  |   | •              |
| OUTPATIENT SERVICE COST CENTERS                    |                 |                | 0.00000       | 0.000000                         | 0   | / 5. 00        |
| 88. 00 08800 RURAL HEALTH CLINIC                   | 0               | 0              | 0.00000       | 0.00000                          | 0   | 88.00          |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER     | 0               |                |               |                                  |   | 89.00          |
| 90. 00 09000 CLINIC                                |                 |                |               |                                  |   | 90.00          |
| 91. 00 09100 EMERGENCY                             | 715, 920        |                |               |                                  |   |                |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)  | /15, 920        |                |               |                                  | 0, 931, 788                               |                |
| OTHER REIMBURSABLE COST CENTERS                    |                 | 21,043,793     | 0.00000       | 0.00000                          | 0   | 72.00          |
| 94. 00 09400 HOME PROGRAM DI ALYSI S               | 0               | 0              | 0.00000       | 0. 000000                        | 0   | 94.00          |
| 95. 00 09500 AMBULANCE SERVICES                    |                 |                | 0.00000       | 0.00000                          | 0   | 94.00          |
|  |                 |                | 0,00000       | 0 00000                          | 0   |                |
|  | 0               |                |               |                                  |   | 96.00          |
| 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD          | 715 020         | -              |               | 0. 000000                        |   | 97.00          |
| 200.00   Total (lines 50-199)                      | 715, 920        | 870, 194, 679  | 1             |                                  | 187, 742, 059                             | I∠00. 00       |

| PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER'<br>HROUGH COSTS<br>Cost Center Description<br>ANCILLARY SERVICE COST CENTERS<br>Cost Center Description<br>ANCILLARY SERVICE COST CENTERS<br>Cost Center Description<br>Cost Center Description<br>Center Description<br>Cen | VICE OTHER PASS   |   |   |   | 7 am<br>50. 00<br>50. 01<br>51. 00<br>52. 00<br>53. 00 |
|--|---|---|---|---|--|
| ANCI LLARY SERVICE COST CENTERS<br>0. 00 05000 OPERATI NG ROOM<br>0. 01 05001 ENDOSCOPY<br>1. 00 05100 RECOVERY ROOM<br>2. 00 05200 DELIVERY ROOM & LABOR ROOM<br>3. 00 05300 ANESTHESI OLOGY<br>4. 00 05400 RADI OLOGY – ULTRASOUND<br>5. 00 05500 RADI OLOGY – ULTRASOUND<br>5. 00 05500 RADI OLOGY – ULTRASOUND<br>5. 00 05500 RADI OLOGY – THERAPEUTI C<br>6. 00 05600 RADI OLOGY – THERAPEUTI C<br>6. 00 05700 CT SCAN<br>8. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI )  | Program<br>Pass-Through<br>Costs (col. 8<br><u>x col. 10)</u><br>11.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | Outpati ent<br>Program<br>Charges<br>12.00<br>12,582,827<br>4,385,330<br>1,618,612<br>43,260<br>0<br>6,139,303<br>1,314,390<br>5,913,585<br>2,243,095 | Outpatient<br>Program<br>Pass-Through<br>Costs (col.<br>x col. 12)<br>13.00 |   | 50.00<br>50.01<br>51.00<br>52.00<br>53.00              |
| ANCI LLARY SERVICE COST CENTERS<br>0. 00 05000 OPERATI NG ROOM<br>0. 01 05001 ENDOSCOPY<br>1. 00 05100 RECOVERY ROOM<br>2. 00 05200 DELIVERY ROOM & LABOR ROOM<br>3. 00 05300 ANESTHESI OLOGY<br>4. 00 05400 RADI OLOGY – ULTRASOUND<br>5. 00 05500 RADI OLOGY – ULTRASOUND<br>5. 00 05500 RADI OLOGY – ULTRASOUND<br>5. 00 05500 RADI OLOGY – THERAPEUTI C<br>6. 00 05600 RADI OLOGY – THERAPEUTI C<br>6. 00 05700 CT SCAN<br>8. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI )  | Program<br>Pass-Through<br>Costs (col. 8<br><u>x col. 10)</u><br>11.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | Program<br>Charges<br>12.00<br>12,582,827<br>4,385,330<br>1,618,612<br>43,260<br>0<br>6,139,303<br>1,314,390<br>5,913,585<br>2,243,095                | Program<br>Pass-Through<br>Costs (col<br>x col 12)<br>13.00                 | 9<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | <br>50.01<br>51.00<br>52.00<br>53.00                   |
| 0.00 05000 OPERATI NG ROOM<br>0.01 05001 ENDOSCOPY<br>1.00 05100 RECOVERY ROOM<br>2.00 05200 DELIVERY ROOM & LABOR ROOM<br>3.00 05300 ANESTHESI OLOGY<br>4.00 05400 RADI OLOGY-DI AGNOSTI C<br>4.01 05401 RADI OLOGY - ULTRASOUND<br>5.00 05500 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OL SOTOPE<br>7.00 05700 CT SCAN<br>8.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | Pass-Through<br>Costs (col. 8<br>x col. 10)<br>11.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                   | Charges<br>12, 00<br>12, 582, 827<br>4, 385, 330<br>1, 618, 612<br>43, 260<br>0<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095           | Pass-Through<br>Costs (col.<br><u>x col.</u> 12)<br>13.00                   | 9<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 50.01<br>51.00<br>52.00<br>53.00                       |
| 0.00 05000 OPERATI NG ROOM<br>0.01 05001 ENDOSCOPY<br>1.00 05100 RECOVERY ROOM<br>2.00 05200 DELIVERY ROOM & LABOR ROOM<br>3.00 05300 ANESTHESI OLOGY<br>4.00 05400 RADI OLOGY-DI AGNOSTI C<br>4.01 05401 RADI OLOGY - ULTRASOUND<br>5.00 05500 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OL SOTOPE<br>7.00 05700 CT SCAN<br>8.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | Costs (col . 8<br>x col . 10)<br>11.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                                 | 12.00<br>12,582,827<br>4,385,330<br>1,618,612<br>43,260<br>0<br>6,139,303<br>1,314,390<br>5,913,585<br>2,243,095                                      | Costs (col.<br>x col. 12)<br>13.00  | 9<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | <br>50.01<br>51.00<br>52.00<br>53.00                   |
| 0.00 05000 OPERATI NG ROOM<br>0.01 05001 ENDOSCOPY<br>1.00 05100 RECOVERY ROOM<br>2.00 05200 DELIVERY ROOM & LABOR ROOM<br>3.00 05300 ANESTHESI OLOGY<br>4.00 05400 RADI OLOGY-DI AGNOSTI C<br>4.01 05401 RADI OLOGY - ULTRASOUND<br>5.00 05500 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OL SOTOPE<br>7.00 05700 CT SCAN<br>8.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | x col. 10)<br>11.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 12, 582, 827<br>4, 385, 330<br>1, 618, 612<br>43, 260<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095                                     | x col. 12)<br>13.00   |   | <br>50.01<br>51.00<br>52.00<br>53.00                   |
| 0.00 05000 OPERATI NG ROOM<br>0.01 05001 ENDOSCOPY<br>1.00 05100 RECOVERY ROOM<br>2.00 05200 DELIVERY ROOM & LABOR ROOM<br>3.00 05300 ANESTHESI OLOGY<br>4.00 05400 RADI OLOGY-DI AGNOSTI C<br>4.01 05401 RADI OLOGY - ULTRASOUND<br>5.00 05500 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OL SOTOPE<br>7.00 05700 CT SCAN<br>8.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | 11.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 12, 582, 827<br>4, 385, 330<br>1, 618, 612<br>43, 260<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095                                     | 13.00   | 0<br>0<br>0<br>0<br>0<br>0                          | <br>50.01<br>51.00<br>52.00<br>53.00                   |
| 0.00 05000 OPERATI NG ROOM<br>0.01 05001 ENDOSCOPY<br>1.00 05100 RECOVERY ROOM<br>2.00 05200 DELIVERY ROOM & LABOR ROOM<br>3.00 05300 ANESTHESI OLOGY<br>4.00 05400 RADI OLOGY-DI AGNOSTI C<br>4.01 05401 RADI OLOGY - ULTRASOUND<br>5.00 05500 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OL SOTOPE<br>7.00 05700 CT SCAN<br>8.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 12, 582, 827<br>4, 385, 330<br>1, 618, 612<br>43, 260<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095                                     |   | 0<br>0<br>0<br>0<br>0<br>0                          | 50.01<br>51.00<br>52.00<br>53.00                       |
| 0.00 05000 OPERATI NG ROOM<br>0.01 05001 ENDOSCOPY<br>1.00 05100 RECOVERY ROOM<br>2.00 05200 DELIVERY ROOM & LABOR ROOM<br>3.00 05300 ANESTHESI OLOGY<br>4.00 05400 RADI OLOGY-DI AGNOSTI C<br>4.01 05401 RADI OLOGY - ULTRASOUND<br>5.00 05500 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OLOGY-THERAPEUTI C<br>6.00 05600 RADI OL SOTOPE<br>7.00 05700 CT SCAN<br>8.00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 4, 385, 330<br>1, 618, 612<br>43, 260<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095   |   | 0<br>0<br>0<br>0<br>0<br>0                          | 50.01<br>51.00<br>52.00<br>53.00                       |
| 1. 00       05100       RECOVERY ROOM         2. 00       05200       DELIVERY ROOM & LABOR ROOM         3. 00       05300       ANESTHESIOLOGY         4. 00       05400       RADI OLOGY-DI AGNOSTI C         4. 01       05401       RADI OLOGY - ULTRASOUND         5. 00       05500       RADI OLOGY-THERAPEUTI C         6. 00       05600       RADI OL SOTOPE         7. 00       05700       CT SCAN         8. 00       05800       MAGNETI C RESONANCE I MAGI NG (MRI)   |   | 1, 618, 612<br>43, 260<br>0<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095   |   | 0<br>0<br>0<br>0                                    | 51.00<br>52.00<br>53.00                                |
| 2.00         05200         DELI VERY ROOM & LABOR ROOM           3.00         05300         ANESTHESI OLOGY           4.00         05400         RADI OLOGY - DI AGNOSTI C           4.01         05401         RADI OLOGY - ULTRASOUND           5.00         05500         RADI OLOGY - HERAPEUTI C           6.00         05600         RADI OL SOTOPE           7.00         05700         CT SCAN           8.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )   | 0<br>0<br>0<br>0<br>0<br>0<br>0   | 43, 260<br>0<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095  |   | 0<br>0<br>0<br>0                                    | 52.00<br>53.00   |
| 3. 00       05300       ANESTHESI OLOGY         4. 00       05400       RADI OLOGY - DI AGNOSTI C         4. 01       05401       RADI OLOGY - ULTRASOUND         5. 00       05500       RADI OLOGY - THERAPEUTI C         6. 00       05600       RADI OL SOTOPE         7. 00       05700       CT SCAN         8. 00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )  | 0<br>0<br>0   | 0<br>6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095   |   | 0<br>0<br>0   | 53.00  |
| 4. 00       05400       RADI OLOGY - DI AGNOSTI C         4. 01       05401       RADI OLOGY - ULTRASOUND         5. 00       05500       RADI OLOGY - THERAPEUTI C         6. 00       05600       RADI OI SOTOPE         7. 00       05700       CT SCAN         8. 00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )  | 0<br>0<br>0   | 6, 139, 303<br>1, 314, 390<br>5, 913, 585<br>2, 243, 095  |   | 0<br>0  |  |
| 4. 01 05401 RADI OLOGY - ULTRASOUND<br>5. 00 05500 RADI OLOGY-THERAPEUTI C<br>6. 00 05600 RADI OI SOTOPE<br>7. 00 05700 CT SCAN<br>8. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | 0<br>0<br>0   | 1, 314, 390<br>5, 913, 585<br>2, 243, 095   |   | 0   | E1 00  |
| 5. 00         05500         RADI OLOGY-THERAPEUTI C           6. 00         05600         RADI OI SOTOPE           7. 00         05700         CT SCAN           8. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI)   | 0   | 5, 913, 585<br>2, 243, 095  |   | -   | 54.00  |
| 6. 00 05600 RADI 0I SOTOPE<br>7. 00 05700 CT SCAN<br>8. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI)   | 0   | 2, 243, 095   |   | 0   | 54.01  |
| 7.00 05700 CT SCAN<br>8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)  | 0   |   |   | 0   | 55.00  |
| 8.00 05800 MAGNETIC RESONANCE I MAGING (MRI)   | -   | 11 734 858  | 1   | 0   | 56. OC   |
|  | 0   |   |   | 0   | 57.00  |
|  | · · · · · · · · · · · · · · · · · · ·   | 3, 466, 844   |   | 0   | 58.00  |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON   | 0   | 14, 487, 228  |   | 0   | 59.00  |
| 0. 00 06000 LABORATORY   | 0   | 5, 801, 685   |   | 0   | 60.00  |
| 0. 01 06001 BLOOD LABORATORY   | 0   | 0   |   | 0   | 60.01  |
| 1.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY   |   |   |   |   | 61.00  |
| 2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 0   | 163, 222  |   | 0   | 62.00  |
| 3. 00 06300 BLOOD STORING, PROCESSING & TRANS.   | 0   | 0   |   | 0   | 63.00  |
| 4. 00 06400 I NTRAVENOUS THERAPY   | 0   | 0   |   | 0   | 64.00  |
| 5. 00 06500 RESPI RATORY THERAPY   | 0   | 490, 363  |   | 0   | 65.00  |
| 6. 00 06600 PHYSI CAL THERAPY  | 0   | 250   |   | 0   | 66.00  |
| 7.00 06700 OCCUPATI ONAL THERAPY   | 0   | 500   |   | 0   | 67.00  |
| 8.00 06800 SPEECH PATHOLOGY  | 0   | 1, 029  |   | 0   | 68.00  |
| 9.00 06900 ELECTROCARDI OLOGY  | 0   | 1, 610, 937   |   | 0   | 69.00  |
| 9. 01 06901 CARDI AC REHAB   | 0   | 141, 015  |   | 0   | 69.01  |
| 0.00 07000 ELECTROENCEPHALOGRAPHY  | 0   | 1, 311, 103   |   | 0   | 70.00  |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0   | 5, 330, 809   |   | 0   | 71.00  |
| 2.00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0   | 4, 197, 195   |   | 0   | 72.00  |
| 3.00 07300 DRUGS CHARGED TO PATIENTS   | 0   | 5, 974, 207   |   | 0   | 73.00  |
| 4.00 07400 RENAL DIALYSIS  | 0   | 202, 776  |   | 0   | 74.00  |
| 5.00 07500 ASC (NON-DI STI NCT PART)   | 0   | 0   |   | 0   | 75.00  |
| OUTPATIENT SERVICE COST CENTERS  |   |   |   |   |  |
| 8.00 08800 RURAL HEALTH CLINIC   | 0   | 0   |   | 0   | 88.00  |
| 9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER   | 0   | 0   |   | 0   | 89.00  |
| 0. 00 09000 CLINIC   | 0   | 4,659,542   |   | 0   | 90.00  |
| 1.00 09100 EMERGENCY   | 79, 139   | 7, 228, 595   |   |   | 91.00  |
| 2. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)  | 0   | 5, 876, 430   |   | 0   | 92.00  |
| 0THER REIMBURSABLE COST CENTERS<br>4. 00 09400 HOME PROGRAM DI ALYSI S   | 0   | 0   |   | 0   | 94.00  |
|  | 0   | 0   |   | V   |  |
| 5. 00 09500 AMBULANCE SERVICES   |   | 0   |   | 0   | 95.00  |
| 6. 00 09600 DURABLE MEDICAL EQUIP-RENTED<br>7. 00 09700 DURABLE MEDICAL EQUIP-SOLD   | 0   | 0   |   | 0   | 96.00<br>97.00   |
| 00.00 Total (lines 50-199)   | 79, 139   | 0<br>106, 918, 990  | 82, 29  | -   | 200.00   |

|             | NT OF MEDICAL, OTHER HEALTH SERVICES AND | O VACCINE COST | Provi der      | CCN: 150002  | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D<br>Part V<br>Date/Time Pre<br>5/28/2015 9:0 | epared:<br>)7 am |
|-------------|--|----------------|----------------|--------------|---|---|------------------|
|             |  |                | Titl           | e XVIII      | Hospi tal                                   | PPS   |                  |
|             |  |                |                | Charges      |   | Costs   |                  |
|             | Cost Center Description                  |                | PPS Reimbursed |              | Cost  | PPS Services  |                  |
|             |  | Ratio From     | Services (see  | Reimbursed   | Reimbursed                                  | (see inst.)   |                  |
|             |  | Worksheet C,   | inst.)         | Servi ces    | Services Not                                |   |                  |
|             |  | Part I, col. 9 |                | Subject To   | Subject To                                  |   |                  |
|             |  |                |                | Ded. & Coins |   |   |                  |
|             |  |                |                | (see inst.)  | (see inst.)                                 |   |                  |
|             |  | 1.00           | 2.00           | 3.00         | 4.00  | 5.00  |                  |
|             | LARY SERVICE COST CENTERS                | 0 110057       | 40 500 007     |              |   | 1 100 (10   | 50.00            |
|             | D OPERATI NG ROOM                        | 0. 113857      |                |              | 0 0   | 1, 432, 643   |                  |
|             | 1 ENDOSCOPY                              | 0. 233764      |                |              | 0 0   | 1, 025, 132   |                  |
|             | D RECOVERY ROOM                          | 0. 226618      |                |              | 0 0   | 366, 807  |                  |
|             | D DELIVERY ROOM & LABOR ROOM             | 0. 948646      |                |              | 0 0   | 41, 038   |                  |
|             | D ANESTHESI OLOGY                        | 0. 000000      |                |              | 0 0   | 0   |                  |
|             | D RADI OLOGY-DI AGNOSTI C                | 0. 252956      |                |              | 0 0   | 1, 552, 974   | 1                |
|             | 1 RADI OLOGY - ULTRASOUND                | 0. 180844      |                |              | 0 0   | 237, 700  | 1                |
|             | D RADI OLOGY-THERAPEUTI C                | 0. 136555      |                |              | 0 0   | 807, 530  |                  |
|             | D RADI OI SOTOPE                         | 0. 201923      |                |              | 0 0   | 452, 932  |                  |
| 57.00 05700 | D CT SCAN                                | 0. 038289      | 11, 734, 858   |              | 0 0   | 449, 316  | 57.00            |
|             | D MAGNETIC RESONANCE IMAGING (MRI)       | 0. 051051      | 3, 466, 844    |              | 0 0   | 176, 986  | 58.00            |
| 59.00 05900 | O CARDI AC CATHETERI ZATI ON             | 0. 092201      | 14, 487, 228   |              | 0 0   | 1, 335, 737   | 59.00            |
| 60.00 06000 | DLABORATORY                              | 0. 130561      | 5, 801, 685    |              | 0 0   | 757, 474  | 60.00            |
| 60.01 06001 | 1 BLOOD LABORATORY                       | 0. 000000      | 0              |              | 0 0   | 0   | 60.01            |
| 61.00 06100 | D PBP CLINICAL LAB SERVICES-PRGM ONLY    | 0. 000000      |                |              | 0 0   |   | 61.00            |
| 62.00 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS     | 0. 282851      | 163, 222       |              | 0 0   | 46, 168   | 62.00            |
| 63.00 06300 | D BLOOD STORING, PROCESSING & TRANS.     | 0. 000000      | 0              |              | 0 0   | 0   | 63.00            |
| 64.00 06400 | DINTRAVENOUS THERAPY                     | 0. 000000      | 0              |              | 0 0   | 0   | 64.00            |
| 65.00 06500 | RESPIRATORY THERAPY                      | 0. 152035      | 490, 363       |              | 0 0   | 74, 552   | 65.00            |
| 66.00 06600 | PHYSI CAL THERAPY                        | 0. 386326      | 250            |              | 0 0   | 97  | 66.00            |
| 67.00 06700 | O OCCUPATIONAL THERAPY                   | 0. 393635      | 500            |              | 0 0   | 197   | 67.00            |
| 68.00 06800 | SPEECH PATHOLOGY                         | 0. 393647      | 1, 029         |              | 0 0   | 405   | 68.00            |
| 69.00 06900 | ELECTROCARDI OLOGY                       | 0. 071956      | 1, 610, 937    |              | 0 0   | 115, 917  | 69.00            |
| 69.01 06901 | 1 CARDI AC REHAB                         | 1. 917586      | 141, 015       |              | 0 0   | 270, 408  | 69.01            |
| 70.00 07000 | ELECTROENCEPHALOGRAPHY                   | 0. 076811      | 1, 311, 103    |              | 0 0   | 100, 707  | 70.00            |
| 71.00 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS     | 0. 350304      | 5, 330, 809    |              | 0 0   | 1, 867, 404   | 71.00            |
| 72.00 07200 | DIMPL. DEV. CHARGED TO PATIENTS          | 0. 596656      | 4, 197, 195    |              | 0 0   | 2, 504, 282   | 72.00            |
| 73.00 07300 | D DRUGS CHARGED TO PATIENTS              | 0. 247519      | 5, 974, 207    |              | 0 17, 124                                   | 1, 478, 730   | 73.00            |
|             | RENAL DIALYSIS                           | 0. 348100      | 202, 776       |              | 0 0   | 70, 586   | 74.00            |
| 75.00 07500 | DASC (NON-DISTINCT PART)                 | 0. 000000      | 0              |              | 0 0   | 0   | 75.00            |
|             | ATIENT SERVICE COST CENTERS              |                |                | •            |   |   |                  |
| 88.00 08800 | RURAL HEALTH CLINIC                      | 0.00000        |                |              |   | 0   | 88.00            |
|             | FEDERALLY QUALIFIED HEALTH CENTER        | 0.00000        |                |              |   | 0   |                  |
|             | D CLINIC                                 | 0. 459792      |                |              | 0 0   | 2, 142, 420   |                  |
|             | DEMERGENCY                               | 0. 224502      |                |              | 0 0   | 1, 622, 834   |                  |
|             | O OBSERVATION BEDS (NON-DISTINCT PART)   | 0. 538495      |                |              | 0 0   | 3, 164, 428   | 1                |
|             | R REIMBURSABLE COST CENTERS              | 5.000170       | 2, 8, 8, 100   | 1            | - 0   | 2, 101, 120   | 1                |
|             | HOME PROGRAM DI ALYSI S                  | 0. 000000      |                |              | 0   |   | 94.00            |
|             | D AMBULANCE SERVI CES                    | 0. 000000      |                |              | 0   |   | 95.00            |
|             | D DURABLE MEDICAL EQUIP-RENTED           | 0. 000000      |                |              | 0 0   | 0   |                  |
|             | D DURABLE MEDICAL EQUIP-SOLD             | 0. 000000      |                |              | 0 0   | 0   |                  |
| 200.00      | Subtotal (see instructions)              | 0.00000        | 106, 918, 990  |              | 0 17, 124                                   | 22, 095, 404  | 1                |
|             | Less PBP Clinic Lab. Services-Program    |                | 100, 210, 290  |              | 0 17, 124                                   | 22, 075, 404  | 201.00           |
| 201 00      |  |                |                | 1            | 0   |   |                  |
| 201.00      | Only Charges                             |                |                |              |   |   |                  |

| ANCI LLARY SERVICE COST CENTERS           50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C | Cost<br>Cost<br>Reimbursed<br>Services<br>Subject To                                 | Titl<br>sts<br>Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00  |   | Peri od:<br>From 01/01/2014<br>To 12/31/2014<br>Hospi tal |     |                  |
|---|--|--|---|---|-----|------------------|
| ANCI LLARY SERVI CE_COST_CENTERS<br>50. 00 05000 0PERATI NG_ROM<br>50. 01 05001 ENDOSCOPY<br>51. 00 05100 RECOVERY ROOM<br>52. 00 05200 DELI VERY ROOM & LABOR ROOM<br>53. 00 05300 ANESTHESI 0LOGY<br>54. 00 05400 RADI 0LOGY-DI AGNOSTI C   | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>6.00 | sts<br>Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |   | Hospi tal   | PPS | 50. 01<br>51. 00 |
| ANCI LLARY SERVI CE_COST_CENTERS<br>50. 00 05000 0PERATI NG_ROM<br>50. 01 05001 ENDOSCOPY<br>51. 00 05100 RECOVERY ROOM<br>52. 00 05200 DELI VERY ROOM & LABOR ROOM<br>53. 00 05300 ANESTHESI 0LOGY<br>54. 00 05400 RADI 0LOGY-DI AGNOSTI C   | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>6.00 | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0        |   |   |     | 50. 01<br>51. 00 |
| ANCI LLARY SERVI CE_COST_CENTERS<br>50. 00 05000 0PERATI NG_ROM<br>50. 01 05001 ENDOSCOPY<br>51. 00 05100 RECOVERY ROOM<br>52. 00 05200 DELI VERY ROOM & LABOR ROOM<br>53. 00 05300 ANESTHESI 0LOGY<br>54. 00 05400 RADI 0LOGY-DI AGNOSTI C   | Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>6.00         | Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                |   |   |     | 50. 01<br>51. 00 |
| ANCI LLARY SERVICE COST CENTERS           50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C | Services<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>6.00<br>0                  | Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                              |   |   |     | 50. 01<br>51. 00 |
| ANCI LLARY SERVICE COST CENTERS           50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C | Subject To<br>Ded. & Coins.<br>(see inst.)<br>6.00                                   | Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |   |   |     | 50. 01<br>51. 00 |
| ANCI LLARY SERVICE COST CENTERS           50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C | Ded. & Coins.<br>(see inst.)<br>6.00<br>0  | Ded. & Coins.<br>(see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |   |   |     | 50. 01<br>51. 00 |
| ANCI LLARY SERVICE COST CENTERS           50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C | <u>(see inst.)</u><br>6.00<br>0  | (see inst.)<br>7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |   |   |     | 50. 01<br>51. 00 |
| 50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C   | 6.00   | 7.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |   |   |     | 50. 01<br>51. 00 |
| 50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C   | 0  | 0<br>0<br>0<br>0<br>0<br>0<br>0  |   |   |     | 50. 01<br>51. 00 |
| 50.00         05000         0PERATI NG ROOM           50.01         05001         ENDOSCOPY           51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C   | -  | 0<br>0<br>0<br>0   |   |   |     | 50. 01<br>51. 00 |
| 51.00         05100         RECOVERY ROOM           52.00         05200         DELI VERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 0<br>0<br>0<br>0   |   |   |     | 51.00            |
| 52.00         05200         DELIVERY ROOM & LABOR ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C  |  | 0<br>0<br>0  |   |   |     |                  |
| 53. 00 05300 ANESTHESI OLOGY<br>54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0<br>0<br>0<br>0   | 0<br>0<br>0  |   |   |     | 52 00            |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0<br>0<br>0<br>0   | 0<br>0<br>0  |   |   |     | 1 22.00          |
|   | 0<br>0<br>0  | 0  |   |   |     | 53.00            |
|   | 0  | 0  |   |   |     | 54.00            |
| 54. 01 05401 RADI OLOGY - ULTRASOUND  | 0  |  |   |   |     | 54.01            |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | ~  | 0  |   |   |     | 55.00            |
| 56. 00 05600 RADI OI SOTOPE   | 0  | 0  |   |   |     | 56.00            |
| 57.00 05700 CT SCAN   | 0  | 0  |   |   |     | 57.00            |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)   | 0  | 0  |   |   |     | 58.00            |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 0  | 0  |   |   |     | 59.00            |
| 60. 00 06000 LABORATORY   | 0  | 0  |   |   |     | 60.00            |
| 60. 01 06001 BLOOD LABORATORY   | 0  | 0  |   |   |     | 60.01            |
| 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0  |  |   |   |     | 61.00            |
| 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0  | 0  |   |   |     | 62.00            |
| 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.<br>64. 00 06400 I NTRAVENOUS THERAPY  | 0  | 0  |   |   |     | 63.00<br>64.00   |
| 65. 00 06500 RESPI RATORY THERAPY   | 0  | 0  |   |   |     | 65.00            |
| 66. 00 06600 PHYSI CAL THERAPY  | 0  | 0  |   |   |     | 66.00            |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 0  | 0  |   |   |     | 67.00            |
| 68. 00 06800 SPEECH PATHOLOGY   | 0  | 0  |   |   |     | 68.00            |
| 69. 00 06900 ELECTROCARDI OLOGY   | 0  | 0  |   |   |     | 69.00            |
| 69. 01 06901 CARDI AC REHAB   | 0  | 0  |   |   |     | 69.01            |
| 70.00 07000 ELECTROENCEPHALOGRAPHY  | 0  | 0  |   |   |     | 70.00            |
| 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS   | 0  | 0  |   |   |     | 71.00            |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0  | 0  |   |   |     | 72.00            |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 0  | 4, 239   |   |   |     | 73.00            |
| 74. 00 07400 RENAL DI ALYSI S   | 0  | 0  |   |   |     | 74.00            |
| 75.00 07500 ASC (NON-DI STINCT PART)  | 0  | 0  |   |   |     | 75.00            |
| OUTPATIENT SERVICE COST CENTERS   |  | 1  |   |   |     |                  |
| 88.00 08800 RURAL HEALTH CLINIC   | 0  |  |   |   |     | 88.00            |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER  | 0  |  |   |   |     | 89.00            |
| 90. 00 09000 CLINIC   | 0  | 0  |   |   |     | 90.00            |
| 91.00 09100 EMERGENCY   | 0  |  |   |   |     | 91.00            |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)  | 0  | 0  | I |   |     | 92.00            |
| OTHER REI MBURSABLE COST CENTERS  | 0  |  |   |   |     | 1 04 00          |
| 94. 00 09400 HOME PROGRAM DI ALYSI S<br>95. 00 09500 AMBULANCE SERVI CES  | 0<br>0   |  |   |   |     | 94.00<br>95.00   |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED   | 0  |  |   |   |     | 95.00            |
| 97. 00 09700 DURABLE MEDICAL EQUIP-RENTED   | 0  |  |   |   |     | 97.00            |
| 200.00 Subtotal (see instructions)  | 0  |  |   |   |     | 200.00           |
| 201.00 Less PBP Clinic Lab. Services-Program  | 0  |  |   |   |     | 200.00           |
| Only Charges  | 0  |  |   |   |     |                  |
| 202.00 Net Charges (line 200 +/- line 201)  | 0  | 4, 239   |   |   |     | 202.00           |

| Health Financial Systems   |                      | METHODIST HOS  |     |                          |              |                            | u of Form CMS-         | 2552-1         |
|--|----------------------|----------------|-----|--------------------------|--------------|----------------------------|------------------------|----------------|
| APPORTIONMENT OF INPATIENT ANCI                                    | LLARY SERVICE CAPITA | AL COSTS       | F   | Provi der                | CCN: 150002  | Period:<br>From 01/01/2014 | Worksheet D<br>Part II |                |
|  |                      |                | (   | Component                | CCN: 15S002  | To 12/31/2014              |                        | pared:<br>7 am |
|  |                      |                |     | Ti tl                    | e XVIII      | Subprovider -<br>IPF       | PPS                    |                |
| Cost Center Descri   | otion                | Capi tal       |     |                          | Ratio of Cos | t Inpatient                | Capital Costs          |                |
|  |                      | Related Cost   |     | Wkst. C,                 | to Charges   | Program                    | (column 3 x            |                |
|  |                      | (from Wkst. B, |     |                          | (col. 1 ÷ co | L. Charges                 | column 4)              |                |
|  |                      | Part II, col.  |     | 8)                       | 2)           |                            |                        |                |
|  |                      | 26)            | -   |                          |              |                            |                        |                |
|  |                      | 1.00           | 2   | . 00                     | 3.00         | 4.00                       | 5.00                   |                |
| ANCI LLARY SERVICE COST C  | ENTERS               | F02_01/        | 100 | 710 000                  | 0.004/       | 20 0                       |                        | 1 50 0         |
| 50. 00 05000 OPERATING ROOM  |                      | 593, 016       |     | , 710, 890               |              |                            |                        |                |
| 50. 01 05001 ENDOSCOPY   |                      | 22, 022        |     | , 527, 131               | 0.0012       |                            |                        |                |
| 51.00 05100 RECOVERY ROOM  |                      | 134, 706       |     | , 487, 499               |              |                            |                        |                |
| 52.00 05200 DELIVERY ROOM & LAB                                    | 30R ROOM             | 91, 684        | 5   | , 286, 273               |              |                            | 0                      |                |
| 53. 00 05300 ANESTHESI OLOGY                                       |                      | 0              |     | 0                        | 0.0000       |                            | 0                      |                |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI                                 |                      | 478, 466       |     | , 910, 277               |              |                            | 235                    |                |
| 54. 01 05401 RADI OLOGY - ULTRAS                                   |                      | 53, 316        | 14  | , 253, 936               | 0.00374      | 40 6, 466                  | 24                     | 54.0           |
| 55. 00 05500 RADI OLOGY-THERAPEU                                   | FIC                  | 122, 045       | 16  | , 246, 236               | 0.0075       | 12 0                       | 0                      | 55.0           |
| 56. 00 05600 RADI 0I SOTOPE  |                      | 90, 468        | 11  | , 776, 580               | 0.0076       | 6, 029                     | 46                     | 56.0           |
| 57.00 05700 CT SCAN  |                      | 94, 100        | 85  | , 148, 037               | 0.00110      | 55, 862                    | 62                     | 57.0           |
| 8.00 05800 MAGNETIC RESONANCE                                      | IMAGING (MRI)        | 42, 198        | 22  | , 489, 614               | 0. 0018      | 76 12, 726                 | 24                     | 58.0           |
| 59. 00 05900 CARDI AC CATHETERI ZA                                 | ATION                | 106, 378       | 62  | , 257, 174               | 0.00170      | 0 0                        | 0                      | 59.0           |
| 0. 00 06000 LABORATORY   |                      | 293, 383       | 111 | , 806, 730               | 0.0026       | 24 205, 451                | 539                    | 60.0           |
| 0. 01 06001 BLOOD LABORATORY                                       |                      | 0              | 1   | 0                        | 0.0000       |                            | 0                      |                |
| 51.00 06100 PBP CLINICAL LAB SE                                    | RVICES-PRGM ONLY     | -              |     |                          |              |                            | -                      | 61.0           |
| 52.00 06200 WHOLE BLOOD & PACKE                                    |                      | 14, 421        | 7   | , 473, 801               | 0.0019       | 30 0                       | 0                      |                |
| 53.00 06300 BLOOD STORING, PRO                                     |                      | 0              | 1   | 0                        |              |                            | 0                      |                |
| 54. 00 06400 INTRAVENOUS THERAPY                                   |                      | 0              |     | 0                        | 0.0000       |                            | 0                      |                |
| 55. 00 06500 RESPI RATORY THERAP                                   |                      | 86, 983        |     | , 049, 842               | 0.0028       |                            | 2                      |                |
| 66. 00 06600 PHYSI CAL THERAPY                                     |                      | 114, 429       | 1   | , 101, 339               |              |                            |                        |                |
| 57. 00 06700 OCCUPATI ONAL THERAF                                  | ov.                  | 95, 846        |     | , 461, 489               |              |                            | 52                     |                |
| 8. 00 06800 SPEECH PATHOLOGY                                       | - 1                  | 17, 696        |     | , 401, 489<br>, 751, 777 |              |                            |                        |                |
| 59. 00 06900 ELECTROCARDI OLOGY                                    |                      | 7,089          |     |                          |              |                            | 7                      |                |
|  |                      |                |     | ,077,309                 |              |                            |                        |                |
|  | DUN                  | 2,875          |     | 454, 107                 | 0.0063       |                            | 0                      |                |
| 70. 00 07000 ELECTROENCEPHALOGR                                    |                      | 11, 323        |     | , 341, 317               | 0.0004       |                            | 1                      |                |
| 71.00 07100 MEDICAL SUPPLIES CH                                    |                      | 134, 684       |     | , 647, 245               |              |                            | 36                     |                |
| 2.00 07200 I MPL. DEV. CHARGED                                     |                      | 171, 529       |     | , 675, 339               |              |                            | 0                      |                |
| 73.00 07300 DRUGS CHARGED TO P/                                    | ATTENTS              | 205, 587       | 1   | , 629, 741               | 0.0025       |                            | 351                    |                |
| 74.00 07400 RENAL DIALYSIS   |                      | 49, 147        | 1   | , 917, 052               |              |                            |                        |                |
| 75.00 07500 ASC (NON-DISTINCT F                                    |                      | 0              |     | 0                        | 0.0000       | 0 00                       | 0                      | 75.0           |
| OUTPATIENT SERVICE COST  |                      | 1              |     |                          | 1            | 1                          |                        |                |
| 38.00 08800 RURAL HEALTH CLINI                                     |                      | 0              | 1   | 0                        |              |                            |                        |                |
| 39. 00 08900 FEDERALLY QUALIFIE                                    | ) HEALTH CENTER      | 0              | •   | 0                        | 0.0000       |                            |                        |                |
| 90. 00 09000 CLINIC  |                      | 670, 006       | 1   | , 777, 697               |              |                            | -                      | 1              |
| 91.00 09100 EMERGENCY  |                      | 328, 431       | 1   | , 890, 452               | 0.0052       |                            |                        |                |
| 92.00 09200 OBSERVATION BEDS (1                                    |                      | 0              | 21  | , 045, 795               | 0.0000       | 0 00                       | 0                      | 92.0           |
| OTHER REIMBURSABLE COST  |                      | -              |     |                          |              |                            |                        |                |
| 4.00 09400 HOME PROGRAM DIALYS                                     | SES                  | 0              |     | 0                        | 0.0000       | 0 00                       | 0                      | 94.0           |
| 95.00 09500 AMBULANCE SERVICES                                     |                      |                |     |                          |              |                            |                        | 95.0           |
|  |                      |                | 1   | 0                        | 0.0000       | 0 00                       | 0                      | 96.0           |
| 96.00 09600 DURABLE MEDICAL EQU                                    | JI P-RENTED          | 0              |     | 0                        | 0.0000       | 50 0                       | 0                      | 1 ,0.0         |
| 96.00 09600 DURABLE MEDICAL EQU<br>97.00 09700 DURABLE MEDICAL EQU |                      | 0              |     | 0                        | 0.0000       |                            | 0                      |                |

|           | nancial Systems   | METHODI ST HOSPI |               |              |                            | u of Form CMS-2        | 2552-10 |
|-----------|---|------------------|---------------|--------------|----------------------------|------------------------|---------|
|           | MENT OF INPATIENT/OUTPATIENT ANCILLARY SE                           | RVICE OTHER PASS | Provi der     |              | Period:<br>From 01/01/2014 | Worksheet D<br>Part IV |         |
| THROUGH C | 0515  |                  | Component     | CCN: 15S002  |                            | Date/Time Pre          | pared:  |
|           |   |                  |               |              |                            | 5/28/2015 9:0          | żam     |
|           |   |                  | Titl          | e XVIII      | Subprovider -<br>IPF       | PPS                    |         |
|           | Cost Center Description   | Non Physician Nu | ursing School | Allied Healt |                            | Total Cost             |         |
|           |   | Anesthetist      |               |              | Medi cal                   | (sum of col 1          |         |
|           |   | Cost             |               |              | Education Cost             | 5                      |         |
|           |   |                  |               |              |                            | 4)                     |         |
|           |   | 1.00             | 2.00          | 3.00         | 4.00                       | 5.00                   |         |
|           | CILLARY SERVICE COST CENTERS  |                  |               |              |                            | 0                      |         |
|           | DOO OPERATING ROOM  | 0                | 0             |              | 0 0                        | 0                      |         |
|           |   | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 100 RECOVERY ROOM   | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 200 DELIVERY ROOM & LABOR ROOM<br>300 ANESTHESIOLOGY                | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 400 RADI OLOGY-DI AGNOSTI C   | 0                | 0             |              | 0 0                        | 0                      |         |
|           |   | 0                | 0             |              | 0 0                        |                        |         |
|           | 401 RADI OLOGY - ULTRASOUND   | 0                | -             |              | 0 0                        | 0                      |         |
|           | 500 RADI OLOGY-THERAPEUTI C   | 0                | 0             |              |                            | 0                      |         |
|           | 500 RADI OI SOTOPE  | 0                | 0             |              | 0 0<br>0 0                 | 0                      | 56.00   |
|           | 700 CT SCAN   | 0                | -             |              | 0 0                        | 0                      |         |
|           | BOO MAGNETIC RESONANCE IMAGING (MRI)<br>POO CARDIAC CATHETERIZATION | 0                | 0             |              | 0 0                        | 0                      |         |
|           | DOO LABORATORY  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | DOT BLOOD LABORATORY  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 100 PBP CLINICAL LAB SERVICES-PRGM ONLY                             | 0                | 0             |              | 0 0                        | 0                      | 61.00   |
|           | 200 WHOLE BLOOD & PACKED RED BLOOD CELLS                            |                  | 0             |              | o o                        | 0                      |         |
|           | 300 BLOOD STORING, PROCESSING & TRANS.                              | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 400 I NTRAVENOUS THERAPY  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 500 RESPI RATORY THERAPY  | 0                | 0             |              | 0 0                        | 0                      | •       |
|           | 500 PHYSI CAL THERAPY   | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 700 OCCUPATI ONAL THERAPY   | 0                | 0             |              | 0 0                        | 0                      | •       |
|           | BOO SPEECH PATHOLOGY  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | POO ELECTROCARDI OLOGY  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | PO1 CARDI AC REHAB  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | DOO ELECTROENCEPHALOGRAPHY  | 0                | 0             |              | 0 0                        | 0                      | •       |
|           | 100 MEDICAL SUPPLIES CHARGED TO PATIENTS                            | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 200 IMPL. DEV. CHARGED TO PATIENTS                                  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 300 DRUGS CHARGED TO PATIENTS                                       | 0                | 0             |              | 0 0                        | 0                      | •       |
|           | 400 RENAL DIALYSIS  | 0                | 0             |              | 0 0                        | 0                      |         |
|           | 500 ASC (NON-DISTINCT PART)   | 0                | 0             |              | 0 0                        | 0                      | •       |
|           | IPATI ENT SERVICE COST CENTERS                                      |                  |               |              |                            |                        |         |
|           | BOO RURAL HEALTH CLINIC   | 0                | 0             |              | 0 0                        | 0                      | 88.00   |
|           | 900 FEDERALLY QUALIFIED HEALTH CENTER                               | 0                | 0             |              | 0 0                        | 0                      |         |
|           | DOO CLINIC  | 0                | 0             |              | 0 0                        | 0                      | 90.00   |
|           | 100 EMERGENCY   | 0                | 0             |              |                            | 715, 920               |         |
|           | 200 OBSERVATION BEDS (NON-DISTINCT PART)                            | 0                | 0             |              | 0 0                        | 0                      | 1       |
|           | HER REIMBURSABLE COST CENTERS                                       |                  |               | ·            |                            |                        | 1       |
|           | 400 HOME PROGRAM DI ALYSI S   | 0                | 0             |              | 0 0                        | 0                      | 94.00   |
|           | 500 AMBULANCE SERVICES  |                  |               |              |                            |                        | 95.00   |
| 96.00 096 | 500 DURABLE MEDICAL EQUIP-RENTED                                    | 0                | 0             |              | 0 0                        | 0                      | 96.00   |
|           |   | 1                |               |              | 1                          |                        | 1       |
|           | 700 DURABLE MEDICAL EQUIP-SOLD                                      | 0                | 0             |              | 0 0                        | 0                      | 97.00   |

| PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE                  |               | SPITALS, II |             | CCN: 150002   | Peri od:        | u of Form CMS-2<br>Worksheet D | 2002          |
|--|---------------|-------------|-------------|---------------|-----------------|--------------------------------|---------------|
| ROUGH COSTS  |               |             |             |               | From 01/01/2014 | Part IV                        |               |
|  |               | Comp        | onent       | CCN: 15S002   | To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0 | parec<br>7 am |
|  |               |             | Ti tl       | e XVIII       | Subprovider -   | PPS                            |               |
| Cost Center Description  | Total         | Total Cha   | araes       | Ratio of Cos  |                 | Inpati ent                     |               |
| · · · · · · · · · · · · · · · · · · ·                              | Outpati ent   | (from Wks   |             | to Charges    | Ratio of Cost   | Program                        |               |
|  | Cost (sum of  | Part I,     | col .       | (col. 5 ÷ col | . to Charges    | Charges                        |               |
|  | col. 2, 3 and | 8)          |             | 7)            | (col. 6 ÷ col.  |                                |               |
|  | 4)            |             |             |               | 7)              |                                |               |
|  | 6.00          | 7.00        |             | 8.00          | 9.00            | 10.00                          |               |
| ANCI LLARY SERVICE COST CENTERS                                    | 0             | 104 71      | 0 000       | 0.0000        | 0. 000000       | 0                              | 50.           |
|  |               |             |             |               |                 |                                |               |
| D. 01 05001 ENDOSCOPY<br>1. 00 05100 RECOVERY ROOM                 | 0             |             |             | 0.0000        |                 | 0                              | 50.<br>51.    |
| 2. 00 05200 DELIVERY ROOM & LABOR ROOM                             |               |             | 7,499       |               |                 | 0                              | 51.           |
| 3. 00 05300 ANESTHESI OLOGY  |               |             | 6, 273<br>0 |               |                 | 0                              | 52.           |
| 4. 00 05400 RADI OLOGY-DI AGNOSTI C                                | 0             |             | -           |               |                 | 14, 224                        |               |
| 4. 01 05401 RADIOLOGY - ULTRASOUND                                 | 0             |             |             |               |                 | 6, 466                         |               |
| 5. 00 05500 RADI OLOGY - ULTRASOUND                                | 0             |             |             | 0.00000       |                 | 0, 400                         | 55.           |
| 5. 00 05600 RADI OLOGI - THERA LUTTO                               |               |             |             |               |                 | 6,029                          |               |
| 7. 00 05700 CT SCAN  | 0             | 1 '         |             | 0.00000       |                 | 55, 862                        | 57.           |
| 3. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)                       | 0             |             |             | 0. 00000      |                 | 12, 726                        | 58.           |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON                             | 0             |             |             | 0. 00000      |                 | 0                              | 59.           |
| 0. 00 06000 LABORATORY   | 0             |             |             |               |                 | 205, 451                       | 60.           |
| D. 01 06001 BLOOD LABORATORY                                       | 0             |             | 0,700       |               |                 | 0                              | 60.           |
| 1.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                     |               |             |             |               |                 |                                | 61.           |
| 2. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                   | 0             | 7.47        | 3, 801      | 0. 00000      | 0. 000000       | 0                              | 62.           |
| 3. 00 06300 BLOOD STORING, PROCESSING & TRANS.                     | 0             |             | 0           | 0. 00000      | 0. 000000       | 0                              | 63.           |
| 4.00 06400 I NTRAVENOUS THERAPY                                    | 0             |             | 0           | 0.0000        | 0. 000000       | 0                              | 64.           |
| 5. 00 06500 RESPI RATORY THERAPY                                   | 0             | 31, 04      | 9, 842      | 0.00000       | 0. 000000       | 851                            | 65.           |
| 5. 00 06600 PHYSI CAL THERAPY                                      | 0             | 7,10        | 1, 339      | 0.0000        | 0. 000000       | 5, 148                         | 66.           |
| 7.00 06700 OCCUPATIONAL THERAPY                                    | 0             | 5,46        | 1, 489      | 0.0000        | 0. 000000       | 2, 975                         | 67.           |
| 3. 00 06800 SPEECH PATHOLOGY                                       | 0             | 1,75        | 1, 777      | 0.0000        | 0. 000000       | 399                            | 68.           |
| 9. 00 06900 ELECTROCARDI OLOGY                                     | 0             |             | 7, 309      |               |                 | 16, 357                        | 69.           |
| 9. 01 06901 CARDI AC REHAB   | 0             |             | 4, 107      | 0.0000        |                 | 0                              | 69.           |
| D. 00 07000 ELECTROENCEPHALOGRAPHY                                 | 0             |             |             | 0.0000        |                 | 1, 427                         | 70.           |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                    | 0             |             |             |               |                 | 10, 881                        | 71.           |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS                          | 0             |             |             |               |                 | 0                              | 72.           |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS                              | 0             |             |             | 0.0000        |                 | 139, 277                       | 73.           |
| 4. 00 07400 RENAL DI ALYSI S                                       | 0             |             | 7,052       |               |                 | 1, 428                         |               |
| 5. 00 07500 ASC (NON-DI STI NCT PART)                              | 0             | 9           | 0           | 0.0000        | 0. 000000       | 0                              | 75.           |
| OUTPATIENT SERVICE COST CENTERS<br>3. 00 08800 RURAL HEALTH CLINIC | 0             | 1           | 0           | 0.0000        | 0. 000000       | 0                              | 88.           |
| 2. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER                      |               |             | 0           |               |                 | 0                              | 89.           |
| 0. 00 09000 CLINIC   |               |             | -           |               |                 | 0                              | 90.           |
| 1. 00 09100 EMERGENCY  | 715, 920      |             |             |               |                 | 105, 089                       |               |
| 2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                   | 0             |             |             |               |                 | 0                              | 92.           |
| OTHER REIMBURSABLE COST CENTERS                                    | . 0           | 21,04       | 5,775       | 0.0000        | 3. 000000       | 0                              | 1 12.         |
| 4. 00 09400 HOME PROGRAM DI ALYSI S                                | 0             |             | 0           | 0.0000        | 0.00000         | 0                              | 94.           |
| 5. 00 09500 AMBULANCE SERVICES                                     |               |             | 0           |               | 5, 00000        | Ŭ                              | 95.           |
| 5. 00 09600 DURABLE MEDICAL EQUIP-RENTED                           | 0             |             | 0           | 0. 00000      | 0. 000000       | 0                              | 96.           |
| 7. 00 09700 DURABLE MEDICAL EQUIP-SOLD                             | 0             |             | 0           |               |                 | 0                              | 97.           |
| 00.00 Total (lines 50-199)   | 715, 920      |             |             |               |                 | 584, 590                       |               |

| Health Financial Systems                            | METHODIST HOSI   | PITALS, INC |               | In Lie                           | u of Form CMS-25           | 552-10      |
|---|------------------|-------------|---------------|----------------------------------|----------------------------|-------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF | RVICE OTHER PASS | 6 Provi der | CCN: 150002   | Period:                          | Worksheet D                |             |
| THROUGH COSTS                                       |                  | Componen    | t CCN: 15S002 | From 01/01/2014<br>To 12/31/2014 | Part IV<br>Date/Time Prepa | arad        |
|   |                  | componen    | L CCN. 155002 | 10 12/31/2014                    | 5/28/2015 9:07             | aneu.<br>am |
|   |                  | Ti tl       | e XVIII       | Subprovider -                    | PPS                        |             |
|   |                  |             |               | IPF                              |                            |             |
| Cost Center Description                             | I npati ent      | Outpati ent | Outpati ent   |                                  |                            |             |
|   | Program          | Program     | Program       |                                  |                            |             |
|   | Pass-Through     | Charges     | Pass-Throug   |                                  |                            |             |
|   | Costs (col. 8    |             | Costs (col.   | 9                                |                            |             |
|   | x col. 10)       | 12.00       | x col. 12)    |                                  |                            |             |
| ANCI LLARY SERVI CE COST CENTERS                    | 11.00            | 12.00       | 13.00         |                                  |                            |             |
| 50. 00 05000 OPERATING ROOM                         | 0                | C           |               | 0                                |                            | 50.00       |
| 50. 01 05000 0FERATING ROOM                         | 0                | C           |               | 0                                |                            | 50.00       |
| 51. 00 05100 RECOVERY ROOM                          | 0                |             |               | 0                                |                            | 51.00       |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM             | 0                |             |               | 0                                |                            | 52.00       |
| 53. 00 05300 ANESTHESI OLOGY                        | 0                |             |               | 0                                |                            | 53.00       |
| 54. 00 05400 RADI OLOGY - DI AGNOSTI C              | 0                |             |               | 0                                |                            | 54.00       |
| 54. 01 05401 RADI OLOGY - ULTRASOUND                | 0                | (           |               | 0                                |                            | 54.00       |
| 55. 00 05500 RADI OLOGY - THERAPEUTI C              | 0                | (           |               | 0                                |                            | 55.00       |
| 56. 00 05600 RADI OLOGI - THERA LETTIC              | 0                |             |               | 0                                |                            | 56.00       |
| 57. 00 05700 CT SCAN                                | 0                |             |               | 0                                |                            | 57.00       |
| 58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)       | 0                | (           |               | 0                                |                            | 58.00       |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON             | 0                |             |               | 0                                |                            | 59.00       |
| 60. 00 06000 LABORATORY                             | 0                | (           |               | 0                                |                            | 60.00       |
| 60. 01 06001 BLOOD LABORATORY                       | 0                | (           |               | 0                                |                            | 60.01       |
| 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY    |                  | c c         |               | 0                                |                            | 61.00       |
| 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0                | C           |               | 0                                |                            | 62.00       |
| 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.   | 0                | (           |               | 0                                |                            | 63.00       |
| 64. 00 06400 I NTRAVENOUS THERAPY                   | 0                | (           |               | 0                                |                            | 64.00       |
| 65. 00 06500 RESPI RATORY THERAPY                   | 0                | Ċ           |               | 0                                |                            | 65.00       |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0                | C           |               | 0                                |                            | 66.00       |
| 67.00 06700 OCCUPATIONAL THERAPY                    | 0                | C           |               | 0                                |                            | 67.00       |
| 68.00 06800 SPEECH PATHOLOGY                        | 0                | C           |               | 0                                |                            | 68.00       |
| 69.00 06900 ELECTROCARDI OLOGY                      | 0                | C           |               | 0                                |                            | 69.00       |
| 69. 01 06901 CARDI AC REHAB                         | 0                | C           |               | 0                                |                            | 69. 01      |
| 70.00 07000 ELECTROENCEPHALOGRAPHY                  | 0                | C           |               | 0                                |                            | 70.00       |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 0                | C           |               | 0                                |                            | 71.00       |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0                | C           |               | 0                                |                            | 72.00       |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0                | C           |               | 0                                |                            | 73.00       |
| 74.00 07400 RENAL DIALYSIS                          | 0                | C           | D             | 0                                |                            | 74.00       |
| 75.00 07500 ASC (NON-DISTINCT PART)                 | 0                | C           | D             | 0                                |                            | 75.00       |
| OUTPATIENT SERVICE COST CENTERS                     |                  |             |               |                                  |                            |             |
| 88.00 08800 RURAL HEALTH CLINIC                     | 0                | C           |               | 0                                |                            | 88.00       |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER       | 0                | C           |               | 0                                |                            | 89.00       |
| 90. 00 09000 CLINIC                                 | 0                | C           |               | 0                                |                            | 90.00       |
| 91. 00 09100 EMERGENCY                              | 1, 196           | C           | D             | 0                                |                            | 91.00       |
| 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)  | 0                | 0           |               | 0                                |                            | 92.00       |
| OTHER REIMBURSABLE COST CENTERS                     | т         т      |             | T             | -                                |                            |             |
| 94.00 09400 HOME PROGRAM DI ALYSI S                 | 0                | C           | 2             | 0                                |                            | 94.00       |
| 95. 00 09500 AMBULANCE SERVICES                     |                  |             |               |                                  |                            | 95.00       |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED           | 0                | C           | 2             | 0                                |                            | 96.00       |
| 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD           | 0                | 0           |               | 0                                |                            | 97.00       |
| 200.00  Total (lines 50-199)                        | 1, 196           | C           | ין            | 0                                | 2                          | 200.00      |

| Component CCN: 15T002     From 01/01/2014<br>To 12/31/2014     Part<br>Date<br>5/28       Title XVIII     Subprovider -<br>IRF       Cost Center Description     Capital<br>Related Cost     Total Charges<br>(from Wkst. C, to Charges     Inpatient<br>Program     Capital<br>(contexport | e/Time Prepa<br>3/2015 9:07<br>PPS<br>tal Costs |
|---|---|
| Component CCN: 15T002     To     12/31/2014     Date 5/28       Title XVIII     Subprovider -<br>IRF       Cost Center Description     Capital<br>Related Cost     Total Charges<br>(from Wkst. C, to Charges     Natio of Cost<br>Program     Capital<br>(co                               | e/Time Prepa<br>3/2015 9:07<br>PPS<br>tal Costs |
| Title XVIII     Subprovider - IRF       Cost Center Description     Capital Related Cost (from Wkst. C, to Charges     Ratio of Cost Program     Capital Cost (cost Center Description)   | PPS<br>tal Costs                                |
| Cost Center DescriptionCapital<br>Related CostTotal Charges<br>(from Wkst. C,<br>to ChargesInpatient<br>ProgramCapi<br>(co  |   |
|   |   |
|   | lumn 3 x  |
|   | lumn 4)   |
| Part II, col. 8) 2)   |   |
|   | F 00  |
| 1.00         2.00         3.00         4.00           ANCI LLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00   | 5.00  |
| 50. 00 05000 OPERATING ROOM 593, 016 126, 710, 890 0. 004680 104, 225   | 488 5   |
| 50. 01 05000 0FERATING ROOM 593, 016 128, 710, 890 0. 004880 104, 225<br>50. 01 05001 ENDOSCOPY 22, 022 17, 527, 131 0. 001256 41, 706  | 400 S<br>52 S                                   |
| 51. 00 05100 RECOVERY ROOM 134, 706 9, 487, 499 0. 014198 15, 345   | 218 5   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM 91, 684 5, 286, 273 0. 017344 0   | 218 5   |
| 53. 00 05300 ANESTHESI OLOGY 0 0 0.000000 0   | 0 5   |
| 54. 00 05400 RADI OLOGY – DI AGNOSTI C 478, 466 28, 910, 277 0. 016550 182, 248   | 3,016 5   |
| 54. 01 05400 (RADI 0L001-DI RONOSTIC) 470, 400 20, 910, 277 0. 010300 102, 240  | 151 5   |
| 55. 00 05500 RADI 0L0GY - THERAPEUTI C 122, 045 16, 246, 236 0. 007512 25, 375  | 191 5   |
| 56. 00 05600 RADI 0I SOTOPE 90, 468 11, 776, 580 0. 007682 22, 847  | 176 5   |
| 57. 00 (05700) CT SCAN 94, 100 85, 148, 037 0. 001105 232, 888  | 257 5   |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 42, 198 22, 489, 614 0.001876 99, 966   | 188 5   |
| 5. 00 (55900) CARDIAC CATHETERIZATION 106, 378 62, 257, 174 0.001709 9, 763   | 17 5  |
| 50.00 06000 LABORATORY 293, 383 111, 806, 730 0.002624 1, 128, 944  | 2,962 6   |
| 50. 01 06001 BLOOD LABORATORY 0 0.000000 0  | 0 6   |
| 51.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY   | i e   |
| 52. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 14, 421 7, 473, 801 0. 001930 65, 972   | 127 6   |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0.000000 0  | 0 6   |
| 64.00 06400 INTRAVENOUS THERAPY 0 0 0.00000 0   | 0 6   |
| 65. 00 06500 RESPI RATORY THERAPY 86, 983 31, 049, 842 0. 002801 543, 727   | 1, 523 6  |
| 56. 00 06600 PHYSI CAL THERAPY 114, 429 7, 101, 339 0. 016114 2, 587, 488   | 41, 695 6                                       |
| 57. 00 06700 OCCUPATI ONAL THERAPY 95, 846 5, 461, 489 0. 017549 2, 442, 846  | 42, 870 6                                       |
| 0.00 06800 SPEECH PATHOLOGY 17, 696 1, 751, 777 0.010102 256, 807   | 2, 594 6  |
| 59. 00 06900 ELECTROCARDI OLOGY 7, 089 17, 077, 309 0. 000415 47, 128   | 20 6  |
| 69. 01 06901 CARDI AC REHAB 2, 875 454, 107 0. 006331 0   | 0 6   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY 11, 323 27, 341, 317 0. 000414 22, 768  | 9 7   |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 134, 684 40, 647, 245 0.003313 260, 267  | 862 7   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 171, 529 30, 675, 339 0. 005592 4, 504   | 25 7  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 205, 587 81, 629, 741 0. 002519 2, 691, 697  | 6, 780 7  |
| 74. 00 07400 RENAL DIALYSIS 49, 147 5, 917, 052 0. 008306 386, 745  | 3, 212 7  |
| 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0.000000 0   | 0 7   |
| OUTPATIENT SERVICE COST CENTERS   |   |
| 38.00 08800 RURAL HEALTH CLINIC 0 0.000000 0  | 0 8   |
| 39. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0.000000 0   | 0 8   |
| 20. 00 09000 CLINIC 670, 006 17, 777, 697 0. 037688 0   | 0 9   |
| 91. 00 09100 EMERGENCY 328, 431 62, 890, 452 0. 005222 0  | 0 9   |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 21, 045, 795 0. 000000 0   | 0 9   |
| OTHER REI MBURSABLE COST CENTERS  |   |
| 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0.000000 0   | 0 9   |
| 25. 00 09500 AMBULANCE SERVICES   |   |
| 96.00         09600         DURABLE         MEDI CAL         EQUI P-RENTED         0         0         0.000000         0           97.00         09700         DURABLE         MEDI CAL         EQUI P-SOLD         0         0         0.000000         0                                 | 0 9   |
|   |   |
| 200. 00       Total (lines 50-199)       4,031,828       870,194,679       11,213,593   | 107, 433 20                                     |

| Health Financial Systems  | METHODI ST HOSPI | TALS, INC           |               | In Lie                           | u of Form CMS-           | 2552-10 |
|---|------------------|---------------------|---------------|----------------------------------|--------------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE                        | RVICE OTHER PASS | Provi der           |               | Period:                          | Worksheet D              |         |
| THROUGH COSTS   |                  | Component           | CCN: 15T002   | From 01/01/2014<br>To 12/31/2014 | Part IV<br>Date/Time Pre | nared   |
|   |                  | component           |               | 10 12/31/2014                    | 5/28/2015 9:0            | 7 am    |
|   |                  | Titl                | e XVIII       | Subprovider -                    | PPS                      |         |
| Cost Center Description   | Non Physician Nu | ursing School       | Allied Health | IRF<br>All Other                 | Total Cost               |         |
|   | Anesthetist      | an of high openioon |               | Medi cal                         | (sum of col 1            |         |
|   | Cost             |                     |               | Education Cost                   | through col.             |         |
|   |                  |                     |               |                                  | 4)                       |         |
|   | 1.00             | 2.00                | 3.00          | 4.00                             | 5.00                     |         |
| ANCI LLARY SERVICE COST CENTERS   |                  |                     |               |                                  |                          |         |
| 50.00 05000 OPERATING ROOM  | 0                | 0                   |               | 0 0                              | 0                        |         |
| 50. 01 05001 ENDOSCOPY  | 0                | 0                   |               | 0 0                              | 0                        | 50.01   |
| 51.00 05100 RECOVERY ROOM   | 0                | 0                   |               | 0 0                              | 0                        | 51.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                                    | 0                | 0                   |               | 0 0                              | 0                        | 52.00   |
| 53. 00 05300 ANESTHESI OLOGY  | 0                | 0                   |               | 0 0                              | 0                        |         |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                       | 0                | 0                   |               | 0 0                              | 0                        | •       |
| 54.01 05401 RADI OLOGY - ULTRASOUND                                       | 0                | 0                   |               | 0 0                              | 0                        | 54.01   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                                      | 0                | 0                   |               | 0 0                              | 0                        |         |
| 56. 00 05600 RADI 0I SOTOPE   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 57.00 05700 CT SCAN   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                              | 0                | 0                   |               | 0 0                              | 0                        | 58.00   |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                                   | 0                | 0                   |               | 0 0                              | 0                        | •       |
| 60. 00 06000 LABORATORY   | 0                | 0                   |               | 0 0                              | 0                        | 60.00   |
| 60.01 06001 BLOOD LABORATORY  | 0                | 0                   |               | 0 0                              | 0                        |         |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                           |                  |                     |               |                                  |                          | 61.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                          | 0                | 0                   |               | 0 0                              | 0                        |         |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS.                            | 0                | 0                   |               | 0 0                              | 0                        |         |
| 64.00 06400 INTRAVENOUS THERAPY   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 65. 00 06500 RESPI RATORY THERAPY   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 66.00 06600 PHYSI CAL THERAPY   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 67.00 06700 OCCUPATI ONAL THERAPY   | 0                | 0                   |               | 0 0                              | 0                        | •       |
| 68.00 06800 SPEECH PATHOLOGY  | 0                | 0                   |               | 0 0                              | 0                        |         |
| 69. 00 06900 ELECTROCARDI OLOGY   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 69. 01 06901 CARDI AC REHAB   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                                       | 0                | 0                   |               | 0 0                              | 0                        |         |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS                      | 0                | 0                   |               | 0 0                              | 0                        |         |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS                              | 0                | 0                   |               | 0 0                              | 0                        |         |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                                    | 0                | 0                   |               | 0 0                              | 0                        |         |
| 74. 00 07400 RENAL DIALYSIS   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 75. 00 07500 ASC (NON-DI STINCT PART)<br>OUTPATI ENT SERVICE COST CENTERS | 0                | 0                   |               | 0 0                              | 0                        | 75.00   |
| 88. 00 08800 RURAL HEALTH CLINIC  | 0                | 0                   |               | 0 0                              | 0                        | 88.00   |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER                            | 0                | 0                   |               | 0 0                              | 0                        |         |
| 90. 00 09000 CLINIC   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 91. 00 09100 EMERGENCY  | 0                | 0                   |               |                                  | 715, 920                 |         |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                         | 0                | 0                   |               | 0 0                              | 0                        |         |
| OTHER REIMBURSABLE COST CENTERS   | <u> </u>         | 0                   | 1             | <u> </u>                         | 0                        | /2.00   |
| 94. 00 09400 HOME PROGRAM DI ALYSI S                                      | 0                | 0                   |               | 0 0                              | 0                        | 94.00   |
| 95. 00 09500 AMBULANCE SERVICES   |                  | 0                   |               | Ĩ                                | 0                        | 95.00   |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED                                 | 0                | 0                   |               | o o                              | 0                        | •       |
| 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD                                   | 0                | 0                   |               | 0 0                              | 0                        |         |
| 200.00 Total (lines 50-199)   | 0                | 0                   |               |                                  | -                        | •       |
|   |                  | 0                   |               | -1 0                             | 1                        |         |

| PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S                     | SERVICE OTHER PAS | S Provi de   | r CCN: 150002  | Peri od:        | Worksheet D                    |               |
|---|-------------------|--------------|----------------|-----------------|--------------------------------|---------------|
| IROUGH COSTS  | SERVICE CHIER THO |              |                | From 01/01/2014 | Part IV                        |               |
|   |                   | Compone      | nt CCN: 15T002 | To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0 | parec<br>7 am |
|   |                   | Ti           | tle XVIII      | Subprovider -   | PPS                            |               |
| Cost Center Description   | Total             | Total Charge | s Ratio of Cos |                 | Inpati ent                     |               |
|   | Outpati ent       | (from Wkst.  | C, to Charges  | Ratio of Cost   | Program                        |               |
|   | Cost (sum of      | Part I, col. | (col. 5 ÷ co   |                 | Charges                        |               |
|   | col. 2, 3 and     | 8)           | 7)             | (col. 6 ÷ col.  | -                              |               |
|   | 4)                |              |                | 7)              |                                |               |
|   | 6.00              | 7.00         | 8.00           | 9.00            | 10.00                          |               |
| ANCI LLARY SERVI CE COST CENTERS                                    | C                 | 10/ 710 00   | 0.0000         | 00 0. 000000    | 104 005                        | 50.           |
|   | -                 |              |                |                 |                                |               |
| 0. 01 05001 ENDOSCOPY<br>0. 00 05100 RECOVERY ROOM                  |                   |              |                |                 |                                |               |
| 2. 00 05200 DELIVERY ROOM & LABOR ROOM                              |                   |              |                |                 |                                |               |
| 3. 00 05300 ANESTHESI OLOGY   |                   |              | 0 0.0000       |                 |                                |               |
| I. 00 05400 RADI OLOGY-DI AGNOSTI C                                 |                   |              |                |                 |                                |               |
| I. 01 05401 RADIOLOGY - ULTRASOUND                                  |                   |              |                |                 |                                |               |
| 5. 00 05500 RADI OLOGY - ULTRASOUND                                 |                   |              |                |                 |                                |               |
| 5. 00 05600 RADI 01 SOTOPE  |                   |              |                |                 |                                |               |
| 7. 00 05700 CT SCAN   | 0                 |              |                |                 |                                |               |
| 3. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)                        |                   |              |                |                 |                                |               |
| 2. 00 05900 CARDI AC CATHETERI ZATI ON                              |                   |              |                |                 |                                |               |
| 0. 00 06000 LABORATORY  | C                 |              |                |                 |                                |               |
| 0. 01 06001 BLOOD LABORATORY  |                   |              | 0 0.0000       |                 | 0                              | 60.           |
| 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                        |                   |              | 0.0000         | 0.000000        |                                | 61.           |
| 2. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                    | C                 | 7, 473, 80   | 0. 0000        | 0. 000000       | 65, 972                        |               |
| 3. 00 06300 BLOOD STORING, PROCESSING & TRANS.                      |                   |              | 0 0.0000       |                 |                                |               |
| I. 00 06400 I NTRAVENOUS THERAPY                                    |                   |              | 0 0.0000       |                 |                                |               |
| 5. 00 06500 RESPI RATORY THERAPY                                    | C                 | 31, 049, 84  |                |                 |                                |               |
| 0. 00 06600 PHYSI CAL THERAPY                                       | C                 |              |                |                 |                                |               |
| 7.00 06700 OCCUPATIONAL THERAPY                                     | C                 |              |                |                 |                                |               |
| 3. 00 06800 SPEECH PATHOLOGY  | C                 | 1, 751, 7    | 0.0000         | 0. 000000       | 256, 807                       |               |
| 2. 00 06900 ELECTROCARDI OLOGY                                      | C                 | 17,077,30    | 0. 0000        | 0. 000000       | 47, 128                        | 69.           |
| 2. 01 06901 CARDI AC REHAB  | C                 | 454, 10      | 0. 0000        | 00 0. 000000    | 0                              | 69.           |
| 0. 00 07000 ELECTROENCEPHALOGRAPHY                                  | C                 | 27, 341, 3   | 0.0000         | 0. 000000       | 22, 768                        | 70.           |
| 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                       | C                 | 40, 647, 24  | 45 0.0000      | 00 0. 000000    | 260, 267                       | 71.           |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS                           | C                 | 30, 675, 3   | 39 0.0000      | 00 0. 000000    | 4, 504                         | 72.           |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS                               | C                 | 81, 629, 74  | 41 0.0000      | 00 0. 000000    | 2, 691, 697                    | 73.           |
| I. 00 07400 RENAL DIALYSIS  | C                 | 5, 917, 0    | 52 0.0000      | 00 0. 000000    | 386, 745                       | 74.           |
| 5. 00 07500 ASC (NON-DISTINCT PART)                                 | C                 |              | 0 0.0000       | 0.00000         | 0                              | 75.           |
| OUTPATIENT SERVICE COST CENTERS                                     |                   | 1            |                |                 |                                | 4             |
| 3.00 08800 RURAL HEALTH CLINIC                                      | C                 |              | 0 0.0000       |                 |                                |               |
| 0.00 08900 FEDERALLY QUALIFIED HEALTH CENTER                        | C                 |              | 0 0.0000       |                 | 0                              |               |
| 0. 00 09000 CLINIC  | 0                 |              |                |                 | 0                              |               |
| 00 09100 EMERGENCY  | 715, 920          |              |                |                 | 0                              |               |
| 2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                    | C                 | 21, 045, 79  | 0. 0000        | 00 0. 000000    | 0                              | 92.           |
| OTHER REIMBURSABLE COST CENTERS                                     |                   | 1            | 0 0 0000       | 0.000000        | -                              |               |
| I. 00 09400 HOME PROGRAM DI ALYSI S                                 | C                 |              | 0 0.0000       | 00 0. 000000    | 0                              |               |
| 5. 00 09500 AMBULANCE SERVICES                                      | -                 |              |                |                 | -                              | 95.           |
| 0.00 09600 DURABLE MEDICAL EQUIP-RENTED                             | C                 |              | 0 0.0000       |                 |                                |               |
| 7.00 09700 DURABLE MEDICAL EQUIP-SOLD<br>00.00 Total (lines 50-199) | 715, 920          |              | 0 0.0000       | 00 0. 000000    | 0<br>11, 213, 593              |               |
|   |                   |              |                | 1               |                                |               |

| APPORT IOWENT OF LIAPATENT/20UTPATIENT ANCILLARY SERVICE OTHER PASS         Provider CRL 15002         Period:<br>From der CRL 15002         Worksheet D<br>To         Worksheet D<br>2/3/3/2015         Worksheet D<br>To         Worksheet D<br>2/3/3/2015         Worksheet D<br>To         Worksheet D<br>2/3/3/2015         Worksheet D<br>To         Worksheet D<br>2/3/3/2015         Worksheet D<br>To         Wo  | Health Financial Systems                         | METHODIST HOSF   | PITALS, INC |               | In Lie        | eu of Form CMS-2552-1 |
|--|--|------------------|-------------|---------------|---------------|-----------------------|
| Introduct Gold String         Component COX: 151002         To         12/31/2014         Date/Trian Program         Description         Program         Control Cox         Description         Descripti   |  | RVICE OTHER PASS | Provi der   | CCN: 150002   |               |                       |
| It it a XVI II         Subprovider -         5/28/2015 9:07 am           Cost Center Description         Inpatient<br>Program<br>Pass-Through<br>Costs (col. 10)         Outpatient<br>Program<br>Pass-Through<br>Costs (col. 12)         Outpatient<br>Program<br>Pass-Through<br>Costs (col. 12)         Outpatient<br>Program<br>Pass-Through<br>Costs (col. 12)         III.00         IIII.00         IIII.00         IIII.00  | THROUGH COSTS                                    |                  | Componen    | + CCN. 15T000 |               |                       |
| Title XVIII         Subprovider -<br>IRF         PPS           Cost Center Description         Inpatient<br>Program<br>Pass-Through<br>Costs (cm 8)<br>x os (m 0)         Outpatient<br>Program<br>Charges         Dutpatient<br>Program<br>Charges         Dutpatient<br>Program<br>Charges         Program<br>Pass-Through<br>Costs (cm 8)         Impatient<br>Program<br>Pass-Through<br>Costs (cm 8)         Impatient<br>Pass-Through<br>Costs (cm 8)         Impatient<br>Pass (cm 8)   |  |                  | Componen    | L CCN. 151002 | 10 12/31/2014 | 5/28/2015 9:07 am     |
| Cost Center Description         Inpatient<br>Program<br>Pass-Through<br>Costs (col. 9)         Outpatient<br>Program<br>Charges         Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9)         Outpatient<br>Pass-Through<br>Costs (col. 9)         Outpatient<br>Pass-Throutpatient<br>Soutpatient (col. 9)         Outpatient (col   |  |                  | Ti tl       | e XVIII       | Subprovider - |                       |
| Program<br>Pass-Through<br>Costs (col. 8         Program<br>Charges         Program<br>Pass-Through<br>Costs (col. 9           ANCILLARY SERVICE COST CENTERS         11.00         12.00         13.00           ANCILLARY SERVICE COST CENTERS         0         0         0           05000 (PERATING ROOM         0         0         0         50.01           05100 (DECOVERY ROOM         0         0         0         50.01         50.01           05100 (DECOVERY ROOM & LABOR ROOW         0         0         0         51.00         52.00         52.00         52.00         52.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         54.01         54.01         55.00<  |  |                  |             |               |               |                       |
| Pass-Through<br>Costs (col. )         Charges<br>x col. 10)         Pass-Through<br>Costs (col. )         Charges<br>x col. 10)         Pass-Through<br>Costs (col. )           50.00         05000 (PERATING ROM         0  | Cost Center Description                          |                  |             |               |               |                       |
| Costs (col. 8)         Costs (col. 9)         Costs (col. 9)         Costs (col. 9)         Costs (col. 9)           ANCI LLARY SERVICE COST CENTERS         11.00         12.00         13.00         50.00           05000 (DPERATING ROOM         0         0         0         50.01         50.00         5   |  | U U              | 0           | Ŭ Ŭ           |               |                       |
| ACCILLARY SERVICE COST CENTERS   |  |                  | Charges     |               |               |                       |
| ANCI LLARY SERVICE COST CENTERS         11.00         12.00         13.00           50.00         05000 (PEEATI NG ROOM         0         0         0         50.00           51.00         05100 (RECOVERY ROOM         0         0         0         50.00           52.00         05200 (RECOVERY ROOM         0         0         0         53.00           52.00         05200 (RECOVERY ROOM         0         0         0         53.00           54.00         05400 (RADI LUSEY, ROOM & LABOR ROOM         0         0         54.00           54.01         05401 RADI LOGY - JARONSTI C         0         0         0         54.00           55.00         05500 RADI LOGY - JARONSTI C         0         0         0         55.00           50.01         05500 RADI LOGY - JARONSTI C         0         0         0         55.00           50.00         05500 RADI LOGY - JARONSTI C         0         0         0         55.00           50.00         05700 (RADI LOGY - THENAPUTI C         0         0         0         55.00           50.00         05700 (ARDI AC CATHETERIZATI ON         0         0         0         60.00           60.01         0600 (ARDI AC CATHETERIZATI ON         0 <td></td> <td></td> <td></td> <td></td> <td>9</td> <td></td>   |  |                  |             |               | 9             |                       |
| AKCI LLARY SERVICE COST CENTERS         Image: Content of the co |  |                  | 12.00       |               | _             |                       |
| 50.00         05000         0FEATING         0   | ANCILLADY SEDVICE COST CENTERS                   | 11.00            | 12.00       | 13.00         |               |                       |
| 50. 01         500.01         ENDSCOPY         0         0         50.0           51.00         DS100         RECOVERY ROM         0         0         0         51.00           52.00         RECOVERY ROM         0         0         0         53.00         54.01         54.01         54.01         54.01         54.01         54.01         55.00         56.00 <t< td=""><td></td><td>0</td><td>(</td><td></td><td>0</td><td>50.0</td></t<>   |  | 0                | (           |               | 0             | 50.0                  |
| 51.00         6ST00         RECOVERY ROM         LAGR ROM         0         0         0         51.00         52.00         53.00         54.00         54.00         54.00         54.00         54.01         54.01         54.01         54.01         54.01         55.00         5  |  |                  |             |               |               |                       |
| 52:00         05200         DELIVERY ROOM & LABOR ROOM         0         0         52:00         50:00         50:00         50:00         50:00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |  |                  |             |               |               |                       |
| 53:00         053:00         ANESTHESI DLOGY         0         0         53:00         53:00         53:00         53:00         53:00         53:00         53:00         53:00         53:00         53:00         54:00         54:00         54:00         54:00         54:00         55:00         55:00         0         0         0         0         55:00         55:00         55:00         55:00         0         0         0         0         0         0         55:00         55:00         55:00         0         0         0         0         0         0         0         55:00         56:00   |  | 0                | (           |               | -             |                       |
| 54.00         654.00         RADIOLOGY - DLAGNOSTIC         0         0         54.01         55.00         S4.01         55.00         S5.00  |  | 0                | (           |               | °             |                       |
| 54.01         05401         RADI OLOGY - ULTRASOUND         0         0         0         54.01           55.00         05500         RADI OLOGY - HERAPEUTI C         0         0         0         0           56.00         05500         RADI OLOGY - HERAPEUTI C         0         0         0         0           57.00         05500         RADI OLOGY - HERAPEUTI C         0         0         0         0           58.00         05800         MADI AC CATHETERI ZATI ON         0         0         0         0           59.00         OS00         LABORATORY         0 <td></td> <td>0</td> <td>(</td> <td></td> <td>°</td> <td></td>  |  | 0                | (           |               | °             |                       |
| 55.00         05500         RADIO LOGY-THERAPEUTI C         0         0         55.00         55.00         55.00         S5.00         RADIO STOPE         0         0         56.00         57.00         57.00         57.00         57.00         05700         CT SCAN         0         0         0         0         0         57.00         57.00         57.00         05700         CT SCAN         0         0         0         0         0         57.00         58.00         0.00         0         0         0         0         0         59.00         59.00         60.00           |  | 0                | (           |               | -             |                       |
| 56.00         OS600         RADIO ISOTOPE         0         0         0         0         56.00         S50.00         CTS CAN         0         0         0         57.00         58.00         DS500         CTS CAN         0         0         0         0         0         57.00         58.00         DS500         CARDIA C CATHETERI ZATION         0        <  |  | 0                | (           |               | -             |                       |
| 57.00         05700         CT SCAN         0         0         57.00           58.00         05800         MAGNETIC RESONANCE IMAGING (MRI)         0         0         58.00           59.00         CARDIAC CATHETERIZATION         0         0         60.00         60.00           60.00         IABORATORY         0         0         0         60.00           61.00         DEADRATORY         0         0         0         60.00           62.00         MADORATORY         0         0         0         62.00         GADO & PACKED RED BLODD CELLS         0         0         63.00           63.00         0.60.00         RESPI RATORY THERAPY         0         0         0         64.00           64.00         ORSTORING, PROCESSING & THERAPY         0         0         0         64.00           65.00         0.00         RESPI RATORY THERAPY         0         0         0         66.00           66.00         RESPI RATORY THERAPY         0         0         0         66.00         67.00           68.00         0.60.00         SPECE THATHOLOGY         0         0         0         67.00           69.01         0.0700         LECTROCARDI OLOGY  |  | 0                | (           |               | 0             |                       |
| 58.00         OSB00         MARNETIC RESONANCE I MAGING (MRI)         0         0         58.00         59.00         05900         CARDIAC CATHETERIZATION         0         0         0         60.00         59.00         0 </td <td></td> <td>0</td> <td>(</td> <td></td> <td>0</td> <td></td>  |  | 0                | (           |               | 0             |                       |
| 59:00       059:00       CARDIAC CATHETERIZATION       0       0       0       59:00         |  | 0                | (           |               |               |                       |
| 60.00         0000         LABORATORY         0  |  | 0                | (           |               | 0             |                       |
| 61.00       06100       PBP CLINICAL LAB SERVICES-PRGM ONLY       61.00         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0         64.00       06400       INTRAVENOUS THERAPY       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       66.00         67.00       06700       OCCUPATI ONAL THERAPY       0       0       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       0       68.00       69.00         06900       LECTROCARDI OLOGY       0       0       0       0       69.01         71.00       0700       ELECTROCRENCEPHALLOGRAPHY       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       72.00         73.00       07300       RCSC (NARGED TO PATIENTS       0       0       0       74.00         74.00       75.00<  |  | 0                | (           |               | 0             | 60.0                  |
| 62.00         662.00         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         62.00         63.00         0 63.00         0 63.00         0         0         63.00         0         0         0         63.00         0         0         0         63.00         0         0         0         0         63.00         0         0         0         0         0         63.00         0         0         0         0         0         63.00         <  | 60.01 06001 BLOOD LABORATORY                     | 0                | (           |               | 0             | 60.0                  |
| 63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       63.00       66.00       67.00       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       71.00       70.00       71.00       70.00       71.00       71.00       71.00       71.00       71.00       72.00       73.00       72.   | 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  |                  |             |               |               | 61.0                  |
| 64.00         06400         INTRAVENOUS THERAPY         0         0         64.00           65.00         06500         RESPI RATORY THERAPY         0         0         0         65.00           66.00         0600         PHSY ICAL THERAPY         0         0         0         66.00           67.00         06700         0CCUPATI ONAL THERAPY         0         0         0         67.00           68.00         06900         ELECTROCARDI OLOGY         0         0         0         69.00           69.01         06901         CARDI AC REHAB         0         0         0         69.01           70.00         ELECTROENCEPHALOGRAPHY         0         0         0         0         69.01           71.00         MDI CAL SUPPLI ES CHARGED TO PATI ENTS         0         0         0         72.00           71.00         MDI CAL SUPPLI ES CHARGED TO PATI ENTS         0         0         0         73.00           73.00         DAGO RENAL DI ALYSI S         0         0         0         74.00           75.00         OSOO ASC (NON-DI STI NCT PART)         0         0         0         74.00           75.00         OSOO ASOO COST CENTERS         0         0   | 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                | (           | D             | 0             | 62.0                  |
| 65.00       06500       RESPIRATORY THERAPY       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0         67.00       06700       OCUPATI ONAL THERAPY       0       0       0         68.00       06800       SPECH PATHOLOGY       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       0       69.00         69.01       06900       ELECTROCARDI OLOGY       0       0       0       69.01         070.00       07000       ELECTROCARDI OLOGY       0       0       0       69.01         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       72.00         73.00       07300       RUGS CHARGED TO PATI ENTS       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0       0       0       74.00         75.00       00/00A/00A/00A/00A/00A/00A/00A/00A/00A/   |  | 0                | (           |               | 0             | 63.0                  |
| 66.00       06600       PHYSI CAL THERAPY       0       0       0       66.00         67.00       0CCUPATI ONAL THERAPY       0       0       0       67.00       0         68.00       06800       SPECH PATHOLOGY       0       0       0       68.00         69.00       06900       CLECTROCARDI OLOGY       0       0       0       68.00         69.01       06901       CARDI AC REHAB       0       0       0       0       69.00         70.00       DECETROCARDI OLOGY       0       0       0       0       0       69.01         71.00       O7100       ELECTROCARDI OLOGY       0       0       0       0       70.00         71.00       O7100       ELECTROCARDE OT PATI ENTS       0       0       0       71.00         72.00       73.00       DRUGS CHARGED TO PATI ENTS       0       0       0       73.00         73.00       DRUGS CHARCED TO PATI ENTS       0       0       0       73.00       73.00         00       OT300       DRUGAL HEALTH CLINIC       0       0       0       75.00       75.00         00       0       0       0       0       0   |  | 0                | (           | D             | °             |                       |
| 67.00       06700       0CCUPATIONAL THERAPY       0       0       67.00         68.00       06800       SPECH PATHOLOGY       0       0       68.00         69.00       06900       ELECTROCARDIOLOGY       0       0       0         69.01       06901       CARDI AC REHAB       0       0       0       69.01         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATIENTS       0       0       0       73.00         73.00       07300       RENAL DI ALYSIS       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       74.00         79.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       90.00         89.00       08900       CLANAL HEALTH CENTER       0       0       0       90.00         90.00       09000       CLINIC       0       0       0       90.00       90.00       90.00   |  | 0                | (           |               | -             | 65.0                  |
| 68.00       O6800       SPEECH PATHOLOGY       0       0       0       68.00       69.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       72.00       73.00       73.00       73.00       73.00       73.00       74.00       75.00       0       0       75.00       75.00       75.00       75.00       75.00       75.00       75.00       88.00       89.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00 <td></td> <td>0</td> <td>(</td> <td>D</td> <td>-</td> <td></td>   |  | 0                | (           | D             | -             |                       |
| 69.00       06900       ELECTROCARDIOLOGY       0       0       0       69.00         69.01       06901       CARDIAC REHAB       0       0       0       69.01         70.00       OZOO       ELECTROCARDENCEPHALOGRAPHY       0       0       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       0       0       71.00         72.00       0720       IMPL.       DEV. CHARGED TO PATIENTS       0       0       0       72.00         73.00       07300       REGS CHARGED TO PATIENTS       0       0       0       73.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       74.00         75.00       08800       RURAL HEALTH CLINIC       0       0       0       74.00         70.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       88.00       89.00         89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       90.00       90.00       91.00       92.00         91.00       09100       EMERGENCY       0       0       0       91.00       92.00         07HERE REIMBURSABLE COST CEN  |  | 0                | (           | D             | -             |                       |
| 69.01       06901       CARDI AC REHAB       0       0       0       69.01         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       72.00         73.00       07400       RENAL DI ALYSI S       0       0       0       73.00         07500       ASC (NON-DI STI NCT PART)       0       0       0       74.00         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       0       75.00         00100       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       88.00       89.00         89.00       08000       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       90.00       91.00       92.00  |  | 0                | (           | D             | -             |                       |
| 70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       75.00         001000       FEDERALLY OUALIFIED HEALTH CLINIC       0       0       0       88.00         89.00       0800       RURAL HEALTH CLINIC       0       0       0       89.00         90.00       09000       CLINIC       0       0       0       90.00         91.00       09100       EMERGENCY       0       0       0       91.00         92.00       OBSERVATION BEDS (NON-DI STINCT PART)       0       0       0       92.00         92.00       OP200       OBSERVATION BEDS (NON-DI STINCT PART)       0       0       0       92.00   |  | 0                | (           | 0             | -             |                       |
| 71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       74.00         00       00       0       0       0       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       74.00         00       00       0       0       0       0       0       74.00         75.00       07500 ASC (NON-DI STINCT PART)       0       0       0       88.00       89.00         90.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       90.00         91.00       09100       EMERGENCY       0       0       0       91.00       92.00         92.00       0SERVATI ON BEDS (NON-DI STINCT PART)       0  |  | 0                | (           | )             | °             |                       |
| 72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       74.00       73.00       74.00 </td <td></td> <td>0</td> <td>(</td> <td>2</td> <td>°</td> <td></td>  |  | 0                | (           | 2             | °             |                       |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       75.00         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       75.00         0UTPATIENT SERVICE COST CENTERS       0       0       0       88.00       88.00         88.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       89.00         90.00       09000       CLINIC       0       0       90.00         91.00       09000       EMERGENCY       0       0       90.00         92.00       092000       DSERVATION BEDS (NON-DI STINCT PART)       0       0       91.00         92.00       092000       DSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         01000       DBESERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         021.00       DSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         021.00       DSERVATION BEDS (NON-DI STINCT PART)       0       0       94.00 <td></td> <td>0</td> <td>(</td> <td></td> <td>-</td> <td></td>   |  | 0                | (           |               | -             |                       |
| 74.00       07400       RENAL DI ALYSI S       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       75.00         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       88.00         88.00       08900       RURAL HEALTH CLINIC       0       0       0       88.00         90.00       09000       CLINIC       0       0       0       89.00         90.00       09000       CLINIC       0       0       90.00         91.00       99000       CLINIC       0       0       90.00         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         92.00       09200       DBSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         92.00       09200       DBSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         92.00       09200       BBSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         92.00       09400       HOME PROGRAM DI ALYSI S       0       0  |  | 0                | (           |               | -             | -                     |
| 75.00         OTSOO         ASC (NON-DISTINCT PART)         0         0         0         75.00           OUTPATIENT SERVICE COST CENTERS         0         0         0         0         88.00         88.00         88.00         88.00         88.00         88.00         88.00         88.00         89.00         0         0         0         88.00         89.00         90.00         0         0         0         90.00         90.00         90.00         0         0         0         90.00  |  | 0                |             | -             | -             |                       |
| OUTPATI ENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC         0         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         89.00           90.00         09000         CLINIC         0         0         0         90.00           91.00         09100         EMERGENCY         0         0         91.00         92.00           92.00         OSERVATION BEDS (NON-DISTINCT PART)         0         0         0         91.00         92.00           94.00         09400         HOME PROGRAM DI ALYSI S         0         0         0         94.00           95.00         09500         AMBULANCE SERVICES         95.00         95.00         95.00         95.00         96.00         96.00         96.00         96.00   |  |                  |             |               |               |                       |
| 88.00         08800         RURAL HEALTH CLINIC         0         0         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         89.00           90.00         09000         CLINIC         0         0         0         90.00           91.00         09100         EMERGENCY         0         0         0         91.00           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0         0         0         91.00           94.00         09400         HOME PROGRAM DIALYSIS         0         0         0         94.00           95.00         09500         AMBULANCE SERVICES         95.00         95.00         95.00         95.00         96.00   |  | 0                |             | יייייי        | 0             | /5.0                  |
| 89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         89.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         91.00         90.00         91.00         92.00<   |  | 0                | (           |               | 0             | 88.0                  |
| 90.00       09000       CLINIC       0       0       0       90.00       90.00         91.00       09100       EMERGENCY       0       0       0       91.00       91.00         92.00       09200       005SERVATION BEDS (NON-DISTINCT PART)       0       0       0       92.00       92.00         0THER       REI MBURSABLE       COST CENTERS       94.00       94.00       94.00       95.00       94.00       95.00       95.00       95.00       95.00       95.00       96.00  |  |                  |             |               |               |                       |
| 91.00       09100       EMERGENCY       0       0       0       91.00       92.00         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART)       0       0       0       92.00         0THER       REI MBURSABLE COST CENTERS       0       0       0       94.00       94.00         94.00       09500       AMBULANCE SERVICES       95.00       95.00       95.00       95.00       96.00       0       0       96.00   |  |                  | (           |               |               |                       |
| 92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART)         0         0         0         92.00           0THER         REI MBURSABLE         COST CENTERS         94.00         95.00         94.00         94.00         94.00         94.00         94.00         95.00         95.00         95.00         95.00         96.00         0         0         96.00  |  | -                | (           |               | -             |                       |
| OTHER         REI MBURSABLE         COST         CENTERS           94.00         09400         HOME         PROGRAM         DI         ALYSI S         0         0         94.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         96.00         0         0         0         96.00         96.00   |  |                  |             |               |               |                       |
| 94. 00         09400         HOME         PROGRAM         DI ALYSI S         0         0         94. 00         94. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         96. 00         0         0         0         96. 00   |  |                  |             |               | - 1.          |                       |
| 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 96.00   |  | 0                | (           | D             | 0             | 94.0                  |
|  | 95. 00 09500 AMBULANCE SERVICES                  |                  |             |               |               | 95.0                  |
|  | 96.00 09600 DURABLE MEDICAL EQUIP-RENTED         | 0                | (           | D             | 0             | 96.0                  |
|  | 97.00 09700 DURABLE MEDICAL EQUIP-SOLD           | 0                | (           | D             | 0             | 97.0                  |
| 200.00         Total (lines 50-199)         0         0         200.00   | 200.00   Total (lines 50-199)                    | 0                | (           | 기             | 0             | 200. 0                |

| OMPUT    | ATION OF INPATIENT OPERATING COST  | LS, INC<br>Provider CCN: 150002       | Peri od:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D-1<br>Date/Time Pre<br>5/28/2015 9:0 | pare     |
|----------|--|---------------------------------------|--|---|----------|
|          | Cost Center Description  | Title XVIII                           | Hospi tal                                    | PPS   |          |
|          | PART I - ALL PROVIDER COMPONENTS   |                                       |  | 1.00  |          |
| 0.0      | INPATIENT DAYS   |                                       |  | 04 404  |          |
| 00       | Inpatient days (including private room days and swing-bed days,<br>Inpatient days (including private room days, excluding swing-be |                                       |  | 96, 424<br>96, 424                              | 1.<br>2. |
| 00       | Private room days (excluding swing-bed and observation bed days  | 5,                                    | ivate room days,                             | 0   | 3.       |
| 00       | do not complete this line.   | l dovc)                               |  | 00 022  | 4        |
| 00<br>00 | Semi-private room days (excluding swing-bed and observation bed<br>Total swing-bed SNF type inpatient days (including private room |                                       | r 31 of the cost                             | 80, 933<br>0                                    | 4<br>5   |
|          | reporting period   | , , , , , , , , , , , , , , , , , , , |  |   |          |
| 00       | Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)          | n days) after December                | 31 of the cost                               | 0   | 6        |
| 00       | Total swing-bed NF type inpatient days (including private room   | days) through December                | 31 of the cost                               | 0   | 7        |
| ~~       | reporting period   |                                       |  |   |          |
| 00       | Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)           | days) after December 3                | I OT THE COST                                | 0   | 8        |
| 00       | Total inpatient days including private room days applicable to   | the Program (excluding                | swing-bed and                                | 35, 658   | 9        |
| . 00     | newborn days)<br>Swing-bed SNF type inpatient days applicable to title XVIII onl   | v (including privato r                | com davc)                                    | 0   | 10       |
| . 00     | through December 31 of the cost reporting period (see instructi  |                                       | com days)                                    | 0   |          |
| . 00     | Swing-bed SNF type inpatient days applicable to title XVIII onl  |                                       | oom days) after                              | 0   | 11       |
| 00       | December 31 of the cost reporting period (if calendar year, ent<br>Swing-bed NF type inpatient days applicable to titles V or XIX  |                                       | e room days)                                 | 0   | 12       |
| . 00     | through December 31 of the cost reporting period   | only (meruaring privat                | e room days)                                 | 0   | '-       |
| . 00     | Swing-bed NF type inpatient days applicable to titles V or XIX   |                                       |  | 0   | 13       |
| . 00     | after December 31 of the cost reporting period (if calendar yea<br>Medically necessary private room days applicable to the Program |                                       |  | 0   | 14       |
| . 00     | Total nursery days (title V or XIX only)   | (                                     |  | 0   | 15       |
| . 00     | Nursery days (title V or XIX only)   |                                       |  | 0   | 16       |
| . 00     | SWING BED ADJUSTMENT<br>Medicare rate for swing-bed SNF services applicable to services  | through December 31 c                 | f the cost                                   | 0.00  | 1 17     |
|          | reporting period   | 0                                     |  |   |          |
| . 00     | Medicare rate for swing-bed SNF services applicable to services reporting period   | after December 31 of                  | the cost                                     | 0.00  | 18       |
| . 00     | Medicaid rate for swing-bed NF services applicable to services   | through December 31 of                | the cost                                     | 0.00  | 19       |
|          | reporting period   | - Star Daambar 21 - S t               | h  | 0.00  |          |
| . 00     | Medicaid rate for swing-bed NF services applicable to services reporting period  | arter December 31 of t                | ne cost                                      | 0.00  | 20       |
|          | Total general inpatient routine service cost (see instructions)  |                                       |  | 70, 542, 511                                    |          |
| . 00     | Swing-bed cost applicable to SNF type services through December 5 x line 17)   | 31 of the cost report                 | ing period (line                             | 0   | 22       |
| . 00     |  | 1 of the cost reportin                | g period (line 6                             | 0   | 23       |
|          | x line 18)   |                                       |  |   |          |
| . 00     | Swing-bed cost applicable to NF type services through December 7 x line 19)  | 31 of the cost reporti                | ng period (line                              | 0   | 24       |
| . 00     | Swing-bed cost applicable to NF type services after December 31  | of the cost reporting                 | period (line 8                               | 0   | 25       |
| 00       | x line 20)<br>Total swing-bed cost (see instructions)  |                                       |  | 0   | 24       |
|          | General inpatient routine service cost net of swing-bed cost (I  | ine 21 minus line 26)                 |  | 70, 542, 511                                    |          |
|          | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT   |                                       |  |   |          |
|          | General inpatient routine service charges (excluding swing-bed<br>Private room charges (excluding swing-bed charges)               | and observation bed ch                | arges)                                       | 0   | 28       |
|          | Semi-private room charges (excluding swing-bed charges)  |                                       |  | 0   | 30       |
| . 00     | General inpatient routine service cost/charge ratio (line 27 $\div$  | line 28)                              |  | 0. 000000                                       |          |
|          | Average private room per diem charge (line 29 ÷ line 3)  |                                       |  | 0.00  |          |
|          | Average semi-private room per diem charge (line 30 ÷ line 4)<br>Average per diem private room charge differential (line 32 minu    | us line 33)(see instruc               | tions)                                       | 0.00<br>0.00                                    |          |
| . 00     | Average per diem private room cost differential (line 34 x line  |                                       |  | 0.00  | 35       |
|          | Private room cost differential adjustment (line 3 x line 35)<br>General inpatient routine service cost net of swing bed cost ar    | d private room cost di                | fferential (line                             | 0<br>70, 542, 511                               | 36       |
| . 00     | General inpatient routine service cost net of swing-bed cost an 27 minus line 36)  | iu private ruum cust al               |  | 70, 342, 311                                    | 3/       |
|          | PART I I - HOSPITÁL AND SUBPROVIDERS ONLY  | TUENTO                                |  |   | 1        |
| 00       | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS<br>Adjusted general inpatient routine service cost per diem (see i |                                       |  | 731.59  | 38       |
|          | Program general inpatient routine service cost per drem (see 1   |                                       |  | 26, 087, 036                                    |          |
| . 00     | Medically necessary private room cost applicable to the Program  | (line 14 x line 35)                   |  | 0   | 40       |
| . 00     | Total Program general inpatient routine service cost (line 39 +  | line 40)                              |  | 26, 087, 036                                    | 41       |

| ealth Financial Systems<br>COMPUTATION OF INPATIENT OPERATING COST                                   | METHODI ST HOSI         |                         |                            | Period:                          | wof Form CMS-2<br>Worksheet D-1 |                |
|--|-------------------------|-------------------------|----------------------------|----------------------------------|---------------------------------|----------------|
|  |                         |                         |                            | From 01/01/2014<br>To 12/31/2014 |                                 |                |
|  |                         | Titl                    | e XVIII                    | Hospi tal                        | PPS                             | , an           |
| Cost Center Description  | Total<br>Inpatient Cost | Total<br>Inpatient Davs | Average Per<br>Diem (col 1 | Program Days                     | Program Cost<br>(col. 3 x col.  |                |
|  | 1.00                    | 2.00                    | <u>col. 2)</u><br>3.00     | 4.00                             | 4)                              |                |
| 2.00 NURSERY (title V & XIX only)  | 0                       | 2.00                    |                            |                                  |                                 | 42.0           |
| Intensive Care Type Inpatient Hospital Uni           3.00         INTENSIVE CARE UNIT                | ts<br>12, 464, 925      | 0 205                   | 1 404 5                    | 7 2 000                          | 5, 794, 650                     | 43. C          |
| 3. 00   INTENSIVE CARE UNIT<br>3. 01   NEONATAL ICU  | 3, 431, 565             | 8, 385<br>3, 353        |                            |                                  | 5, 794, 830                     |                |
| 4.00 CORONARY CARE UNIT  | 0                       | 0                       | 0.0                        | 0 0                              | -                               |                |
| 5.00   BURN INTENSIVE CARE UNIT<br>6.00   SURGICAL INTENSIVE CARE UNIT                               | 0                       | 0                       | 0.0<br>0.0                 |                                  | 0                               |                |
| 7.00 OTHER SPECIAL CARE (SPECIFY)  |                         |                         |                            |                                  |                                 | 47.0           |
| Cost Center Description  |                         |                         |                            |                                  | 1.00                            |                |
| 8.00 Program inpatient ancillary service cost (  |                         | · · ·                   |                            |                                  | 35, 646, 726                    |                |
| 9.00 Total Program inpatient costs (sum of line<br>PASS THROUGH COST ADJUSTMENTS                     | es 41 through 48)(      | see instructio          | ns)                        |                                  | 67, 528, 412                    | 49.0           |
| 0.00 Pass through costs applicable to Program i  | npatient routine        | services (from          | Wkst. D, sum               | of Parts I and                   | 1, 279, 878                     | 50. 0          |
| )<br>1.00 Pass through costs applicable to Program i   | npatient ancillar       | v services (fr          | om Wkst D s                | um of Parts II                   | 807, 980                        | 51 (           |
| and IV)  | •                       | y eer (1000 (11         | 0                          |                                  |                                 |                |
| 22.00 Total Program excludable cost (sum of line<br>33.00 Total Program inpatient operating cost exc |                         | lated non-phy           | sician anesth              | etist and                        | 2, 087, 858<br>65, 440, 554     |                |
| medical education costs (line 49 minus lin   |                         |                         |                            |                                  | 03, 440, 334                    |                |
| 4.00 Program di scharges   |                         |                         |                            |                                  | 0                               | 54.0           |
| 5.00 Target amount per discharge   |                         |                         |                            |                                  | 0.00                            |                |
| 6.00 Target amount (line 54 x line 55)   | ating eact and to       | ract employet (1        | ing E( minus               | Line F2)                         | 0                               |                |
| 7.00 Difference between adjusted inpatient oper<br>8.00 Bonus payment (see instructions)             | ating cost and ta       | rget amount (i          | The so minus               | TThe 53)                         | 0                               |                |
| 9.00 Lesser of lines 53/54 or 55 from the cost   | reporting period        | endi ng 1996, u         | pdated and co              | mpounded by the                  | 0.00                            | 59. (          |
| market basket<br>0.00 Lesser of lines 53/54 or 55 from prior yea                                     | ar cost report, up      | dated by the m          | arket basket               |                                  | 0.00                            | 60. (          |
| 1.00 If line 53/54 is less than the lower of li  | nes 55, 59 or 60        | enter the less          | er of 50% of               |                                  | 0                               | 61. (          |
| which operating costs (line 53) are less t<br>amount (line 56), otherwise enter zero (se             |                         | s (lines 54 x           | 60), or 1% of              | the target                       |                                 |                |
| 2.00 Relief payment (see instructions)   |                         |                         |                            |                                  | 0                               |                |
| 3.00 Allowable Inpatient cost plus incentive pa<br>PROGRAM INPATIENT ROUTINE SWING BED COST          | iyment (see instru      | ctions)                 |                            |                                  | 0                               | 63.0           |
| 4.00 Medicare swing-bed SNF inpatient routine c  | costs through Dece      | mber 31 of the          | e cost reporti             | ng period (See                   | 0                               | 64.0           |
| instructions)(title XVIII only)<br>5.00 Medicare swing-bed SNF inpatient routine c                   | costs after Decemb      | er 31 of the c          | ost reporting              | period (See                      | 0                               | 65.0           |
| instructions) (title XVIII only)   | tina anata (lina        | (4 plug ling (          | F) (+; +  = V)/            |                                  |                                 |                |
| 6.00 Total Medicare swing-bed SNF inpatient rou<br>CAH (see instructions)                            | TITTHE COSTS (TTTHE     | o4 prus rine o          | b)(title xvii              | i oniy). For                     | 0                               | 66.0           |
| 7.00 Title V or XIX swing-bed NF inpatient rout  | ine costs through       | December 31 o           | of the cost re             | porting period                   | 0                               | 67.0           |
| line 12 x line 19)<br>8.00 Title V or XIX swing-bed NF inpatient rout                                | ine costs after D       | ecember 31 of           | the cost repo              | rting period                     | 0                               | 68.0           |
| (line 13 x line 20)<br>99.00 Total title V or XIX swing-bed NF inpatier                              | nt routine costs (      | line 67 + line          | 68)                        |                                  | 0                               | 69.0           |
| PART III - SKILLED NURSING FACILITY, OTHER   |                         |                         | ,                          |                                  |                                 |                |
| 0.00 Skilled nursing facility/other nursing fac<br>1.00 Adjusted general inpatient routine service   | <b>3</b>                |                         | ,                          |                                  |                                 | 70.0           |
| 2.00 Program routine service cost (line 9 x lin  |                         | ine /0 ÷ inie           | 2)                         |                                  |                                 | 72.0           |
| 3.00 Medically necessary private room cost appl  | 0                       | •                       |                            |                                  |                                 | 73.0           |
| 4.00  Total Program general inpatient routine se<br>5.00  Capital-related cost allocated to inpatier |                         |                         |                            | art II, column                   |                                 | 74. 0<br>75. 0 |
| 26, line 45)<br>6.00 Per diem capital-related costs (line 75 ÷                                       | line 2)                 |                         |                            |                                  |                                 | 76.0           |
| 7.00 Program capital-related costs (line 9 x li  |                         |                         |                            |                                  |                                 | 77.0           |
| 3.00  Inpatient routine service cost (line 74 mi<br>9.00  Aggregate charges to beneficiaries for exc |                         | rovi dor rocord         | le)                        |                                  |                                 | 78.0           |
| 9.00 Aggregate charges to beneficiaries for exc<br>0.00 Total Program routine service costs for co   |                         |                         | · .                        | us line 79)                      |                                 | 80.            |
| 1.00 Inpatient routine service cost per diem li  |                         | <b>`</b>                |                            |                                  |                                 | 81.            |
| 2.00  Inpatient routine service cost limitation<br>3.00  Reasonable inpatient routine service costs  |                         |                         |                            |                                  |                                 | 82.<br>83.     |
| 4.00 Program inpatient ancillary services (see   | instructions)           |                         |                            |                                  |                                 | 84. (          |
| 5.00 Utilization review - physician compensation<br>6.00 Total Program inpatient operating costs (s  |                         |                         |                            |                                  |                                 | 85. (<br>86. ( |
| PART IV - COMPUTATION OF OBSERVATION BED P   |                         |                         |                            |                                  | I                               | 1 00.0         |
| 77.00 Total observation bed days (see instruction  |                         |                         |                            |                                  | 15, 491                         |                |
| 88.00 Adjusted general inpatient routine cost pe   | see instructions)       | iiile z)                |                            |                                  | 731. 59<br>11, 333, 061         |                |

| Health Financial Systems                      | METHODI ST HOS | PITALS, INC    |            | In Lie                     | u of Form CMS-2                | 2552-10 |
|---|----------------|----------------|------------|----------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST       |                | Provi der      |            | Period:<br>From 01/01/2014 | Worksheet D-1                  |         |
|   |                |                |            | To 12/31/2014              | Date/Time Pre<br>5/28/2015 9:0 |         |
|   |                | Titl           | e XVIII    | Hospi tal                  | PPS                            |         |
| Cost Center Description                       | Cost           | Routine Cost   | column 1 ÷ | Total                      | Observati on                   |         |
|   |                | (from line 27) | column 2   | Observati on               | Bed Pass                       |         |
|   |                |                |            | Bed Cost (from             | Through Cost                   |         |
|   |                |                |            | line 89)                   | (col. 3 x col.                 |         |
|   |                |                |            |                            | 4) (see                        |         |
|   |                |                |            |                            | instructions)                  |         |
|   | 1.00           | 2.00           | 3.00       | 4.00                       | 5.00                           |         |
| COMPUTATION OF OBSERVATION BED PASS THROUGH ( | COST           |                |            |                            |                                |         |
| 90.00 Capital-related cost                    | 3, 153, 057    | 70, 542, 511   | 0. 04469   | 7 11, 333, 061             | 506, 554                       | 90.00   |
| 91.00 Nursing School cost                     | 0              | 70, 542, 511   | 0.00000    | 0 11, 333, 061             | 0                              | 91.00   |
| 92.00 Allied health cost                      | 0              | 70, 542, 511   | 0.00000    | 0 11, 333, 061             | 0                              | 92.00   |
| 93.00 All other Medical Education             | 0              | 70, 542, 511   | 0.00000    | 11, 333, 061               | 0                              | 93.00   |

| PUT | TION OF INPATIENT OPERATING COST   | Provider CCN: 150002<br>Component CCN: 15S002<br>Title XVIII |   | Worksheet D-1<br>Date/Time Pre<br>5/28/2015 9:0 | pare |
|-----|--|--|---|---|------|
|     | Cost Contor Depariation  |  | Subprovider -<br>IPF                    | PPS   |      |
|     | Cost Center Description  |  |   | 1.00  |      |
| - H | PART I - ALL PROVIDER COMPONENTS NPATIENT DAYS   |  |   |   | -    |
|     | Inpatient days (including private room days and swing-bed days,  | excluding newborn)   |   | 1, 330  | 1 1  |
| 0   | Inpatient days (including private room days, excluding swing-be  | ed and newborn days)   |   | 1, 330  |      |
|     | Private room days (excluding swing-bed and observation bed days  | s). If you have only pr                                      | vate room days,                         | 0   | 3    |
|     | do not complete this line.<br>Semi-private room days (excluding swing-bed and observation bed                                      | (ave)  |   | 1, 330  | 4    |
|     | Total swing-bed SNF type inpatient days (including private roor  |  | - 31 of the cost                        | 1, 330  |      |
|     | reporting period   |  |   | -   |      |
|     | Total swing-bed SNF type inpatient days (including private roor  | n days) after December :                                     | 31 of the cost                          | 0   | 6    |
|     | reporting period (if calendar year, enter 0 on this line)<br>Total swing-bed NF type inpatient days (including private room        | dave) through December                                       | 21 of the cost                          | 0   | 1 7  |
|     | reporting period   | days) through becember                                       | ST OF THE COST                          | 0   | '    |
| 0   | Total swing-bed NF type inpatient days (including private room   | days) after December 3                                       | 1 of the cost                           | 0   | 8    |
|     | reporting period (if calendar year, enter 0 on this line)  |  |   | (50   |      |
|     | Total inpatient days including private room days applicable to newborn days)   | the program (excluding                                       | swing-bed and                           | 653   |      |
| 00  | Swing-bed SNF type inpatient days applicable to title XVIII onl  | y (including private r                                       | oom days)                               | 0   | 10   |
|     | through December 31 of the cost reporting period (see instructi  | ons)   |   |   |      |
|     | Swing-bed SNF type inpatient days applicable to title XVIII onl<br>December 31 of the cost reporting period (if calendar year, en  |  | oom days) after                         | 0   | 11   |
|     | Swing-bed NF type inpatient days applicable to titles V or XIX   |  | e room days)                            | 0   | 12   |
|     | through December 31 of the cost reporting period   |  | s room days)                            | 0   | 12   |
|     | Swing-bed NF type inpatient days applicable to titles V or XIX   |  |   | 0   | 13   |
|     | after December 31 of the cost reporting period (if calendar yea<br>Medically necessary private room days applicable to the Program |  |   | 0   | 14   |
|     | Total nursery days (title V or XIX only)   | i (exci uuriig swiriig-beu i                                 | lays)                                   | 0   |      |
| 00  | Nursery days (title V or XIX only)   |  |   | 0   |      |
|     | WING BED ADJUSTMENT  |  | - · · · · · · · · · · · · · · · · · · · |   |      |
|     | Medicare rate for swing-bed SNF services applicable to services<br>reporting period  | s through December 31 o                                      | f the cost                              | 0.00  | 17   |
|     | Medicare rate for swing-bed SNF services applicable to services  | after December 31 of   | the cost                                | 0.00  | 18   |
|     | reporting period   |  |   |   |      |
|     | Medicaid rate for swing-bed NF services applicable to services   | through December 31 of                                       | the cost                                | 0.00  | 19   |
|     | reporting period<br>Medicaid rate for swing-bed NF services applicable to services   | after December 31 of t                                       | ne cost                                 | 0.00  | 20   |
|     | reporting period   |  |   | 0100  |      |
|     | Total general inpatient routine service cost (see instructions)  |  |   | 1, 443, 511                                     |      |
|     | Swing-bed cost applicable to SNF type services through December<br>5 x line 17)  | 31 of the cost report  | ng period (line                         | 0   | 22   |
|     | Swing-bed cost applicable to SNF type services after December 3  | 31 of the cost reporting                                     | period (line 6                          | 0   | 23   |
|     | x line 18)   |  | 5 1 1                                   | -   |      |
|     | Swing-bed cost applicable to NF type services through December   | 31 of the cost reportin                                      | ng period (line                         | 0   | 24   |
|     | 7 x line 19)<br>Swing-bed cost applicable to NF type services after December 3 <sup>.</sup>  | of the cost reporting  | period (line 8                          | 0   | 25   |
|     | x line 20)   |  |   | -   |      |
|     | Total swing-bed cost (see instructions)  |  |   | 0   |      |
| - E | General inpatient routine service cost net of swing-bed cost (I  | ine 21 minus line 26)  |   | 1, 443, 511                                     | 27   |
|     | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT<br>General inpatient routine service charges (excluding swing-bed                             | and observation bed ch                                       | arges)                                  | 0   | 28   |
|     | Private room charges (excluding swing-bed charges)   |  |   | 0   |      |
|     | Semi-private room charges (excluding swing-bed charges)  |  |   | 0   |      |
|     | General inpatient routine service cost/charge ratio (line 27 ÷   | line 28)   |   | 0.000000  |      |
|     | Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)            |  |   | 0.00<br>0.00                                    |      |
|     | Average per diem private room charge differential (line 32 minu  | ıs line 33)(see instruc                                      | tions)                                  | 0.00  |      |
|     | Average per diem private room cost differential (line 34 x line  | 9 31)  |   | 0.00  |      |
|     | Private room cost differential adjustment (line 3 x line 35)   | d privato room cost -  | Fforontial (line                        | 0<br>1 442 511                                  | 36   |
|     | General inpatient routine service cost net of swing-bed cost an<br>27 minus line 36)   | u private room COST di                                       | rerencial (line                         | 1, 443, 511                                     | 37   |
|     | PART II - HOSPITAL AND SUBPROVIDERS ONLY   |  |   |   |      |
|     | ROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS   |  |   |   |      |
|     | Adjusted general inpatient routine service cost per diem (see i  |  |   | 1,085.35  |      |
|     | Program general inpatient routine service cost (line 9 x line 3<br>Medically necessary private room cost applicable to the Program |  |   | 708, 734<br>0                                   |      |
|     |  | (1)  |   | 0   | 1 40 |

| IPUTATION OF INPATIENT OPERATING COST  |           | ALS, INC<br>Provider | CCN: 150002                           | Period:                          | eu of Form CMS-<br>Worksheet D- |       |
|--|-----------|----------------------|---------------------------------------|----------------------------------|---------------------------------|-------|
|  |           | Componen             | CCN: 15S002                           | From 01/01/2014<br>To 12/31/2014 | Date/Time Pro                   |       |
|  |           | Ti tl                | e XVIII                               | Subprovider -                    | 5/28/2015 9:0<br>PPS            | 07 ai |
| Cost Center Description Total  |           | Total                | Average Per                           | IPF<br>Program Days              | Program Cost                    |       |
| I npati ent  | CostInpa  | atient Days          | Diem (col. 1<br>col. 2)               | ÷                                | (col. 3 x col.<br>4)            |       |
| 00 NURSERY (title V & XIX only)  | 0         | 2.00<br>C            | 3.00                                  | 4.00<br>00 0                     | 5.00                            | ) 42  |
| Intensive Care Type Inpatient Hospital Units   |           |                      | 1                                     |                                  | -                               |       |
| 00 INTENSIVE CARE UNIT<br>01 NEONATAL ICU  | 0         | C                    |                                       |                                  |                                 |       |
| 00 CORONARY CARE UNI T   | 0         | C                    | -                                     |                                  |                                 |       |
| 00 BURN INTENSIVE CARE UNIT  | 0         | C                    | -                                     |                                  |                                 |       |
| 00 SURGICAL INTENSIVE CARE UNIT<br>00 OTHER SPECIAL CARE (SPECIFY)   | 0         | C                    | 0.                                    | 00 0                             | ) (                             | 46    |
| Cost Center Description  |           |                      |                                       |                                  |                                 | 47    |
|  |           |                      |                                       |                                  | 1.00                            |       |
| 00 Program inpatient ancillary service cost (Wkst. D-3, co<br>00 Total Program inpatient costs (sum of lines 41 through        |           |                      | uns)                                  |                                  | 102, 706<br>811, 440            |       |
| PASS THROUGH COST ADJUSTMENTS  | 10) (300  | motruotre            | (13)                                  |                                  | 011,110                         |       |
| 00 Pass through costs applicable to Program inpatient rou-   | tine ser  | vices (from          | Wkst. D, su                           | m of Parts I and                 | 20, 269                         | 9 50  |
| <pre>111) 00 Pass through costs applicable to Program inpatient anci</pre>   | illarv s  | ervices (fr          | om Wkst D                             | sum of Parts II                  | 3, 223                          | 3 51  |
| and IV)  |           |                      | Sin most. Di                          |                                  | 5,220                           |       |
| 00 Total Program excludable cost (sum of lines 50 and 51)  | -1 1      |                      |                                       | L                                | 23, 492                         |       |
| 00 Total Program inpatient operating cost excluding capita<br>medical education costs (line 49 minus line 52)                  | ai relati | eu, non-phy          | sıcıan anest                          | netist, and                      | 787, 948                        | 53    |
| TARGET AMOUNT AND LIMIT COMPUTATION  |           |                      |                                       |                                  |                                 |       |
| 00 Program discharges<br>00 Target amount per discharge  |           |                      |                                       |                                  | 0.00                            |       |
| 00 Target amount (line 54 x line 55)   |           |                      |                                       |                                  | 0.00                            |       |
| 00 Difference between adjusted inpatient operating cost an   | nd targe  | t amount (I          | ine 56 minus                          | line 53)                         | (                               |       |
| 00 Bonus payment (see instructions)  | nind and  | ma 100/              | ndated and a                          | ampounded by the                 | (                               |       |
| 00 Lesser of lines 53/54 or 55 from the cost reporting per<br>market basket  | riod end  | ing 1996, t          | ipdated and c                         | ompounded by the                 | 0.00                            | 59    |
| 00 Lesser of lines 53/54 or 55 from prior year cost repor-   |           |                      |                                       |                                  | 0.00                            |       |
| 00 If line 53/54 is less than the lower of lines 55, 59 of which operating costs (line 53) are less than expected              |           |                      |                                       |                                  | (                               | 61    |
| amount (line 56), otherwise enter zero (see instruction  |           | 111165 J4 X          | 00), 01 1% 0                          | i the target                     |                                 |       |
| 00 Relief payment (see instructions)   |           |                      |                                       |                                  | (                               |       |
| 00 Allowable Inpatient cost plus incentive payment (see in<br>PROGRAM INPATIENT ROUTINE SWING BED COST                         | nstructi  | ons)                 |                                       |                                  | (                               | 0 63  |
| 00 Medicare swing-bed SNF inpatient routine costs through  | Decembe   | r 31 of the          | cost report                           | ing period (See                  | (                               | 0 64  |
| instructions) (title XVIII only)   |           |                      |                                       |                                  |                                 |       |
| 00 Medicare swing-bed SNF inpatient routine costs after De<br>instructions)(title XVIII only)                                  | ecember   | 31 of the c          | ost reportin                          | g period (See                    | (                               | 65    |
| 00 Total Medicare swing-bed SNF inpatient routine costs (I   | line 64   | plus line 6          | 5)(title XVI                          | II only). For                    |                                 | 66    |
| CAH (see instructions)   |           |                      | £ +b +                                |                                  |                                 |       |
| 00 Title V or XIX swing-bed NF inpatient routine costs the<br>(line 12 x line 19)  | rougn De  | cemper 31 c          | or the cost r                         | eporting period                  |                                 | 67    |
| 00 Title V or XIX swing-bed NF inpatient routine costs af  | ter Dece  | mber 31 of           | the cost rep                          | orting period                    | 0                               | 68    |
| (line 13 x line 20)  | sts (lin  | o 47 i line          | 49)                                   |                                  |                                 |       |
| 00 Total title V or XIX swing-bed NF inpatient routine cos<br>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACI          |           |                      |                                       |                                  |                                 | ) 69  |
| 00 Skilled nursing facility/other nursing facility/ICF/MR  | routi ne  | service co           | st (line 37)                          |                                  |                                 | 70    |
| 00 Adjusted general inpatient routine service cost per die<br>00 Program routine service cost (line 9 x line 71)               | em (line  | 70 ÷ line            | 2)                                    |                                  |                                 | 71    |
| 00 Medically necessary private room cost applicable to Pro   | ogram (li | ine 14 x li          | ne 35)                                |                                  |                                 | 73    |
| 00 Total Program general inpatient routine service costs   | (line 72  | + line 73)           | ,                                     |                                  |                                 | 74    |
| 00 Capital-related cost allocated to inpatient routine ser<br>26, line 45)   | rvice co  | sts (from V          | lorksheet B,                          | Part II, column                  |                                 | 75    |
| 00 Per diem capital-related costs (line 75 ÷ line 2)   |           |                      |                                       |                                  |                                 | 76    |
| 00 Program capital-related costs (line 9 x line 76)  |           |                      |                                       |                                  |                                 | 77    |
| 00 Inpatient routine service cost (line 74 minus line 77)<br>00 Aggregate charges to beneficiaries for excess costs (fi        | rom provi | ider record          | le)                                   |                                  |                                 | 78    |
| 00 Total Program routine service costs for comparison to   | •         |                      | · · · · · · · · · · · · · · · · · · · | nus line 79)                     |                                 | 80    |
| 00 Inpatient routine service cost per diem limitation  |           |                      |                                       | ,                                |                                 | 81    |
| 00 Inpatient routine service cost limitation (line 9 x lin   |           |                      |                                       |                                  |                                 | 82    |
| 00 Reasonable inpatient routine service costs (see instructions)<br>00 Program inpatient ancillary services (see instructions) |           |                      |                                       |                                  |                                 | 83    |
| 00 Utilization review - physician compensation (see instructions)  |           |                      |                                       |                                  |                                 | 85    |
| 00 Total Program inpatient operating costs (sum of lines 8   | 83 throu  | gh 85)               |                                       |                                  |                                 | 86    |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH (<br>00 Total observation bed days (see instructions)                    | 2051      |                      |                                       |                                  |                                 | 0 87  |
| 00 Adjusted general inpatient routine cost per diem (line  | 27 ÷ li   | ne 2)                |                                       |                                  | 0.00                            |       |
| 00 Observation bed cost (line 87 x line 88) (see instructi   |           |                      |                                       |                                  |                                 | ) 89  |

| Health Financial Systems                      | METHODIST HOS | PITALS, INC   |            | In Lie                     | eu of Form CMS-2 | 2552-10        |
|---|---------------|---------------|------------|----------------------------|------------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST       |               | Provi der     |            | Period:<br>From 01/01/2014 | Worksheet D-1    |                |
|   |               | Componer      |            | To 12/31/2014              |                  | pared:<br>7 am |
|   |               | Ti t          | le XVIII   | Subprovider -<br>IPF       | PPS              |                |
| Cost Center Description                       | Cost          | Routine Cost  | column 1 ÷ | Total                      | Observati on     |                |
|   |               | (from line 27 | ) column 2 | Observati on               | Bed Pass         |                |
|   |               |               |            | Bed Cost (from             | Through Cost     |                |
|   |               |               |            | line 89)                   | (col. 3 x col.   |                |
|   |               |               |            |                            | 4) (see          |                |
|   |               |               |            |                            | instructions)    |                |
|   | 1.00          | 2.00          | 3.00       | 4.00                       | 5.00             |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH ( | COST          | •             |            | · ·                        |                  |                |
| 90.00 Capital-related cost                    | 41, 280       | 1, 443, 51    | 1 0. 02859 | 97 0                       | 0                | 90.00          |
| 91.00 Nursing School cost                     | 0             | 1, 443, 51    | 1 0.0000   | 0 0                        | 0                | 91.00          |
| 92.00 Allied health cost                      | 0             | 1, 443, 51    | 1 0.0000   | 0 0                        | 0                | 92.00          |
| 93.00 All other Medical Education             | 0             | 1, 443, 51    | 1 0.0000   | 00 0                       | 0                | 93.00          |

| MPUTA | TION OF INPATIENT OPERATING COST   | Provi der CCN: 150002<br>Component CCN: 15T002 |                      | 5/28/2015 9:0    | pare |
|-------|--|--|----------------------|------------------|------|
|       |  | Title XVIII                                    | Subprovider -<br>IRF | PPS              |      |
|       | Cost Center Description  |  |                      | 1.00             |      |
|       | PART I – ALL PROVIDER COMPONENTS   |  |                      |                  | -    |
|       | Inpatient days (including private room days and swing-bed days   | , excluding newborn)                           |                      | 11, 263          | 1    |
|       | Inpatient days (including private room days, excluding swing-b   |  |                      | 11, 263          | 2    |
| 00    | Private room days (excluding swing-bed and observation bed day   | rs). If you have only pr                       | ivate room days,     | 0                | 3    |
| 00    | do not complete this line.<br>Semi-private room days (excluding swing-bed and observation be                                     | d dave)  |                      | 11, 263          | 4    |
|       | Total swing-bed SNF type inpatient days (including private roc   |  | r 31 of the cost     | 0                |      |
|       | reporting period   |  |                      |                  |      |
| 00    | Total swing-bed SNF type inpatient days (including private roc<br>reporting period (if calendar year, enter 0 on this line)      | m days) after December :                       | 31 of the cost       | 0                | 6    |
| 00    | Total swing-bed NF type inpatient days (including private room   | davs) through December                         | 31 of the cost       | 0                | 7    |
|       | reporting period   | 3  |                      |                  |      |
| 00    | Total swing-bed NF type inpatient days (including private room   | n days) after December 3                       | 1 of the cost        | 0                | 8    |
| 00    | reporting period (if calendar year, enter O on this line)<br>Total inpatient days including private room days applicable to      | the Program (excluding                         | swing-bed and        | 7,610            | 9    |
|       | newborn days)  |  | Sinnig bed and       | 7,010            | ´    |
| 00    | Swing-bed SNF type inpatient days applicable to title XVIII on   | ly (including private r                        | oom days)            | 0                | 10   |
| 00    | through December 31 of the cost reporting period (see instruct<br>Swing-bed SNF type inpatient days applicable to title XVIII or | ions)<br>Ly (including private r               | nom davs) after      | 0                | 11   |
|       | December 31 of the cost reporting period (if calendar year, en   |  | Som days) arter      | 0                | ''   |
|       | Swing-bed NF type inpatient days applicable to titles V or XIX   | only (including private                        | e room days)         | 0                | 12   |
|       | through December 31 of the cost reporting period   | anly (including privat                         | a maam dawa)         | 0                | 11   |
|       | Swing-bed NF type inpatient days applicable to titles V or XIX<br>after December 31 of the cost reporting period (if calendar ye |  |                      | 0                | 13   |
|       | Medically necessary private room days applicable to the Progra   |  |                      | 0                | 14   |
|       | Total nursery days (title V or XIX only)   |  |                      | 0                |      |
|       | Nursery days (title V or XIX only) SWING BED ADJUSTMENT  |  |                      | 0                | 16   |
|       | Medicare rate for swing-bed SNF services applicable to service   | es through December 31 o                       | f the cost           | 0.00             | 17   |
|       | reporting period   |  |                      |                  |      |
| . 00  | Medicare rate for swing-bed SNF services applicable to service<br>reporting period   | es after December 31 of                        | the cost             | 0.00             | 18   |
| . 00  | Medicaid rate for swing-bed NF services applicable to services   | through December 31 of                         | the cost             | 0.00             | 19   |
|       | reporting period   |  |                      |                  |      |
| . 00  | Medicaid rate for swing-bed NF services applicable to services<br>reporting period   | after December 31 of th                        | ne cost              | 0.00             | 20   |
| . 00  | Total general inpatient routine service cost (see instructions   | .)   |                      | 7, 033, 985      | 21   |
| . 00  | Swing-bed cost applicable to SNF type services through Decembe   | r 31 of the cost report                        | ing period (line     | 0                | 22   |
| . 00  | 5 x line 17)<br>Swing-bed cost applicable to SNF type services after December  | 21 of the cost reporting                       | a pariod (line 4     | 0                | 23   |
|       | x line 18)   | ST OF the Cost reporting                       |                      | 0                | 23   |
| . 00  | Swing-bed cost applicable to NF type services through December   | 31 of the cost reportion                       | ng period (line      | 0                | 24   |
| . 00  | 7 x line 19)<br>Swing-bed cost applicable to NF type services after December 3   | 1 of the cost reporting                        | period (line 8       | 0                | 25   |
|       | x line 20)   | the cost reporting                             |                      | 0                |      |
|       | Total swing-bed cost (see instructions)  |  |                      | 0                |      |
|       | General inpatient routine service cost net of swing-bed cost (<br>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                           | line 21 minus line 26)                         |                      | 7, 033, 985      | 27   |
|       | General inpatient routine service charges (excluding swing-bed   | l and observation bed ch                       | arges)               | 0                | 28   |
|       | Private room charges (excluding swing-bed charges)   |  |                      | 0                |      |
|       | Semi-private room charges (excluding swing-bed charges)  |  |                      | 0                |      |
|       | General inpatient routine service cost/charge ratio (line 27 ÷<br>Average private room per diem charge (line 29 ÷ line 3)        | line 28)                                       |                      | 0.000000         |      |
|       | Average semi-private room per diem charge (line 2) + line 3)   |  |                      | 0.00             |      |
| 00    | Average per diem private room charge differential (line 32 min   |  | tions)               | 0.00             |      |
|       | Average per diem private room cost differential (line 34 x lin   | ie 31)   |                      | 0.00             |      |
|       | Private room cost differential adjustment (line 3 x line 35)<br>General inpatient routine service cost net of swing-bed cost a   | nd private room cost di                        | fferential (line     | 0<br>7, 033, 985 |      |
|       | 27 minus line 36)  |  |                      |                  | Ĭ    |
|       | PART II - HOSPITAL AND SUBPROVIDERS ONLY   | CTMENTS  |                      |                  | -    |
|       | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU<br>Adjusted general inpatient routine service cost per diem (see  |  |                      | 624.52           | 38   |
|       | Program general inpatient routine service cost (line 9 x line  |  |                      | 4, 752, 597      |      |
| . 00  | Medically necessary private room cost applicable to the Progra   | m (line 14 x line 35)                          |                      | 0                | 40   |
| 00    | Total Program general inpatient routine service cost (line 39  | + line 40)                                     |                      | 4, 752, 597      | 41   |

| OMPUT        | Financial Systems<br>ATION OF INPATIENT OPERATING COST   | METHODIST HOS    |              | ler CCN: 150002   | Peri od:                         | eu of Form CMS-<br>Worksheet D-1 |              |
|--------------|--|------------------|--------------|---|----------------------------------|----------------------------------|--------------|
|              |  |                  | Compor       | nent CCN: 15T002  | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre                    |              |
|              |  |                  | Т            | itle XVIII  | Subprovider -                    | 5/28/2015 9:0<br>PPS             | 07 ai        |
|              | Cost Center Description  | Total            | Total        | Average Pe  | IRF<br>r Program Days            | Program Cost                     |              |
|              |  | Inpatient Cost   | Inpatient D  | aysDiem (col. ć<br>col. 2)  | l÷                               | (col. 3 x col.<br>4)             |              |
| 00           | NURSERY (title V & XIX only)   | 1.00             | 2.00         | <u> </u>  | 4.00<br>00 C                     | 5.00                             | ) 42         |
| 00           | Intensive Care Type Inpatient Hospital Units   |                  |              |   |                                  |                                  |              |
|              | INTENSIVE CARE UNIT  | 0                |              |   | 00 0                             |                                  |              |
| . 01<br>. 00 | NEONATAL I CU<br>CORONARY CARE UNIT  | 0                |              |   | 00 C                             |                                  |              |
| . 00         | BURN INTENSIVE CARE UNIT   | 0                |              |   | 00 0                             |                                  |              |
| . 00         | SURGICAL INTENSIVE CARE UNIT   | 0                |              | 0 0.  | 00 C                             | C                                |              |
| . 00         | OTHER SPECIAL CARE (SPECIFY)   |                  |              |   |                                  |                                  | 47           |
|              | Cost Center Description  |                  |              |   |                                  | 1.00                             | -            |
|              | Program inpatient ancillary service cost (Wks  |                  |              |   |                                  | 3, 312, 376                      | 5 48         |
| 00           | Total Program inpatient costs (sum of lines 4  | 41 through 48)(  | see instruc  | tions)  |                                  | 8, 064, 973                      | 3 49         |
| 00           | PASS THROUGH COST ADJUSTMENTS<br>Pass through costs applicable to Program inpa                 | ationt routing   | sorvicos (f  | From Wkst D su  | m of Parts I and                 | 209, 960                         | 50           |
| 00           |  |                  | Services (1  | TOM WKSt. D, St   |                                  | 207, 700                         |              |
| 00           | Pass through costs applicable to Program inpa  | atient ancillar  | y services   | (from Wkst. D,  | sum of Parts II                  | 107, 433                         | 3 51         |
| . 00         | and IV)<br>Total Program excludable cost (sum of lines {                                       | 50 and $51$      |              |   |                                  | 317, 393                         | 3 52         |
| . 00         | Total Program excludable cost (sum of lines s<br>Total Program inpatient operating cost exclud |                  | lated, non-  | physician anest   | hetist, and                      | 7, 747, 580                      |              |
|              | medical education costs (line 49 minus line 5  |                  |              | , <u>,</u> |                                  | .,,                              |              |
| 00           | TARGET AMOUNT AND LIMIT COMPUTATION Program discharges   |                  |              |   |                                  |                                  | <u>,</u> г,  |
|              | Target amount per discharge  |                  |              |   |                                  | 0.00                             |              |
|              | Target amount (line 54 x line 55)  |                  |              |   |                                  | C                                |              |
| 00           | Difference between adjusted inpatient operati  | ng cost and ta   | irget amount | (line 56 minus  | s line 53)                       | C                                |              |
| 00           | Bonus payment (see instructions)   |                  |              |   |                                  | 0                                |              |
| . 00         | Lesser of lines 53/54 or 55 from the cost rep<br>market basket                                 | borting period   | enaling 1996 | , updated and d   | compounded by the                | 0.00                             | 59           |
| . 00         | Lesser of lines 53/54 or 55 from prior year of   |                  |              |   |                                  | 0.00                             | 60           |
| . 00         | If line 53/54 is less than the lower of lines  |                  |              |   |                                  | C                                | ) 61         |
|              | which operating costs (line 53) are less than<br>amount (line 56), otherwise enter zero (see i |                  | s (lines 54  | x 60), or 1% c  | of the target                    |                                  |              |
| . 00         | Relief payment (see instructions)  | listi ucti olisj |              |   |                                  | c                                | 62           |
|              | Allowable Inpatient cost plus incentive payme  | ent (see instru  | ictions)     |   |                                  | C                                |              |
| ~~           | PROGRAM INPATIENT ROUTINE SWING BED COST   |                  | - 01 C       |   | · · · · / · ·                    |                                  |              |
| . 00         | Medicare swing-bed SNF inpatient routine cost<br>instructions)(title XVIII only)               | ts through Dece  | emper 31 or  | the cost report   | ing period (See                  | C                                | 64           |
| . 00         | Medicare swing-bed SNF inpatient routine cost  | ts after Decemb  | er 31 of th  | e cost reportir   | ng period (See                   | C                                | 65           |
| ~~           | instructions)(title XVIII only)  |                  |              |   |                                  |                                  |              |
| . 00         | Total Medicare swing-bed SNF inpatient routin<br>CAH (see instructions)                        | ne costs (line   | 64 plus lin  | e 65)(title XVI   | II ONLY). FOr                    | C                                | 66           |
| . 00         | Title V or XIX swing-bed NF inpatient routine  | e costs through  | December 3   | 1 of the cost r   | reporting period                 | C                                | 67           |
| ~~           | (line 12 x line 19)  |                  |              |   |                                  |                                  |              |
| . 00         | Title V or XIX swing-bed NF inpatient routine<br>(line 13 x line 20)                           | e costs after L  | ecember 31   | of the cost rep   | porting period                   | C                                | 68           |
| . 00         | Total title V or XIX swing-bed NF inpatient i  | routine costs (  | line 67 + 1  | ine 68)   |                                  | C                                | 69           |
| <i></i>      | PART III - SKILLED NURSING FACILITY, OTHER NU  |                  |              |   |                                  | 1                                | 4.           |
| . 00<br>. 00 | Skilled nursing facility/other nursing facili<br>Adjusted general inpatient routine service co |                  |              |   |                                  |                                  | 70           |
| . 00         | Program routine service cost (line 9 x line 3  |                  |              | 115 2)  |                                  |                                  | 72           |
|              | Medically necessary private room cost applica  |                  | n (line 14 x | line 35)  |                                  |                                  | 73           |
| . 00         | Total Program general inpatient routine servi  | •                |              |   |                                  |                                  | 74           |
| . 00         | Capital-related cost allocated to inpatient r<br>26, line 45)                                  | routine service  | e costs (fro | m Worksheet B,  | Part II, column                  |                                  | 75           |
| . 00         | Per diem capital-related costs (line 75 ÷ lin  | ne 2)            |              |   |                                  |                                  | 76           |
|              | Program capital-related costs (line 9 x line   |                  |              |   |                                  |                                  | 77           |
|              | Inpatient routine service cost (line 74 minus  |                  | rovi don noo | ords)   |                                  |                                  | 78           |
| 00           | Aggregate charges to beneficiaries for excess<br>Total Program routine service costs for compa | • •              |              | · · · · · · · · · · · · · · · · · · ·   | nus line 79)                     |                                  | 80           |
|              | Inpatient routine service cost per diem limit  |                  |              |   |                                  |                                  | 81           |
|              | Inpatient routine service cost limitation (li  |                  | · .          |   |                                  |                                  | 82           |
|              | Reasonable inpatient routine service costs (s  |                  | is)          |   |                                  |                                  | 83           |
| . 00<br>. 00 | Program inpatient ancillary services (see ins<br>Utilization review - physician compensation   |                  | ns)          |   |                                  |                                  | 84           |
|              | Total Program inpatient operating costs (sum   |                  |              |   |                                  |                                  | 86           |
|              | PART IV - COMPUTATION OF OBSERVATION BED PASS  | S THROUGH COST   |              |   |                                  |                                  |              |
| . 00         | Total observation bed days (see instructions)  |                  | line 2)      |   |                                  | 0.00                             |              |
| 3.00<br>2.00 | Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see   |                  |              |   |                                  | 0.00                             | ) 88<br>) 89 |
| J. 00        | Observation bed cost (line 87 x line 88) (see  | e instructions)  |              |   |                                  | C                                | )            |

| Health Financial Systems                      | METHODIST HOS | PITALS, INC    |            | In Lie                     | u of Form CMS-2 | 2552-10        |
|---|---------------|----------------|------------|----------------------------|-----------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST       |               | Provi der      |            | Period:<br>From 01/01/2014 | Worksheet D-1   |                |
|   |               | Componen       |            | To 12/31/2014              |                 | pared:<br>7 am |
|   |               | Ti tl          | e XVIII    | Subprovider -<br>IRF       | PPS             |                |
| Cost Center Description                       | Cost          | Routine Cost   | column 1 ÷ | Total                      | Observati on    |                |
|   |               | (from line 27) | column 2   | Observati on               | Bed Pass        |                |
|   |               |                |            | Bed Cost (from             | Through Cost    |                |
|   |               |                |            | line 89)                   | (col. 3 x col.  |                |
|   |               |                |            |                            | 4) (see         |                |
|   |               |                |            |                            | instructions)   |                |
|   | 1.00          | 2.00           | 3.00       | 4.00                       | 5.00            |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH ( | COST          |                |            |                            |                 |                |
| 90.00 Capital-related cost                    | 310, 778      | 7, 033, 98     | 0. 04418   | 32 0                       | 0               | 90.00          |
| 91.00 Nursing School cost                     | 0             | 7, 033, 98     | 0. 00000   | 0 0                        | 0               | 91.00          |
| 92.00 Allied health cost                      | 0             | 7, 033, 98     | 0. 00000   | 0 0                        | 0               | 92.00          |
| 93.00 All other Medical Education             | 0             | 7, 033, 98     | 0. 00000   | 0 0                        | 0               | 93.00          |

| MPUT           | Financial Systems METHODIST HOSPITA<br>TATION OF INPATIENT OPERATING COST  | Provider CCN: 150002    | Period:<br>From 01/01/2014 | Worksheet D-1                   |      |
|----------------|--|-------------------------|----------------------------|---------------------------------|------|
|                |  |                         | To 12/31/2014              | Date/Time Prep<br>5/28/2015 9:0 |      |
|                | Cost Center Description  | Title XIX               | Hospi tal                  | Cost                            |      |
|                | PART I - ALL PROVIDER COMPONENTS   |                         |                            | 1.00                            |      |
|                | I NPATI ENT DAYS   |                         |                            |                                 |      |
| 00             | Inpatient days (including private room days and swing-bed days,  |                         |                            | 96, 424                         |      |
| 00<br>00       | Inpatient days (including private room days, excluding swing-be<br>Private room days (excluding swing-bed and observation bed days                     |                         | ivate room days,           | 96, 424<br>0                    |      |
| 00             | do not complete this line.   |                         | -                          | 00,022                          |      |
| 00<br>00       | Semi-private room days (excluding swing-bed and observation bed<br>Total swing-bed SNF type inpatient days (including private room<br>reporting period |                         | r 31 of the cost           | 80, 933<br>0                    |      |
| 00             | Total swing-bed SNF type inpatient days (including private room  | n days) after December  | 31 of the cost             | 0                               | 6    |
| 00             | reporting period (if calendar year, enter 0 on this line)<br>Total swing-bed NF type inpatient days (including private room                            | days) through December  | 31 of the cost             | 0                               | -    |
| 00             | reporting period<br>Total swing-bed NF type inpatient days (including private room   | days) after December 3  | 1 of the cost              | 0                               | 6    |
| 00             | reporting period (if calendar year, enter 0 on this line)<br>Total inpatient days including private room days applicable to                            | the Program (excluding  | swing-bed and              | 13, 186                         | 9    |
| . 00           | newborn days)<br>Swing-bed SNF type inpatient days applicable to title XVIII onl   | v (including private r  | oom days)                  | 0                               | 10   |
| . 00           | through December 31 of the cost reporting period (see instructi<br>Swing-bed SNF type inpatient days applicable to title XVIII on                      | ons)                    | 3 /                        |                                 | 11   |
|                | December 31 of the cost reporting period (if calendar year, ent<br>Swing-bed NF type inpatient days applicable to titles V or XIX                      | ter 0 on this line)     | 5,                         |                                 | 12   |
| . 00           | through December 31 of the cost reporting period   |                         | 3 /                        |                                 |      |
| . 00           | Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar year                        | ar, enter 0 on this lin | e)                         |                                 | 13   |
| . 00<br>. 00   | Medically necessary private room days applicable to the Program<br>Total nursery days (title V or XIX only)  | n (excluding swing-bed  | days)                      | 0<br>3, 192                     | 14   |
| . 00           | Nursery days (title V or XIX only)   |                         |                            |                                 | 16   |
| . 00           | SWING BED ADJUSTMENT<br>Medicare rate for swing-bed SNF services applicable to services  | s through December 31 o | f the cost                 | 0.00                            | 17   |
| . 00           | reporting period<br>0 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost                                    |                         |                            |                                 |      |
| . 00           | reporting period<br>Medicaid rate for swing-bed NF services applicable to services   | through December 31 of  | the cost                   | 0.00                            | 19   |
| . 00           | reporting period<br>Medicaid rate for swing-bed NF services applicable to services   | after December 31 of t  | he cost                    | 0.00                            | 20   |
| . 00           | reporting period<br>Total general inpatient routine service cost (see instructions)  |                         |                            | 70, 542, 511                    | 21   |
| . 00           | Swing-bed cost applicable to SNF type services through December  |                         | ing period (line           | 0, 342, 311                     |      |
| . 00           | 5 x line 17)<br>Swing-bed cost applicable to SNF type services after December 3  | 31 of the cost reportin | g period (line 6           | 0                               | 23   |
| . 00           | x line 18)<br>Swing-bed cost applicable to NF type services through December   | 31 of the cost reporti  | ng period (line            | 0                               | 24   |
| . 00           | 5  | l of the cost reporting | period (line 8             | 0                               | 25   |
| . 00           | x line 20)<br>Total swing-bed cost (see instructions)  |                         |                            | 0                               | 26   |
| . 00           | General inpatient routine service cost net of swing-bed cost (I<br>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  | ine 21 minus line 26)   |                            | 70, 542, 511                    | 27   |
| . 00           | General inpatient routine service charges (excluding swing-bed   | and observation bed ch  | arges)                     |                                 | 28   |
| . 00<br>. 00   | Private room charges (excluding swing-bed charges)<br>Semi-private room charges (excluding swing-bed charges)  |                         |                            | 0<br>0                          |      |
| . 00           | General inpatient routine service cost/charge ratio (line 27 ÷   | line 28)                |                            | 0.000000                        | 31   |
| . 00           | Average private room per diem charge (line 29 ÷ line 3)  |                         |                            | 0.00                            |      |
| . 00           |  |                         | +:>                        | 0.00                            |      |
| . 00           |  |                         | u ons)                     | 0. 00<br>0. 00                  |      |
| . 00<br>. 00   | Average per diem private room cost differential (line 34 x line<br>Private room cost differential adjustment (line 3 x line 35)                        | 5 51)                   |                            | 0.00                            |      |
| . 00           | General inpatient routine service cost net of swing-bed cost an  | nd private room cost di | fferential (line           | 70, 542, 511                    |      |
|                | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                         |                            |                                 |      |
|                | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS  |                         |                            |                                 | 1    |
| . 00           | Adjusted general inpatient routine service cost per diem (see i  |                         |                            | 731.59                          |      |
|                | Program general inpatient routine service cost (line 9 x line 3  | (8)                     |                            | 9, 646, 746                     | 1.39 |
| ). 00<br>). 00 | Medically necessary private room cost applicable to the Program  | -                       |                            | 0,040,740                       |      |

| OMPUTATION OF INPATIENT OPERATING COST  |                    | PITALS, INC<br>Provider | CCN: 150002    | Peri od:                         | worksheet D-1         |       |
|---|--------------------|-------------------------|----------------|----------------------------------|-----------------------|-------|
|   |                    |                         |                | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre         |       |
|   |                    | Ti t                    | le XIX         | Hospi tal                        | 5/28/2015 9:0<br>Cost | )/ am |
| Cost Center Description   | Total              | Total                   | Average Per    | Program Days                     | Program Cost          |       |
|   | Inpatient Costl    | npatient Days           |                | ÷                                | (col. 3 x col.        |       |
|   | 1.00               |                         | <u>col. 2)</u> | 4.00                             | 4)                    |       |
| 2.00 NURSERY (title V & XIX only)   | 1.00               | 2.00                    | 3.00<br>766.0  | 4.00                             | 5.00                  | 42.   |
| Intensive Care Type Inpatient Hospital Uni  |                    | 3, 172                  | 700.0          |                                  | 0                     | 42.   |
| 3. 00 INTENSIVE CARE UNIT   | 12, 464, 925       | 8, 385                  | 1, 486. 5      | 7 0                              | 0                     | 43.   |
| 3.01 NEONATAL ICU   | 3, 431, 565        | 3, 353                  | 1,023.4        | 3 0                              | 0                     | 43.   |
| 4. 00 CORONARY CARE UNIT  | 0                  | 0                       | 0.0            |                                  | 0                     |       |
| 5. 00 BURN INTENSIVE CARE UNIT  | 0                  | 0                       | 0.0            |                                  | 0                     |       |
| 6.00 SURGI CAL INTENSI VE CARE UNI T  | 0                  | 0                       | 0.0            | 0 0                              | 0                     |       |
| 7.00 OTHER SPECIAL CARE (SPECIFY)<br>Cost Center Description  |                    |                         |                |                                  |                       | 47.   |
|   |                    |                         |                |                                  | 1.00                  |       |
| 3.00 Program inpatient ancillary service cost (   |                    |                         |                |                                  | 9, 917, 255           | 48.   |
| 0.00 Total Program inpatient costs (sum of line   | s 41 through 48)(s | see instructio          | ns)            |                                  | 19, 564, 001          | 49.   |
| PASS THROUGH COST ADJUSTMENTS   |                    |                         | What D arm     | ef Dente I and                   |                       |       |
| 0.00 Pass through costs applicable to Program i   | npatrent routine : | services (irom          | WKSL. D, SUM   | of Parts I and                   | 0                     | 50.   |
| 1.00 Pass through costs applicable to Program i   | npatient ancillar  | y services (fr          | om Wkst. D, s  | um of Parts II                   | 0                     | 51.   |
| and IV)   |                    |                         |                |                                  |                       |       |
| 2.00 Total Program excludable cost (sum of line   |                    |                         |                |                                  | 0                     |       |
| 3.00 Total Program inpatient operating cost exc   | 5 1                | ated, non-phy           | sician anesth  | etist, and                       | 0                     | 53.   |
| medical education costs (line 49 minus lin<br>TARGET AMOUNT AND LIMIT COMPUTATION   | e 52)              |                         |                |                                  |                       |       |
| 1. 00 Program di scharges   |                    |                         |                |                                  | 0                     | 54.   |
| .00 Target amount per discharge   |                    |                         |                |                                  | 0.00                  |       |
| .00 Target amount (line 54 x line 55)   |                    |                         |                |                                  | 0                     |       |
| .00 Difference between adjusted inpatient oper  | ating cost and ta  | rget amount (I          | ine 56 minus   | line 53)                         | 0                     |       |
| B. 00 Bonus payment (see instructions)  |                    | 1. 100(                 |                |                                  | 0                     |       |
| 0.00 Lesser of lines 53/54 or 55 from the cost<br>market basket   | reporting period ( | ending 1996, u          | pdated and co  | mpounded by the                  | 0.00                  | 59.   |
| 0.00 Lesser of lines 53/54 or 55 from prior yea   | r cost report. up  | dated by the m          | arket basket   |                                  | 0.00                  | 60.   |
| .00 If line 53/54 is less than the lower of li  |                    |                         |                | the amount by                    | 0                     |       |
| which operating costs (line 53) are less t  | han expected costs | s (lines 54 x           | 60), or 1% of  | the target                       |                       |       |
| amount (line 56), otherwise enter zero (se  | e instructions)    |                         |                |                                  | _                     |       |
| 2.00 Relief payment (see instructions)  |                    |                         |                |                                  | 0                     |       |
| 8.00 Allowable Inpatient cost plus incentive pa<br>PROGRAM INPATIENT ROUTINE SWING BED COST                               | yment (see instruc | strons)                 |                |                                  | 0                     | 63.   |
| . 00 Medicare swing-bed SNF inpatient routine c   | osts through Decer | mber 31 of the          | cost reporti   | na period (See                   | 0                     | 64.   |
| instructions)(title XVIII only)   | 5                  |                         |                | 5 1 2 2                          |                       |       |
| 5.00 Medicare swing-bed SNF inpatient routine c   | osts after Decembe | er 31 of the c          | ost reporting  | period (See                      | 0                     | 65.   |
| instructions)(title XVIII only)   | tina agata (lina ) | (1 plug lips (          |                |                                  |                       |       |
| <ul> <li>D. 00 Total Medicare swing-bed SNF inpatient rou<br/>CAH (see instructions)</li> </ul>                           | tine costs (line o | 54 prus rine 6          | 5)(title XVII  | i oniy). For                     | 0                     | 66.   |
| 7.00 Title V or XIX swing-bed NF inpatient rout   | ine costs through  | December 31 o           | f the cost re  | portina period                   | 0                     | 67.   |
| (line 12 x line 19)   | ine coore in ough  |                         |                | por tring por rou                |                       |       |
| 3.00 Title V or XIX swing-bed NF inpatient rout   | ine costs after De | ecember 31 of           | the cost repo  | rting period                     | 0                     | 68.   |
| (line 13 x line 20)   |                    |                         | (0)            |                                  |                       |       |
| 2.00 Total title V or XIX swing-bed NF inpatien<br>PART III - SKILLED NURSING FACILITY, OTHER                             |                    |                         |                |                                  | 0                     | 69.   |
| 0.00 Skilled nursing facility/other nursing fac   |                    |                         |                |                                  |                       | 70.   |
| .00 Adjusted general inpatient routine service  | -                  |                         |                |                                  |                       | 71.   |
| .00 Program routine service cost (line 9 x lin  |                    |                         |                |                                  |                       | 72    |
| .00 Medically necessary private room cost appl  |                    |                         | ne 35)         |                                  |                       | 73    |
| .00 Total Program general inpatient routine se  | •                  |                         |                |                                  |                       | 74    |
| . 00 Capital -related cost allocated to inpatien  | τ routine service  | costs (from W           | orksheet B, P  | art II, column                   |                       | 75    |
| 26, line 45)<br>0.00 Per diem capital-related costs (line 75 ÷  | line 2)            |                         |                |                                  |                       | 76.   |
| .00 Program capital-related costs (line 75 ÷  |                    |                         |                |                                  |                       | 77.   |
| .00 Inpatient routine service cost (line 74 mi  |                    |                         |                |                                  |                       | 78    |
| .00 Aggregate charges to beneficiaries for exc  |                    |                         | •              |                                  |                       | 79    |
| .00 Total Program routine service costs for co  | •                  | ost limitation          | (line 78 min   | us line 79)                      |                       | 80    |
| .00 Inpatient routine service cost per diem li  |                    | N N                     |                |                                  |                       | 81    |
| <ul> <li>.00 Inpatient routine service cost limitation</li> <li>.00 Reasonable inpatient routine service costs</li> </ul> | •                  |                         |                |                                  |                       | 82    |
| .00 Program inpatient ancillary services (see   | •                  | <i>&gt;)</i>            |                |                                  |                       | 84    |
| . 00 Utilization review - physician compensatio   |                    | าร)                     |                |                                  |                       | 85    |
| 0.00 Total Program inpatient operating costs (s   |                    |                         |                |                                  |                       | 86    |
| PART IV - COMPUTATION OF OBSERVATION BED P.   |                    |                         |                |                                  |                       |       |
| 7.00 Total observation bed days (see instructio   |                    |                         |                |                                  | 15, 491               |       |
| 3.00 Adjusted general inpatient routine cost pe   | •                  | line 2)                 |                |                                  | 731.59                |       |
| 0.00 Observation bed cost (line 87 x line 88) (   | 000 lpc+           |                         |                |                                  | 11, 333, 061          |       |

| Health Financial Systems                      | METHODI ST HOS | PITALS, INC    |            | In Lie                           | eu of Form CMS-2               | 2552-10        |
|---|----------------|----------------|------------|----------------------------------|--------------------------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST       |                | Provi der      |            | Period:                          | Worksheet D-1                  |                |
|   |                |                |            | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre<br>5/28/2015 9:0 | pared:<br>7 am |
|   |                | Tit            | le XIX     | Hospi tal                        | Cost                           |                |
| Cost Center Description                       | Cost           | Routine Cost   | column 1 ÷ | Total                            | Observati on                   |                |
|   |                | (from line 27) | column 2   | Observati on                     | Bed Pass                       |                |
|   |                |                |            | Bed Cost (from                   | Through Cost                   |                |
|   |                |                |            | line 89)                         | (col. 3 x col.                 |                |
|   |                |                |            |                                  | 4) (see                        |                |
|   |                |                |            |                                  | instructions)                  |                |
|   | 1.00           | 2.00           | 3.00       | 4.00                             | 5.00                           |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH ( | COST           |                |            |                                  |                                |                |
| 90.00 Capital-related cost                    | 3, 153, 057    | 70, 542, 511   | 0. 04469   | 7 11, 333, 061                   | 506, 554                       | 90.00          |
| 91.00 Nursing School cost                     | 0              | 70, 542, 511   | 0.00000    | 0 11, 333, 061                   | 0                              | 91.00          |
| 92.00 Allied health cost                      | 0              | 70, 542, 511   | 0.00000    | 0 11, 333, 061                   | 0                              | 92.00          |
| 93.00 All other Medical Education             | 0              | 70, 542, 511   | 0. 00000   | 0 11, 333, 061                   | 0                              | 93.00          |

| JMPUT | ATION OF INPATIENT OPERATING COST  | Provider CCN: 150002<br>Component CCN: 15S002 |                      | Worksheet D-1<br>Date/Time Prep<br>5/28/2015 9:0 | pare  |
|-------|--|---|----------------------|--|-------|
|       |  | Title XIX                                     | Subprovider -<br>IPF | Cost   |       |
|       | Cost Center Description  |   |                      | 1.00   |       |
|       | PART I - ALL PROVIDER COMPONENTS   |   |                      |  |       |
|       | INPATIENT DAYS<br>Inpatient days (including private room days and swing-bed days   | excluding newborn)                            |                      | 1, 330   | 1 1   |
|       | Inpatient days (including private room days, excluding swing-b   | 5   |                      | 1, 330   |       |
| 00    | Private room days (excluding swing-bed and observation bed day   | s). If you have only pr                       | ivate room days,     | 0  | 3     |
| 00    | do not complete this line.<br>Semi-private room days (excluding swing-bed and observation be                                     | d dave)                                       |                      | 1, 330   | 4     |
| 00    | Total swing-bed SNF type inpatient days (including private roo   |   | r 31 of the cost     | 1, 330   |       |
|       | reporting period   |   |                      | -  |       |
| 00    | Total swing-bed SNF type inpatient days (including private roo   | n days) after December                        | 31 of the cost       | 0  | 6     |
| 00    | reporting period (if calendar year, enter 0 on this line)<br>Total swing-bed NF type inpatient days (including private room      | days) through December                        | 31 of the cost       | 0  | 7     |
| 00    | reporting period   | days) through becember                        | ST OF THE COST       | 0  | '     |
| 00    | Total swing-bed NF type inpatient days (including private room   | days) after December 3                        | 1 of the cost        | 0  | 8     |
| 00    | reporting period (if calendar year, enter 0 on this line)<br>Total inpatient days including private room days applicable to      | the Program (avaluding                        | swing, bod and       | 277  | 9     |
| 00    | newborn days)  | the Frogram (excluding                        | swillig-bed allu     | 211  |       |
| . 00  | Swing-bed SNF type inpatient days applicable to title XVIII on   |   | oom days)            | 0  | 10    |
| 00    | through December 31 of the cost reporting period (see instruct   |   |                      | 0  | 1 1 1 |
| . 00  | Swing-bed SNF type inpatient days applicable to title XVIII on<br>December 31 of the cost reporting period (if calendar year, en |   | oom days) arter      | 0  | 11    |
| . 00  | Swing-bed NF type inpatient days applicable to titles V or XIX   |   | e room days)         | 0  | 12    |
|       | through December 31 of the cost reporting period   |   |                      |  |       |
| . 00  | Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar ye    |   |                      | 0  | 13    |
| . 00  | Medically necessary private room days applicable to the Progra   |   |                      | 0  | 14    |
|       | Total nursery days (title V or XIX only)   |   |                      | 3, 192   |       |
|       | Nursery days (title V or XIX only)   |   |                      | 0  | 16    |
|       | SWING BED ADJUSTMENT<br>Medicare rate for swing-bed SNF services applicable to service   | s through December 31 o                       | f the cost           | 0.00   | 17    |
| . 00  | reporting period   | s through becember 51 0                       | T the cost           | 0.00   |       |
| . 00  | Medicare rate for swing-bed SNF services applicable to service   | s after December 31 of                        | the cost             | 0.00   | 18    |
| . 00  | reporting period<br>Medicaid rate for swing-bed NF services applicable to services   | through December 21 of                        | the cost             | 0.00   | 10    |
| . 00  | reporting period   | thi dugit beceniber 31 01                     | the cost             | 0.00   |       |
| . 00  | Medicaid rate for swing-bed NF services applicable to services   | after December 31 of t                        | he cost              | 0.00   | 20    |
| . 00  | reporting period<br>Total general inpatient routine service cost (see instructions   | N N N N N N N N N N N N N N N N N N N         |                      | 1 440 E11  | 21    |
|       | Swing-bed cost applicable to SNF type services through Decembe   | •   | ina period (line     | 1, 443, 511<br>0                                 |       |
|       | 5 x line 17)   |   |                      | C C  |       |
| 3.00  | Swing-bed cost applicable to SNF type services after December  | 31 of the cost reportin                       | g period (line 6     | 0  | 23    |
| . 00  | x line 18)<br>Swing-bed cost applicable to NF type services through December   | 31 of the cost reporti                        | na period (line      | 0  | 24    |
| . 00  | 7 x line 19)   |   |                      | 0  |       |
| . 00  | Swing-bed cost applicable to NF type services after December 3   | 1 of the cost reporting                       | period (line 8       | 0  | 25    |
| . 00  | x line 20)<br>Total swing-bed cost (see instructions)  |   |                      | 0  | 26    |
|       | General inpatient routine service cost net of swing-bed cost (   | ine 21 minus line 26)                         |                      | 1, 443, 511                                      | 27    |
| 1     | PRI VATE ROOM DI FFERENTI AL ADJUSTMENT  |   |                      |  |       |
|       | General inpatient routine service charges (excluding swing-bed   | and observation bed ch                        | arges)               | 0  |       |
|       | Private room charges (excluding swing-bed charges)<br>Semi-private room charges (excluding swing-bed charges)                    |   |                      | 0  | 29    |
|       | General inpatient routine service cost/charge ratio (line 27 ÷   | line 28)                                      |                      | 0.000000   |       |
| . 00  | Average private room per diem charge (line 29 ÷ line 3)  | ,   |                      | 0.00   | 32    |
|       | Average semi-private room per diem charge (line 30 ÷ line 4)   |   | **>                  | 0.00   |       |
|       | Average per diem private room charge differential (line 32 min<br>Average per diem private room cost differential (line 34 x lin |   | tions)               | 0.00<br>0.00                                     |       |
|       | Private room cost differential adjustment (line 3 x line 35)   |   |                      | 0.00   | 36    |
|       | General inpatient routine service cost net of swing-bed cost a   | nd private room cost di                       | fferential (line     | 1, 443, 511                                      | 37    |
|       | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  |   |                      |  | 1     |
|       | PARTITT - HUSPITAL AND SUBPROVIDERS UNLY<br>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU                       | STMENTS                                       |                      |  |       |
|       | Adjusted general inpatient routine service cost per diem (see  |   |                      | 1,085.35   | 38    |
| . 00  | Program general inpatient routine service cost (line 9 x line  | 38)   |                      | 300, 642   |       |
|       | Medically necessary private room cost applicable to the Progra   | . ,   |                      | 0  |       |
| 00    | Total Program general inpatient routine service cost (line 39  | + i i iie 40)                                 |                      | 300, 642   | 4     |

| alth Financial Systems<br>MPUTATION OF INPATIENT OPE    | RATING COST          |                         | ITALS, INC<br>Provider | CCN: 150002                             | Peri od:                         | eu of Form CMS-<br>Worksheet D-1 |       |
|---|----------------------|-------------------------|------------------------|---|----------------------------------|----------------------------------|-------|
|   |                      |                         | Componen               | t CCN: 15S002                           | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre                    |       |
|   |                      |                         | Ti t                   | le XIX                                  | Subprovider -                    | 5/28/2015 9:0<br>Cost            | 07 ar |
| Cost Center Desc  | rintion              | Total                   | Total                  | Average Per                             | IPF<br>Program Days              | Program Cost                     |       |
|   |                      | Inpatient Costl         | npatient Days          | Diem (col. 1<br>col. 2)                 | ÷                                | (col. 3 x col.<br>4)             |       |
| 00 NURSERY (title V & XI                                | X only)              | 1.00                    | 2.00                   | 3.00<br>0.                              | 4.00<br>00 0                     | 5.00<br>C                        | ) 42  |
| Intensive Care Type I                                   |                      |                         |                        |   |                                  | 1                                |       |
| 00 INTENSIVE CARE UNIT<br>01 NEONATAL ICU               |                      | 0                       | (                      |   |                                  |                                  |       |
| 00 CORONARY CARE UNIT                                   |                      | 0                       | C                      | 0.                                      |                                  | c c                              |       |
| 00 BURN INTENSIVE CARE U                                |                      | 0                       | C                      | 0.                                      |                                  | C                                |       |
| 00 SURGICAL INTENSIVE CA<br>00 OTHER SPECIAL CARE (S    |                      | 0                       | C                      | 0.                                      | 00 0                             | C                                | 46    |
| Cost Center Desc  |                      |                         |                        | 1                                       |                                  |                                  | 47    |
|   |                      |                         |                        |   |                                  | 1.00                             |       |
| 00 Program inpatient and<br>00 Total Program inpatie    |                      |                         |                        | ne)                                     |                                  | 43, 196<br>343, 838              |       |
| PASS THROUGH COST ADJ                                   |                      | nes 41 through 40)(s    |                        | /////////////////////////////////////// |                                  |                                  | 47    |
| 00 Pass through costs ap                                | plicable to Program  | n inpatient routine s   | ervices (from          | n Wkst. D, su                           | m of Parts I and                 | C                                | 50    |
| 00 Pass through costs ap                                | nlicable to Program  | innationt ancillary     | services (fr           | om Wkst D                               | sum of Parts II                  |                                  | 51    |
| and IV)   | pricable to Ployfall | i inpatrent anci i di y | Services (II           | UN WASE D,                              | Juni VI Fails II                 |                                  | 1 31  |
| .00 Total Program excluda                               |                      |                         |                        |   |                                  | C                                |       |
| 00 Total Program inpatie<br>medical education cos       |                      |                         | ated, non-phy          | sician anest                            | hetist, and                      | C                                | 53    |
| TARGET AMOUNT AND LIM                                   |                      | The 52)                 |                        |   |                                  | 1                                |       |
| 00 Program discharges                                   |                      |                         |                        |   |                                  | C                                |       |
| 00 Target amount per dis<br>00 Target amount (line 5    |                      |                         |                        |   |                                  | 0.00                             |       |
| 00 Target amount (line 5<br>00 Difference between ad    |                      | perating cost and tar   | get amount (I          | ine 56 minus                            | line 53)                         |                                  |       |
| 00 Bonus payment (see in                                |                      |                         | 9                      |   |                                  | C                                |       |
| 00 Lesser of lines 53/54                                | or 55 from the cos   | st reporting period e   | ndi ng 1996, ւ         | updated and c                           | ompounded by the                 | 0.00                             | 59    |
| market basket<br>.00 Lesser of lines 53/54              | or 55 from prior v   | lear cost report und    | ated by the m          | arket basket                            |                                  | 0.00                             | 60    |
| .00  fline 53/54 is less                                |                      |                         |                        |   |                                  | C                                |       |
| which operating costs                                   |                      |                         | (lines 54 x            | 60), or 1% o                            | f the target                     |                                  |       |
| amount (line 56), oth<br>.00 Relief payment (see i      |                      | see instructions)       |                        |   |                                  | c c                              | ) 62  |
| . 00 Allowable Inpatient c                              |                      | payment (see instruc    | tions)                 |   |                                  | C                                |       |
| PROGRAM INPATIENT ROU                                   | FINE SWING BED COST  |                         |                        |   |                                  | 1                                |       |
| .00 Medicare swing-bed SN<br>instructions)(title X      |                      | e costs through Decem   | ber 31 of the          | e cost report                           | ing period (See                  | C                                | 64    |
| . 00 Medicare swing-bed SN                              | F inpatient routine  | e costs after Decembe   | r 31 of the d          | ost reportin                            | g period (See                    | c c                              | 65    |
| instructions)(title X                                   | VIII only)           |                         |                        |   |                                  |                                  |       |
| .00 Total Medicare swing-<br>CAH (see instructions      |                      | routine costs (line 6   | 4 plus line 6          | 5)(title XVI                            | ll only). For                    | C                                | 66    |
| . 00 Title V or XIX swing-                              |                      | outine costs through    | December 31 d          | of the cost r                           | eporting period                  | C                                | 67    |
| (line 12 x line 19)                                     | ·                    | -                       |                        |   |                                  |                                  |       |
| .00 Title V or XIX swing-<br>(line 13 x line 20)        | bed NF inpatient ro  | outine costs after De   | cember 31 of           | the cost rep                            | orting period                    | C                                | 68    |
| . 00 Total title V or XIX                               | swing-bed NF inpati  | ent routine costs (I    | ine 67 + line          | e 68)                                   |                                  | c c                              | 69    |
| PART III - SKILLED NU                                   | RSING FACILITY, OTH  | ER NURSING FACILITY,    | AND ICF/MR C           | NLY                                     |                                  | · · · · ·                        |       |
| .00 Skilled nursing facil                               |                      |                         |                        |   |                                  |                                  | 70    |
| .00 Adjusted general inpa<br>.00 Program routine servi  |                      |                         |                        | <i>∠)</i>                               |                                  |                                  | 72    |
| .00 Medically necessary p                               | rivate room cost ap  | plicable to Program     | •                      |   |                                  |                                  | 73    |
| . 00 Total Program general                              | •                    | •                       |                        |   | Dopt II column                   |                                  | 74    |
| .00 Capital-related cost<br>26, line 45)                | arrocated to inpati  | ent routine service     | CUSIS (Trom V          | UTKSNEET B,                             | raitii, column                   |                                  | 75    |
| .00 Per diem capital-rela                               |                      |                         |                        |   |                                  |                                  | 76    |
| 00 Program capital -relat                               | •                    |                         |                        |   |                                  |                                  | 77    |
| 00 Inpatient routine ser<br>00 Aggregate charges to     |                      |                         | ovider record          | ls)                                     |                                  |                                  | 78    |
| 00 Total Program routine                                | service costs for    | comparison to the co    |                        | · · · · · · · · · · · · · · · · · · ·   | nus line 79)                     |                                  | 80    |
| 00 Inpatient routine ser                                |                      |                         |                        |   |                                  |                                  | 81    |
| .00  Inpatient routine ser<br>.00  Reasonable inpatient |                      | • • •                   |                        |   |                                  |                                  | 82    |
| .00 Program inpatient and                               |                      | •                       | )                      |   |                                  |                                  | 84    |
| .00 Utilization review -                                | physician compensat  | ion (see instruction    |                        |   |                                  |                                  | 85    |
| 00 Total Program inpatie                                |                      |                         | ough 85)               |   |                                  |                                  | 86    |
| 2.00 Total observation bed                              |                      |                         |                        |   |                                  | C C                              | 87    |
| . 00 Adjusted general inpa                              |                      |                         | line 2)                |   |                                  | 0.00                             |       |
|   | (line 87 x line 88)  |                         |                        |   |                                  |                                  | 89    |

| Health Financial Systems                    | METHODIST HOS | PITALS, INC  |                | In Lie                     | eu of Form CMS-2 | 2552-10        |
|---|---------------|--------------|----------------|----------------------------|------------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST     |               | Provi de     | CCN: 150002    | Period:<br>From 01/01/2014 | Worksheet D-1    |                |
|   |               | Compone      | nt CCN: 15S002 | To 12/31/2014              |                  | pared:<br>7 am |
|   |               | T            | tle XIX        | Subprovider -              | Cost             |                |
| Cost Center Description                     | Cost          | Routine Cos  | column 1 ÷     | Total                      | Observati on     |                |
|   |               | (from line 2 | ) column 2     | Observati on               | Bed Pass         |                |
|   |               |              |                | Bed Cost (from             | Through Cost     |                |
|   |               |              |                | line 89)                   | (col. 3 x col.   |                |
|   |               |              |                |                            | 4) (see          |                |
|   |               |              |                |                            | instructions)    |                |
|   | 1.00          | 2.00         | 3.00           | 4.00                       | 5.00             |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST          | •            |                |                            |                  |                |
| 90.00 Capital-related cost                  | 41, 280       | 1, 443, 5    | 1 0.0285       | 97 0                       | 0                | 90.00          |
| 91.00 Nursing School cost                   | 0             | 1, 443, 5    | 1 0.0000       | 0 00                       | 0                | 91.00          |
| 92.00 Allied health cost                    | 0             | 1, 443, 5    | 1 0.0000       | 0 00                       | 0                | 92.00          |
| 93.00 All other Medical Education           | 0             | 1, 443, 5    | 1 0.0000       | 0 00                       | 0                | 93.00          |

| MPUT     | TION OF INPATIENT OPERATING COST   | Provider CCN: 150002<br>Component CCN: 15T002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D-1<br>Date/Time Pre<br>5/28/2015 9:0 | pare |
|----------|--|---|---|---|------|
|          |  | Title XIX                                     | Subprovider -<br>IRF                        | Cost  |      |
|          | Cost Center Description  |   | -   | 1.00  |      |
|          | PART I - ALL PROVIDER COMPONENTS   |   |   |   |      |
|          | INPATIENT DAYS<br>Inpatient days (including private room days and swing-bed days   | excluding newborn)                            |   | 11, 263   | 1 1  |
|          | Inpatient days (including private room days, excluding swing-b   |   |   | 11, 263   |      |
|          | Private room days (excluding swing-bed and observation bed day   |   | vate room days,                             | 0   | 3    |
| ~        | do not complete this line.   | d daya)                                       |   | 11 2/2  |      |
| 00<br>00 | Semi-private room days (excluding swing-bed and observation be<br>Total swing-bed SNF type inpatient days (including private roo |   | r 31 of the cost                            | 11, 263<br>0                                    | 45   |
|          | reporting period   | in days) through becombo                      | or or the cost                              | 0   |      |
| 00       | Total swing-bed SNF type inpatient days (including private roo   | m days) after December :                      | 31 of the cost                              | 0   | 6    |
|          | reporting period (if calendar year, enter 0 on this line)  | daya) through December                        | 21 of the east                              | 0   |      |
| 00       | Total swing-bed NF type inpatient days (including private room<br>reporting period   | days) through becember                        | 31 OF THE COST                              | 0   | 7    |
| 00       | Total swing-bed NF type inpatient days (including private room   | days) after December 3                        | 1 of the cost                               | 0   | 8    |
|          | reporting period (if calendar year, enter 0 on this line)  |   |   |   |      |
| 00       | Total inpatient days including private room days applicable to<br>newborn days)  | the Program (excluding                        | swing-bed and                               | 887   | 9    |
|          | Swing-bed SNF type inpatient days applicable to title XVIII on   | ly (including private r                       | oom days)                                   | 0   | 10   |
|          | through December 31 of the cost reporting period (see instruct   | i ons)  |   |   |      |
|          | Swing-bed SNF type inpatient days applicable to title XVIII on<br>December 31 of the cost reporting period (if calendar year, en |   | oom days) after                             | 0   | 11   |
|          | Swing-bed NF type inpatient days applicable to titles V or XIX   |   | e room days)                                | 0   | 12   |
|          | through December 31 of the cost reporting period   |   |   | 0   |      |
|          | Swing-bed NF type inpatient days applicable to titles V or XIX   |   |   | 0   | 13   |
|          | after December 31 of the cost reporting period (if calendar ye<br>Medically necessary private room days applicable to the Progra |   |   | 0   | 14   |
|          | Total nursery days (title V or XIX only)   | iii (excludiiig swilig-bed i                  | uays)                                       | 3, 192  |      |
|          | Nursery days (title V or XIX only)   |   |   | 0   |      |
|          | SWING BED ADJUSTMENT   |   | <u></u>                                     |   |      |
| . 00     | Medicare rate for swing-bed SNF services applicable to service<br>reporting period   | s through December 31 o                       | r the cost                                  | 0.00  | 11   |
| . 00     | Medicare rate for swing-bed SNF services applicable to service   | s after December 31 of                        | the cost                                    | 0.00  | 18   |
|          | reporting period   |   |   |   |      |
| . 00     | Medicaid rate for swing-bed NF services applicable to services<br>reporting period   | through December 31 of                        | the cost                                    | 0.00  | 19   |
| . 00     | Medicaid rate for swing-bed NF services applicable to services   | after December 31 of t                        | ne cost                                     | 0.00  | 20   |
|          | reporting period   |   |   |   |      |
|          | Total general inpatient routine service cost (see instructions   |   |   | 7, 033, 985                                     |      |
| . 00     | Swing-bed cost applicable to SNF type services through Decembe 5 x line 17)  | r 31 of the cost report                       | ing period (line                            | 0   | 22   |
| . 00     | Swing-bed cost applicable to SNF type services after December  | 31 of the cost reportin                       | g period (line 6                            | 0   | 23   |
|          | x line 18)   |   |   | -   |      |
| . 00     | Swing-bed cost applicable to NF type services through December   | 31 of the cost reportion                      | ng period (line                             | 0   | 24   |
| . 00     | 7 x line 19)<br>Swing-bed cost applicable to NF type services after December 3   | 1 of the cost reporting                       | period (line 8                              | 0   | 25   |
|          | x line 20)   | · · · · · · · · · · · · · · · · · · ·         |   | -   |      |
|          | Total swing-bed cost (see instructions)  |   |   | 0   |      |
| 1        | General inpatient routine service cost net of swing-bed cost (<br>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                           | line 21 minus line 26)                        | I   | 7, 033, 985                                     | 27   |
|          | General inpatient routine service charges (excluding swing-bed   | and observation bed cha                       | arges)                                      | 0   | 28   |
|          | Private room charges (excluding swing-bed charges)   |   | 5 /   | 0   |      |
|          | Semi-private room charges (excluding swing-bed charges)  |   |   | 0   |      |
|          | General inpatient routine service cost/charge ratio (line 27 ÷<br>Average private room per diem charge (line 29 ÷ line 3)        | line 28)                                      |   | 0. 000000<br>0. 00                              |      |
|          | Average semi-private room per diem charge (line 30 ÷ line 4)   |   |   | 0.00  |      |
|          | Average per diem private room charge differential (line 32 min   | us line 33)(see instruc                       | tions)                                      | 0.00  |      |
| 1        | Average per diem private room cost differential (line 34 x lin   | e 31)   |   | 0.00  |      |
| 1        | Private room cost differential adjustment (line 3 x line 35)<br>General inpatient routine service cost net of swing-bed cost a   | nd private room cost di                       | Fforontial (lina                            | 0<br>7, 033, 985                                |      |
|          | General inpatient routine service cost net of swing-bed cost a 27 minus line 36)   | nu private room cost di                       |   | 1,033,985                                       | 3/   |
|          | PART II - HOSPITAL AND SUBPROVIDERS ONLY   |   |   |   | 1    |
|          | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU   |   |   | (04.50  |      |
|          | Adjusted general inpatient routine service cost per diem (see<br>Program general inpatient routine service cost (line 9 x line   |   |   | 624.52<br>553,949                               |      |
|          | Medically necessary private room cost applicable to the Progra   |   |   | 555, 949  |      |
|          | Total Program general inpatient routine service cost (line 39  | , , ,   |   | 553, 949  |      |

| MPUTATION OF IN                  | Systems<br>PATLENT OPERATING COST                                  |                         | TALS, INC<br>Provider | CCN: 150002               | Peri od:                              | eu of Form CMS-<br>Worksheet D-1 |       |
|----------------------------------|--|-------------------------|-----------------------|---------------------------|---------------------------------------|----------------------------------|-------|
|                                  |  |                         | Component             | CCN: 15T002               | From 01/01/2014<br>To 12/31/2014      | Date/Time Pre                    |       |
|                                  |  |                         | Ti t                  | le XIX                    | Subprovider -                         | 5/28/2015 9:0<br>Cost            | 07 ar |
| Cost                             | Center Description   | Total                   | Total                 | Average Per               | IRF<br>Program Days                   | Program Cost                     |       |
| 0031                             | center bescription   | Inpatient CostIn        | patient Days          | Diem (col. 1<br>col. 2)   | ÷                                     | (col. 3 x col.<br>4)             |       |
| 00 NURSERY (ti                   | tle V & XIX only)  | 1.00                    | 2.00                  | 3.00                      | 4.00                                  | 5.00<br>0                        | ) 42  |
| Intensive (                      | are Type Inpatient Hospital  | Uni ts                  | -                     | -                         |                                       | -                                |       |
| 00 INTENSIVE (<br>01 NEONATAL I) |  | 0                       | 0                     |                           |                                       | -                                |       |
| 00 CORONARY C                    |  | 0                       | 0                     | 0.                        |                                       |                                  |       |
| OO BURN INTEN                    | SIVE CARE UNIT   | 0                       | C                     | 0.                        | 00 00                                 | 0                                |       |
|                                  | ITENSIVE CARE UNIT   | 0                       | 0                     | 0.                        | 00 0                                  | 0                                |       |
|                                  | AL CARE (SPECIFY)<br>Center Description                            |                         |                       |                           |                                       |                                  | 47    |
|                                  | •  |                         |                       |                           | · · · · · · · · · · · · · · · · · · · | 1.00                             |       |
|                                  | patient ancillary service cos<br>ram inpatient costs (sum of l     |                         |                       | nc)                       |                                       | 390, 695                         |       |
|                                  | H COST ADJUSTMENTS   | Thes 41 through 40) (se |                       | 115)                      |                                       | 944, 644                         | + 49  |
| 00 Pass throug                   | h costs applicable to Progra                                       | m inpatient routine se  | rvices (from          | Wkst. D, su               | m of Parts I and                      | 0                                | 50    |
| III)                             | th costs applicable to Drogra                                      | m innationt ancillary   | convigos (fr          | om Wkat D                 | sum of Dorte II                       | 0                                | 5     |
| 00 Pass throug<br>and IV)        | h costs applicable to Progra                                       | m inpatrent and inary   | SELVICES (TI          | UNI WKSL. D, S            | Sum VI PAILS II                       |                                  | 51    |
| .00 Total Prog                   | am excludable cost (sum of I                                       |                         |                       |                           |                                       | 0                                |       |
|                                  | ram inpatient operating cost<br>ucation costs (line 49 minus       |                         | ted, non-phy          | sician anest              | netist, and                           | 0                                | 53    |
|                                  | NT AND LIMIT COMPUTATION   | 111le 52)               |                       |                           |                                       |                                  |       |
| 00 Program dis                   |  |                         |                       |                           |                                       | 0                                |       |
|                                  | unt per discharge<br>unt (line 54 x line 55)                       |                         |                       |                           |                                       | 0.00                             |       |
|                                  | between adjusted inpatient of                                      | perating cost and targ  | et amount (I          | ine 56 minus              | line 53)                              | 0                                |       |
| .00 Bonus payme                  | ent (see instructions)   |                         |                       |                           |                                       | 0                                |       |
| .00 Lesser of<br>market bas      | ines 53/54 or 55 from the co                                       | ost reporting period en | ding 1996, ι          | pdated and c              | ompounded by the                      | 0.00                             | 59    |
|                                  | ines 53/54 or 55 from prior  | year cost report, upda  | ted by the m          | arket basket              |                                       | 0.00                             | 60    |
| .00   f  ine 53,                 | 54 is less than the lower of                                       | lines 55, 59 or 60 en   | ter the less          | er of 50% of              |                                       | 0                                | 61    |
|                                  | ating costs (line 53) are les<br>ne 56), otherwise enter zero      |                         | (lines 54 x           | 60), or 1% o <sup>-</sup> | f the target                          |                                  |       |
|                                  | nent (see instructions)  |                         |                       |                           |                                       | 0                                | 62    |
|                                  | npatient cost plus incentive                                       |                         | ions)                 |                           |                                       | 0                                | 63    |
|                                  | ATIENT ROUTINE SWING BED COS<br>ving-bed SNF inpatient routin      |                         | or 21 of the          | cost roport               | ing partial (Soo                      | 0                                | ) 64  |
| instructio                       | ns)(title XVIII only)  | Ũ                       |                       | ·                         | <b>0</b> · · · ·                      |                                  | 04    |
|                                  | ving-bed SNF inpatient routir                                      | ne costs after December | 31 of the c           | ost reporting             | g period (See                         | 0                                | 65    |
|                                  | ns)(title XVIII only)<br>care swing-bed SNF inpatient              | routine costs (line 64  | nlus line A           | 5)(title XVI              | ll only) For                          | 0                                | 66    |
| CAH (see i                       | nstructions)   |                         |                       |                           | •                                     |                                  |       |
|                                  | XIX swing-bed NF inpatient r                                       | routine costs through D | ecember 31 c          | f the cost r              | eporting period                       | 0                                | 67    |
| .00 Title V or                   | XIX swing-bed NF inpatient r                                       | outine costs after Dec  | ember 31 of           | the cost rep              | orting period                         | 0                                | 68    |
| (line 13 x                       |  |                         |                       | 110 0001 rop              | bi ting poir ou                       |                                  |       |
|                                  | V or XIX swing-bed NF inpat  | •                       |                       |                           |                                       | 0                                | ) 69  |
|                                  | <u>SKILLED NURSING FACILITY, OT</u><br>sing facility/other nursing |                         |                       |                           |                                       |                                  | 70    |
|                                  | eneral inpatient routine serv                                      |                         |                       |                           |                                       |                                  | 71    |
|                                  | utine service cost (line 9 x                                       | -                       | lino 14               | DO 3E)                    |                                       |                                  | 72    |
|                                  | necessary private room cost a<br>ram general inpatient routine     |                         |                       | ne 35)                    |                                       |                                  | 73    |
| . 00 Capi tal -rel               | ated cost allocated to inpat                                       | •                       |                       | orksheet B, I             | Part II, column                       |                                  | 75    |
| 26, line 49<br>.00 Per diem ca   |  | $\pm 100 2$             |                       |                           |                                       |                                  | 76    |
|                                  | apital-related costs (line 75<br>pital-related costs (line 9 >     |                         |                       |                           |                                       |                                  | 77    |
| 00 Inpatient                     | outine service cost (line 74                                       | minus line 77)          |                       |                           |                                       |                                  | 78    |
| 00 0                             | charges to beneficiaries for                                       |                         |                       | · · ·                     | aus lino 70)                          |                                  | 80    |
|                                  | ram routine service costs for<br>routine service cost per dien     |                         | t i i illi tati Of    |                           | us i i le 19)                         |                                  | 80    |
| .00 Inpatient i                  | routine service cost limitati                                      | on (line 9 x line 81)   |                       |                           |                                       |                                  | 82    |
|                                  | inpatient routine service co                                       | •                       |                       |                           |                                       |                                  | 83    |
|                                  | oatient ancillary services (s<br>n review – physician compensa     |                         | )                     |                           |                                       |                                  | 84    |
|                                  | am inpatient operating costs                                       |                         |                       |                           |                                       |                                  | 86    |
| PART IV - C                      | OMPUTATION OF OBSERVATION BE                                       | D PASS THROUGH COST     |                       |                           |                                       |                                  | 1     |
|                                  | rvation bed days (see instruc<br>eneral inpatient routine cost     |                         | ine 2)                |                           |                                       | 0.00                             |       |
|                                  | n bed cost (line 87 x line 88                                      |                         | 2)                    |                           |                                       | 0.00                             | 1 00  |

| Health Financial Systems                    | METHODIST HOS | PITALS, INC  |                | In Lie                     | eu of Form CMS-2 | 2552-10        |
|---|---------------|--------------|----------------|----------------------------|------------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST     |               | Provi de     | r CCN: 150002  | Period:<br>From 01/01/2014 | Worksheet D-1    |                |
|   |               | Compone      | nt CCN: 15T002 | To 12/31/2014              |                  | pared:<br>7 am |
|   |               | T            | tle XIX        | Subprovider -<br>IRF       | Cost             |                |
| Cost Center Description                     | Cost          | Routine Cos  | column 1 ÷     | Total                      | Observati on     |                |
|   |               | (from line 2 | ') column 2    | Observati on               | Bed Pass         |                |
|   |               |              |                | Bed Cost (from             | Through Cost     |                |
|   |               |              |                | line 89)                   | (col. 3 x col.   |                |
|   |               |              |                |                            | 4) (see          |                |
|   |               |              |                |                            | instructions)    |                |
|   | 1.00          | 2.00         | 3.00           | 4.00                       | 5.00             |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST          |              |                |                            |                  |                |
| 90.00 Capital-related cost                  | 310, 778      | 7, 033, 98   | 0. 0441        | 32 0                       | 0                | 90.00          |
| 91.00 Nursing School cost                   | 0             | 7, 033, 98   | 0. 0000        | 0 00                       | 0                | 91.00          |
| 92.00 Allied health cost                    | 0             | 7,033,98     | 0. 0000        | 0 00                       | 0                | 92.00          |
| 93.00 All other Medical Education           | 0             | 7, 033, 98   | 0. 0000        | 0 00                       | 0                | 93.00          |

|                | FINANCIAL ARX SERVICE COST ADDODILONMENT                      |           | CCN: 1E0002        |   | Workshoot D 2                                   |                |
|----------------|---|-----------|--------------------|---|---|----------------|
| INPAIL         | ENT ANCILLARY SERVICE COST APPORTIONMENT                      | Provi der | CCN: 150002        | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D-3<br>Date/Time Pre<br>5/28/2015 9:0 | pared:         |
|                |   | Ti tl     | e XVIII            | Hospi tal                                   | PPS   |                |
|                | Cost Center Description                                       |           | Ratio of Cos       |   | Inpati ent                                      |                |
|                |   |           | To Charges         | Program                                     | Program Costs                                   |                |
|                |   |           |                    | Charges                                     | (col. 1 x col.                                  |                |
|                |   |           | 1.00               |   | 2)  |                |
|                | INPATIENT ROUTINE SERVICE COST CENTERS                        |           | 1.00               | 2.00  | 3.00  |                |
| 30.00          | 03000 ADULTS & PEDIATRICS                                     |           | 1                  | 30, 473, 752                                |   | 30.00          |
|                | 03100 I NTENSI VE CARE UNI T                                  |           |                    | 6, 674, 400                                 |   | 31.00          |
|                | 03101 NEONATAL I CU   |           |                    | 0, 0, 1, 100                                |   | 31.01          |
|                | 03200 CORONARY CARE UNI T                                     |           |                    | 0   |   | 32.00          |
| 33.00          | 03300 BURN INTENSIVE CARE UNIT                                |           |                    | 0   |   | 33.00          |
|                | 03400 SURGI CAL I NTENSI VE CARE UNI T                        |           |                    | 0   |   | 34.00          |
|                | 04000 SUBPROVIDER - IPF                                       |           |                    | 0   |   | 40.00          |
|                | 04100 SUBPROVIDER - IRF                                       |           |                    | 0   |   | 41.00          |
|                | 04200 SUBPROVI DER  |           |                    | 0   |   | 42.00          |
| 43.00          |   |           |                    |   |   | 43.00          |
| 50.00          | ANCI LLARY SERVI CE COST CENTERS<br>05000 OPERATI NG ROOM     |           | 0. 1138            | 57 33, 083, 021                             | 3, 766, 734                                     | 50.00          |
|                | 05001 ENDOSCOPY   |           | 0. 2337            |   |   | 50.00          |
|                | 05100 RECOVERY ROOM   |           | 0. 2266            |   | 349, 785  | 51.00          |
|                | 05200 DELIVERY ROOM & LABOR ROOM                              |           | 0. 9486            |   |   | 52.00          |
| 53.00          | 05300 ANESTHESI OLOGY   |           | 0.0000             | 0 00  | 0   | 53.00          |
| 54.00          | 05400 RADI OLOGY-DI AGNOSTI C                                 |           | 0. 2529            | 56 5, 286, 001                              | 1, 337, 126                                     | 54.00          |
|                | 05401 RADI OLOGY - ULTRASOUND                                 |           | 0. 1808            |   |   | 54.01          |
| 55.00          | 05500 RADI OLOGY-THERAPEUTI C                                 |           | 0. 1365            |   |   | 55.00          |
|                | 05600 RADI OI SOTOPE  |           | 0. 2019            |   |   |                |
| 57.00          | 05700 CT SCAN   |           | 0.0382             |   | 556, 120  | 57.00          |
|                | 05800 MAGNETIC RESONANCE I MAGI NG (MRI)                      |           | 0.0510             |   |   | 58.00          |
| 59.00<br>60.00 | 05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY          |           | 0. 0922            |   |   | 59.00<br>60.00 |
|                | 06001 BLOOD LABORATORY  |           | 0. 0000            |   | -   | 60.00          |
|                | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                     |           | 0.0000             |   | 0   | 61.00          |
|                | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                    |           | 0. 2828            |   |   | 62.00          |
| 63.00          | 06300 BLOOD STORING, PROCESSING & TRANS.                      |           | 0.0000             |   |   | 63.00          |
| 64.00          | 06400 I NTRAVENOUS THERAPY                                    |           | 0.0000             | 0 00  | 0   | 64.00          |
|                | 06500 RESPI RATORY THERAPY                                    |           | 0. 1520            |   |   | 65.00          |
|                | 06600 PHYSI CAL THERAPY                                       |           | 0. 3863            |   |   | 66.00          |
| 67.00          | 06700 OCCUPATI ONAL THERAPY                                   |           | 0. 3936            |   |   |                |
|                | 06800 SPEECH PATHOLOGY  |           | 0. 3936            |   |   | 68.00          |
|                | 06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB              |           | 0. 0719            |   | 317, 208  | 69.00<br>69.01 |
|                | 07000 ELECTROENCEPHALOGRAPHY                                  |           | 0. 0768            |   |   |                |
|                | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                    |           | 0. 3503            |   |   | 71.00          |
|                | 07200 I MPL. DEV. CHARGED TO PATIENTS                         |           | 0. 5966            |   |   |                |
|                | 07300 DRUGS CHARGED TO PATIENTS                               |           | 0. 2475            |   |   |                |
|                | 07400 RENAL DIALYSIS  |           | 0. 3481            | 3, 439, 050                                 | 1, 197, 133                                     | 74.00          |
|                | 07500 ASC (NON-DISTINCT PART)                                 |           | 0.0000             | 0 00  | 0   | 75.00          |
|                | OUTPATIENT SERVICE COST CENTERS                               |           |                    |   |   |                |
|                | 08800 RURAL HEALTH CLINIC                                     |           | 0.0000             |   | 0   |                |
|                | 08900 FEDERALLY QUALIFIED HEALTH CENTER<br>09000 CLINIC       |           | 0.0000             |   | 0   | 89.00<br>90.00 |
|                | 09000 CLINIC<br>09100 EMERGENCY                               |           | 0. 4597<br>0. 2245 |   |   |                |
|                | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART) |           | 0. 2245            |   |   | 1              |
| /2.00          | OTHER REIMBURSABLE COST CENTERS                               |           | 0. 3364            | ,,, 0                                       | 0   | , , 2. 00      |
| 94.00          | 09400 HOME PROGRAM DI ALYSI S                                 |           | 0.0000             | 0 00  | 0   | 94.00          |
|                | 09500 AMBULANCE SERVI CES                                     |           |                    |   |   | 95.00          |
|                | 09600 DURABLE MEDI CAL EQUI P-RENTED                          |           | 0.0000             | 0 00  | 0   | 96.00          |
|                | 09700 DURABLE MEDI CAL EQUI P-SOLD                            |           | 0.0000             |   | 0   | 97.00          |
| 200.00         |   |           |                    | 187, 742, 059                               | 35, 646, 726                                    |                |
| 201.00         |   | (line 61) |                    | 0   |   | 201.00         |
| 202.00         | Net Charges (line 200 minus line 201)                         |           | 1                  | 187, 742, 059                               |   | 202.00         |

|                  | Financial Systems   | METHODI ST HOSPI TALS, INC   | 001 150000    |                            | eu of Form CMS- |         |
|------------------|---|------------------------------|---------------|----------------------------|-----------------|---------|
| INPATTE          | NT ANCILLARY SERVICE COST APPORTIONMENT   | Provi der                    | CCN: 150002   | Period:<br>From 01/01/2014 | Worksheet D-3   |         |
|                  |   | Componen                     | t CCN: 15S002 |                            | Date/Time Pre   |         |
|                  |   | T: +1                        | o V//111      | Subaravi dan               | 5/28/2015 9:0   | 7 am    |
|                  |   |                              | e XVIII       | Subprovider -<br>IPF       | PPS             |         |
|                  | Cost Center Description   |                              | Ratio of Cos  |                            | Inpatient       |         |
|                  |   |                              | To Charges    | Program                    | Program Costs   |         |
|                  |   |                              |               | Charges                    | (col. 1 x col.  |         |
|                  |   |                              | 1.00          | 2.00                       | 2)<br>3.00      |         |
| 1                | NPATIENT ROUTINE SERVICE COST CENTERS   |                              | 1.00          | 2.00                       | 3.00            |         |
|                  | 33000 ADULTS & PEDIATRICS   |                              |               | 0                          |                 | 30. 00  |
|                  | 03100 I NTENSI VE CARE UNI T  |                              |               | 0                          |                 | 31.00   |
| 31.01 0          | 03101 NEONATAL ICU  |                              |               | 0                          |                 | 31.01   |
| 32.00 0          | 03200 CORONARY CARE UNI T   |                              |               | 0                          |                 | 32.00   |
|                  | 03300 BURN INTENSIVE CARE UNIT  |                              |               | 0                          |                 | 33.00   |
|                  | 03400 SURGICAL INTENSIVE CARE UNIT  |                              |               | 0                          |                 | 34.00   |
|                  | 04000 SUBPROVIDER - IPF   |                              |               | 809, 231                   |                 | 40.00   |
|                  | 04100 SUBPROVI DER – I RF   |                              |               | 0                          |                 | 41.00   |
|                  | 04200  SUBPROVI DER<br>04300  NURSERY   |                              |               | 0                          | ,               | 42.00   |
|                  | NCI LLARY SERVI CE COST CENTERS   |                              |               |                            |                 | 43.00   |
|                  | 05000 OPERATI NG ROOM   |                              | 0. 1138       | 57 0                       | 0               | 50. 00  |
|                  | D5001 ENDOSCOPY   |                              | 0. 2337       |                            | 0               | 50.01   |
| 51.00 0          | 05100 RECOVERY ROOM   |                              | 0. 2266       | 18 0                       | 0               | 51.00   |
|                  | 05200 DELIVERY ROOM & LABOR ROOM  |                              | 0. 9486       |                            |                 |         |
|                  | 05300 ANESTHESI OLOGY   |                              | 0.0000        |                            | -               |         |
|                  | 05400 RADI OLOGY-DI AGNOSTI C   |                              | 0. 2529       |                            |                 |         |
|                  | 05401 RADI OLOGY - ULTRASOUND   |                              | 0. 1808       |                            |                 |         |
|                  | 05500 RADI OLOGY-THERAPEUTI C<br>05600 RADI OI SOTOPE                           |                              | 0. 1365       |                            | 0 1, 217        |         |
|                  | 05700 CT SCAN   |                              | 0. 0382       |                            |                 |         |
|                  | 05800 MAGNETIC RESONANCE IMAGING (MRI)  |                              | 0.0510        |                            |                 |         |
|                  | 05900 CARDI AC CATHETERI ZATI ON  |                              | 0. 0922       |                            |                 |         |
|                  | 06000 LABORATORY  |                              | 0. 1305       |                            | 26, 824         |         |
| 60.01 0          | 06001 BLOOD LABORATORY  |                              | 0.0000        | 00 0                       | 0               | 60.01   |
| 61.00 0          | 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                                       |                              | 0.0000        |                            | 0               | 61.00   |
|                  | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                      |                              | 0. 2828       |                            | 0               |         |
|                  | 06300 BLOOD STORING, PROCESSING & TRANS.  |                              | 0.0000        |                            |                 |         |
|                  | 06400 INTRAVENOUS THERAPY   |                              | 0.0000        |                            |                 |         |
|                  | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY                           |                              | 0. 1520       |                            |                 |         |
|                  | 06700 OCCUPATIONAL THERAPY  |                              | 0. 3936       |                            |                 | 67.00   |
|                  | 06800 SPEECH PATHOLOGY  |                              | 0. 3936       |                            |                 |         |
|                  | 06900 ELECTROCARDI OLOGY  |                              | 0.0719        |                            |                 | 69.00   |
|                  | 06901 CARDI AC REHAB  |                              | 1.9175        |                            |                 |         |
| 70.00 0          | 7000 ELECTROENCEPHALOGRAPHY   |                              | 0. 0768       | 11 1, 427                  | 110             | 70.00   |
|                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                      |                              | 0. 3503       |                            | 3, 812          |         |
|                  | 07200 IMPL. DEV. CHARGED TO PATIENTS  |                              | 0. 5966       |                            |                 |         |
|                  | 7300 DRUGS CHARGED TO PATIENTS  |                              | 0. 2475       |                            |                 | 73.00   |
|                  | 07400 RENAL DI ALYSI S  |                              | 0.3481        |                            |                 |         |
|                  | 07500 ASC (NON-DI STI NCT PART)   |                              | 0.0000        | 00 0                       | 0               | 75.00   |
|                  | DUTPATIENT SERVICE COST CENTERS   |                              | 0.0000        | 00                         | 0               | 88.00   |
|                  | 08900 FEDERALLY QUALIFIED HEALTH CENTER   |                              | 0.0000        |                            | 0               |         |
|                  | 09000 CLINIC  |                              | 0. 4597       |                            |                 |         |
|                  | 09100 EMERGENCY   |                              | 0. 2245       |                            |                 |         |
| 92.00 0          | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                                      |                              | 0. 5384       |                            |                 |         |
| 0                | THER REIMBURSABLE COST CENTERS  |                              |               |                            | 1               |         |
|                  | 09400 HOME PROGRAM DI ALYSI S   |                              | 0.0000        | 00 0                       | 0               |         |
|                  | 09500 AMBULANCE SERVI CES   |                              |               |                            |                 | 95.00   |
|                  | 09600 DURABLE MEDICAL EQUIP-RENTED  |                              | 0.0000        |                            | 0               |         |
|                  | 09700 DURABLE MEDICAL EQUIP-SOLD  |                              | 0.0000        |                            | 0               |         |
| 200.00           | Total (sum of lines 50-94 and 96-98)<br>Less PBP Clinic Laboratory Services-Pro | ogram only charges (Line (1) |               | 584, 590                   | 102, 706        |         |
| 201.00<br>202.00 | Net Charges (line 200 minus line 201)   | ogram onry charges (Trne 61) |               | 584, 590                   |                 | 201.00  |
|                  |   |                              | 1             | 504, 590                   | 1               | IZUZ. U |

| Heal th Financial Systems ME <sup>*</sup>  | THODIST HOSPITALS, INC | CCN: 1E0003        |                            | Workshoot D 2        |       |
|--|------------------------|--------------------|----------------------------|----------------------|-------|
| INFAILENT ANGILLARY SERVICE GUST APPORTIUNMENT                                       | Provider               | CCN: 150002        | Period:<br>From 01/01/2014 | Worksheet D-3        |       |
|  | Component              | t CCN: 15T002      |                            | Date/Time Pre        |       |
|  |                        | e XVIII            | Subprovider -              | 5/28/2015 9:0<br>PPS | / am  |
|  |                        |                    | IRF                        | 110                  |       |
| Cost Center Description  |                        | Ratio of Cos       |                            | I npati ent          |       |
|  |                        | To Charges         | 0                          | Program Costs        |       |
|  |                        |                    | Charges                    | (col. 1 x col.<br>2) |       |
|  |                        | 1.00               | 2.00                       | 3.00                 |       |
| INPATIENT ROUTINE SERVICE COST CENTERS   |                        | 1                  |                            |                      |       |
| 30. 00 03000 ADULTS & PEDI ATRI CS   |                        |                    | 0                          |                      | 30.0  |
| 31. 00 03100 I NTENSI VE CARE UNI T  |                        |                    | 0                          |                      | 31.0  |
| 31. 01 03101 NEONATAL I CU   |                        |                    | 0                          |                      | 31.0  |
| 32.00 03200 CORONARY CARE UNIT<br>33.00 03300 BURN INTENSIVE CARE UNIT               |                        |                    | 0                          |                      | 32.0  |
| 34. 00   03400  SURGI CAL I NTENSI VE CARE UNI T                                     |                        |                    | 0                          |                      | 34.0  |
| 40. 00 04000 SUBPROVIDER - IPF   |                        |                    | 0                          |                      | 40.0  |
| 41. 00 04100 SUBPROVI DER – I RF   |                        |                    | 5, 335, 548                |                      | 41.0  |
| 42. 00 04200 SUBPROVI DER  |                        |                    | 0                          |                      | 42.0  |
| 43. 00 04300 NURSERY   |                        |                    |                            |                      | 43.0  |
| ANCI LLARY SERVI CE COST CENTERS   |                        |                    |                            |                      |       |
| 50. 00 05000 0PERATI NG ROOM<br>50. 01 05001 ENDOSCOPY                               |                        | 0. 1138            |                            |                      |       |
| 50. 01 05001 ENDOSCOPY<br>51. 00 05100 RECOVERY ROOM                                 |                        | 0. 2337<br>0. 2266 |                            |                      |       |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   |                        | 0. 9486            |                            |                      | 1     |
| 53. 00 05300 ANESTHESI OLOGY   |                        | 0.0000             |                            |                      |       |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   |                        | 0. 2529            |                            |                      |       |
| 54. 01 05401 RADI OLOGY - ULTRASOUND   |                        | 0. 1808            | 44 40, 337                 | 7, 295               | 54.0  |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   |                        | 0. 1365            | 55 25, 375                 | 3, 465               | 55.0  |
| 56. 00 05600 RADI 0I SOTOPE  |                        | 0. 2019            |                            |                      |       |
| 57.00 05700 CT SCAN  |                        | 0.0382             |                            |                      | 1     |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)<br>59.00 05900 CARDIAC CATHETERIZATION |                        | 0.0510             |                            |                      |       |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON<br>60. 00 06000 LABORATORY                   |                        | 0. 0922            |                            |                      |       |
| 60. 01 06001 BLOOD LABORATORY  |                        | 0. 0000            |                            |                      | 1     |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY                                      |                        | 0.0000             |                            | 0                    |       |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                     |                        | 0. 2828            |                            | 18, 660              | 62.0  |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.                                      |                        | 0.0000             | 00 0                       | 0                    | 63.0  |
| 64.00 06400 INTRAVENOUS THERAPY  |                        | 0.0000             |                            | 0                    |       |
| 65. 00 06500 RESPIRATORY THERAPY   |                        | 0. 1520            |                            |                      |       |
| 66.00 06600 PHYSI CAL THERAPY  |                        | 0. 3863            |                            |                      |       |
| 67. 00 06700 0CCUPATI ONAL THERAPY<br>68. 00 06800 SPEECH PATHOLOGY                  |                        | 0. 3936            |                            |                      |       |
| 69. 00 06900 ELECTROCARDI OLOGY  |                        | 0. 3930            |                            |                      | 69.0  |
| 69. 01 06901 CARDI AC REHAB  |                        | 1. 9175            |                            |                      | 1     |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  |                        | 0.0768             |                            |                      |       |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                     |                        | 0. 3503            | 04 260, 267                | 91, 173              | 71.0  |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS   |                        | 0. 5966            | 56 4, 504                  | 2, 687               | 72.0  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  |                        | 0. 2475            |                            |                      |       |
| 74.00 07400 RENAL DI ALYSI S   |                        | 0. 3481            |                            |                      |       |
| 75. 00 07500 ASC (NON-DISTINCT PART)<br>OUTPATIENT SERVICE COST CENTERS              |                        | 0.0000             | 00 0                       | 0                    | 75.0  |
| 88.00 08800 RURAL HEALTH CLINIC  |                        | 0.0000             | 00                         | 0                    | 88.0  |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER  |                        | 0.0000             |                            | 0                    |       |
| 90. 00 09000 CLINIC  |                        | 0. 4597            |                            |                      |       |
| 91. 00 09100 EMERGENCY   |                        | 0. 2245            |                            |                      |       |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)                                 |                        | 0. 5384            | 95 0                       | 0                    | 92.0  |
| OTHER REI MBURSABLE COST CENTERS   |                        |                    |                            | 1                    |       |
| 94. 00 09400 HOME PROGRAM DI ALYSI S   |                        | 0.0000             | 00 0                       | 0                    |       |
| 95. 00 09500 AMBULANCE SERVICES  |                        | 0.0000             | 00                         | _                    | 95.0  |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED<br>97. 00 09700 DURABLE MEDICAL EQUIP-SOLD |                        | 0.0000             |                            | 0                    |       |
| 200.00 Total (sum of lines 50-94 and 96-98)  |                        | 0.0000             | 11, 213, 593               |                      |       |
| 200.00 Less PBP Clinic Laboratory Services-Program                                   | only charges (line 61) |                    | 1, 213, 373                | 5, 512, 570          | 200.0 |
| 202.00 Net Charges (line 200 minus line 201)   | 5 5 6 6 6 7            |                    | 11, 213, 593               |                      | 202.0 |

|         | Financial Systems METHODIST HOSPI  |           | 001 450005                 |   | u of Form CMS-                                  |                |
|---------|--|-----------|----------------------------|---|---|----------------|
| INPAILE | NT ANCILLARY SERVICE COST APPORTIONMENT                                    | Provi der | CCN: 150002                | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet D-3<br>Date/Time Pre<br>5/28/2015 9:0 | pared:         |
|         |  | Ti t      | le XIX                     | Hospi tal                                   | Cost  | <u>, am</u>    |
|         | Cost Center Description  |           | Ratio of Cos<br>To Charges | Program                                     | Inpatient<br>Program Costs<br>(col. 1 x col.    |                |
|         |  |           | 1.00                       | 2.00  | 2)<br>3.00                                      |                |
| I       | NPATIENT ROUTINE SERVICE COST CENTERS                                      |           | 1.00                       | 2.00  | 3.00  |                |
| 30.00   | D3000 ADULTS & PEDI ATRI CS  |           |                            | 8, 635, 966                                 |   | 30. 00         |
|         | D3100 I NTENSI VE CARE UNI T   |           |                            | 1, 572, 646                                 |   | 31.00          |
| 1       | D3101 NEONATAL ICU   |           |                            | 3, 281, 585                                 |   | 31.01          |
| 1       | D3200 CORONARY CARE UNIT   |           |                            | 0   |   | 32.00          |
|         | 03300 BURN INTENSIVE CARE UNIT   |           |                            | 0   |   | 33.00          |
|         | 03400  SURGI CAL I NTENSI VE CARE UNI T<br>04000  SUBPROVI DER – I PF      |           |                            | 0   |   | 34.00<br>40.00 |
|         | 04100 SUBPROVIDER - IRF  |           |                            | 0   |   | 40.00          |
|         | 04200 SUBPROVI DER   |           |                            | 0   |   | 42.00          |
|         | 04300 NURSERY  |           |                            | 997, 725                                    |   | 43.00          |
| -       | ANCI LLARY SERVI CE COST CENTERS   |           |                            | ,720  |   | 1              |
| -       | D5000 OPERATING ROOM   |           | 0. 1138                    | 57 11, 974, 753                             | 1, 363, 409                                     | 50.00          |
|         | D5001 ENDOSCOPY  |           | 0. 2337                    |   | 129, 991  | 50.01          |
|         | D5100 RECOVERY ROOM  |           | 0. 2266                    |   | 185, 869  |                |
|         | D5200 DELIVERY ROOM & LABOR ROOM   |           | 0. 9486                    |   | 1, 825, 353                                     |                |
|         | D5300 ANESTHESI OLOGY  |           | 0.0000                     |   | 0   | •              |
|         | D5400 RADI OLOGY-DI AGNOSTI C  |           | 0. 2529                    |   | 251, 427  |                |
|         | D5401 RADI OLOGY - ULTRASOUND  |           | 0. 1808                    |   | 140, 648  |                |
|         | D5500 RADI OLOGY-THERAPEUTI C  |           | 0. 1365                    |   | 19, 379   |                |
|         | 05600  RADI 0I SOTOPE<br>05700  CT_SCAN                                    |           | 0. 2019                    |   | 117, 145<br>150, 803                            | 1              |
|         | D5800 MAGNETIC RESONANCE IMAGING (MRI)                                     |           | 0. 0382                    |   | 52, 399   |                |
|         | 05900 CARDI AC CATHETERI ZATI ON   |           | 0.0922                     |   | 320, 389  |                |
|         | D6000 LABORATORY   |           | 0. 1305                    |   | 1, 094, 883                                     |                |
|         | D6001 BLOOD LABORATORY   |           | 0.0000                     |   | 0   | 1              |
| 61.00   | D6100 PBP CLINICAL LAB SERVICES-PRGM ONLY                                  |           | 0.0000                     |   | 0   | 61.00          |
| 62.00   | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                 |           | 0. 2828                    | 51 140, 232                                 | 39, 665   | 62.00          |
| 63.00   | D6300 BLOOD STORI NG, PROCESSI NG & TRANS.                                 |           | 0.0000                     | 00 0  | 0   | 63.00          |
|         | D6400 INTRAVENOUS THERAPY  |           | 0.0000                     |   | 0   |                |
| 1       | D6500 RESPI RATORY THERAPY   |           | 0. 1520                    |   | 553, 693  |                |
|         | D6600 PHYSI CAL THERAPY  |           | 0. 3863                    |   | 212, 118  |                |
|         | 06700 OCCUPATIONAL THERAPY   |           | 0. 3936                    |   | 156, 831  |                |
|         | D6800 SPEECH PATHOLOGY<br>D6900 ELECTROCARDI OLOGY                         |           | 0. 3936                    |   | 54, 757   |                |
|         | 06901 CARDI AC REHAB   |           | 0.0719                     |   | 79, 936<br>17, 276                              |                |
|         | D7000 ELECTROENCEPHALOGRAPHY   |           | 0. 0768                    |   | 121, 379  |                |
|         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                 |           | 0. 3503                    |   | 0   | 1              |
|         | D7200 I MPL. DEV. CHARGED TO PATIENTS                                      |           | 0. 5966                    |   | 0   |                |
| 73.00   | 07300 DRUGS CHARGED TO PATIENTS  |           | 0. 2475                    |   | 2, 214, 022                                     | 73.00          |
| 74.00   | 07400 RENAL DIALYSIS   |           | 0. 3481                    | 00 485, 660                                 | 169, 058  |                |
|         | D7500 ASC (NON-DI STINCT PART)   |           | 0.0000                     | 00 0  | 0   | 75.00          |
|         | DUTPATIENT SERVICE COST CENTERS  |           | -                          |   |   |                |
|         | 08800 RURAL HEALTH CLINIC  |           | 0.0000                     |   | 0   |                |
|         | 08900 FEDERALLY QUALIFIED HEALTH CENTER                                    |           | 0.0000                     |   | 0   | •              |
|         |  |           | 0. 4597                    |   | 29, 526   |                |
|         | 09100 EMERGENCY  |           | 0. 2245                    |   | 617, 299  |                |
|         | 09200 OBSERVATION BEDS (NON-DISTINCT PART) DTHER REIMBURSABLE COST CENTERS |           | 0.5384                     | 95 0  | 0   | 92.00          |
|         | 09400 HOME PROGRAM DI ALYSI S  |           | 0.0000                     | 00 0  | 0   | 94.00          |
|         | 09500 AMBULANCE SERVICES   |           | 0.0000                     |   | 0   | 95.00          |
|         | 09600 DURABLE MEDICAL EQUIP-RENTED   |           | 0.0000                     | 00 0  | 0   | •              |
|         | 09700 DURABLE MEDICAL EQUIP-SOLD   |           | 0.0000                     |   | 0   |                |
| 200.00  | Total (sum of lines 50-94 and 96-98)                                       |           |                            | 54, 407, 979                                | 9, 917, 255                                     | •              |
| 201.00  | Less PBP Clinic Laboratory Services-Program only charges                   | (line 61) |                            | 0   |   | 201.00         |
| 202.00  | Net Charges (line 200 minus line 201)                                      |           |                            | 54, 407, 979                                |   | 202.00         |

| Heal th Financial                     |                                      | METHODI ST HOSPI TALS, INC   | 001 450005    |                            | eu of Form CMS-                         |        |
|---------------------------------------|--------------------------------------|------------------------------|---------------|----------------------------|---|--------|
| INPAILENT ANCILL                      | ARY SERVICE COST APPORTIONMENT       | Provi der                    | CCN: 150002   | Period:<br>From 01/01/2014 | Worksheet D-3                           |        |
|                                       |                                      | Componen                     | t CCN: 15S002 |                            | Date/Time Pre                           |        |
|                                       |                                      | Ti                           | tle XIX       | Subprovider -              | 5/28/2015 9:0<br>Cost                   | 7 am   |
|                                       |                                      |                              |               | I PF                       |   |        |
| Cos                                   | t Center Description                 |                              | Ratio of Cos  |                            | I npati ent                             |        |
|                                       |                                      |                              | To Charges    | U U                        | Program Costs                           |        |
|                                       |                                      |                              |               | Charges                    | (col. 1 x col.<br>2)                    |        |
|                                       |                                      |                              | 1.00          | 2.00                       | 3.00                                    |        |
|                                       | ROUTINE SERVICE COST CENTERS         |                              | -1            |                            | 1                                       |        |
|                                       | LTS & PEDIATRICS                     |                              |               | 0                          |   | 30.0   |
| 31.00 03100 I NTI<br>31.01 03101 NEOI | ENSIVE CARE UNIT                     |                              |               | 0                          |   | 31.0   |
|                                       | ONARY CARE UNIT                      |                              |               |                            |   | 32.00  |
|                                       | N INTENSIVE CARE UNIT                |                              |               | 0                          |   | 33.0   |
|                                       | GICAL INTENSIVE CARE UNIT            |                              |               | 0                          |   | 34.0   |
|                                       | PROVIDER - IPF                       |                              |               | 332, 103                   |   | 40.0   |
| 41.00 04100 SUBI                      | PROVIDER – IRF                       |                              |               | 0                          |   | 41.00  |
| 42.00 04200 SUBI                      | PROVI DER                            |                              |               | 0                          |   | 42.00  |
| 43.00 04300 NUR                       |                                      |                              |               | 0                          |   | 43.0   |
|                                       | SERVICE COST CENTERS                 |                              | 0.4400        | <b>F</b> 7                 |   | 1 50 0 |
| 50.00 05000 0PEI<br>50.01 05001 END   | RATING ROOM                          |                              | 0. 1138       |                            |   |        |
|                                       | OVERY ROOM                           |                              | 0. 2337       |                            |   |        |
|                                       | IVERY ROOM & LABOR ROOM              |                              | 0. 9486       |                            |   |        |
|                                       | STHESI OLOGY                         |                              | 0.0000        |                            |   | 1      |
| 54.00 05400 RAD                       | I OLOGY-DI AGNOSTI C                 |                              | 0. 2529       | 56 5, 725                  | 1, 448                                  | 54.00  |
| 54.01 05401 RAD                       | IOLOGY - ULTRASOUND                  |                              | 0. 1808       | 44 2, 072                  | 375                                     | 54.0   |
|                                       | I OLOGY-THERAPEUTI C                 |                              | 0. 1365       |                            |   | 55.0   |
| 56.00 05600 RAD                       |                                      |                              | 0. 2019       |                            |   |        |
| 57.00 05700 CT 3                      |                                      |                              | 0.0382        |                            |   |        |
|                                       | NETIC RESONANCE IMAGING (MRI)        |                              | 0.0510        |                            |   |        |
| 60. 00 06000 LAB                      | DI AC CATHETERI ZATI ON              |                              | 0. 0922       |                            |   |        |
|                                       | OD LABORATORY                        |                              | 0. 0000       |                            |   | 1      |
|                                       | CLINICAL LAB SERVICES-PRGM ONLY      |                              | 0.0000        |                            |   |        |
|                                       | LE BLOOD & PACKED RED BLOOD CELLS    |                              | 0. 2828       |                            |   |        |
| 63.00 06300 BL00                      | OD STORING, PROCESSING & TRANS.      |                              | 0.0000        | 00 0                       | 0                                       | 63.00  |
| 64.00 06400 I NTI                     | RAVENOUS THERAPY                     |                              | 0.0000        | 00 0                       | 0                                       | 64.00  |
|                                       | PI RATORY THERAPY                    |                              | 0. 1520       |                            |   | 65.0   |
|                                       | SI CAL THERAPY                       |                              | 0. 3863       |                            |   |        |
|                                       | UPATIONAL THERAPY                    |                              | 0. 3936       |                            |   |        |
|                                       | ECH PATHOLOGY                        |                              | 0. 3936       |                            | , i i i i i i i i i i i i i i i i i i i |        |
|                                       | CTROCARDI OLOGY<br>DI AC REHAB       |                              | 0. 0719       |                            |   | 1      |
|                                       | CTROENCEPHALOGRAPHY                  |                              | 0. 0768       |                            | 0                                       |        |
|                                       | I CAL SUPPLIES CHARGED TO PATIENTS   |                              | 0. 3503       |                            |   |        |
|                                       | L. DEV. CHARGED TO PATIENTS          |                              | 0. 5966       |                            |   |        |
|                                       | GS CHARGED TO PATIENTS               |                              | 0. 2475       |                            |   | 1      |
| 74.00 07400 REN                       |                                      |                              | 0. 3481       |                            |   |        |
|                                       | (NON-DISTINCT PART)                  |                              | 0.0000        | 00 0                       | 0                                       | 75.00  |
|                                       | T SERVICE COST CENTERS               |                              | 0.0077        | 0.0                        | -                                       |        |
|                                       | AL HEALTH CLINIC                     |                              | 0.0000        |                            |   |        |
| 89.00 08900 FEDI<br>90.00 09000 CLII  | ERALLY QUALIFIED HEALTH CENTER       |                              | 0.0000        |                            | 0                                       |        |
| 91.00 09100 EMEI                      |                                      |                              | 0. 4597       |                            |   |        |
|                                       | ERVATION BEDS (NON-DISTINCT PART)    |                              | 0. 2243       |                            | 0,098                                   |        |
|                                       | MBURSABLE COST CENTERS               |                              | 0.004         |                            | 0                                       | , 2. 0 |
|                                       | E PROGRAM DI ALYSI S                 |                              | 0.0000        | 00 0                       | 0                                       | 94.0   |
|                                       | ULANCE SERVICES                      |                              |               |                            |   | 95.00  |
|                                       | ABLE MEDICAL EQUIP-RENTED            |                              | 0.0000        |                            | 0                                       |        |
|                                       | ABLE MEDICAL EQUIP-SOLD              |                              | 0.0000        |                            | 0                                       |        |
|                                       | al (sum of lines 50-94 and 96-98)    |                              |               | 193, 499                   | 43, 196                                 |        |
|                                       | s PBP Clinic Laboratory Services-Pro | ogram only charges (line 61) |               | 0                          |   | 201.0  |
| 202.00 Net                            | Charges (line 200 minus line 201)    |                              |               | 193, 499                   | 1                                       | 202.00 |

| Health Financial Systems   | METHODIST HOSPITALS, INC                |                    | In Lie                           | eu of Form CMS-: | 2552-10        |
|--|---|--------------------|----------------------------------|------------------|----------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT   |   | CCN: 150002        | Period:                          | Worksheet D-3    |                |
|  | Component                               | CCN: 15T002        | From 01/01/2014<br>To 12/31/2014 |                  |                |
|  | Ti t                                    | le XIX             | Subprovider -<br>IRF             | Cost             |                |
| Cost Center Description  |   | Ratio of Cos       |                                  | I npati ent      |                |
|  |   | To Charges         | Program                          | Program Costs    |                |
|  |   |                    | Charges                          | (col. 1 x col.   |                |
|  |   | 1.00               | 2.00                             | 2)<br>3.00       |                |
| INPATIENT ROUTINE SERVICE COST CENTERS   |   |                    |                                  |                  |                |
| 30. 00 03000 ADULTS & PEDI ATRI CS   |   |                    | 0                                |                  | 30.00          |
| 31.00 03100 INTENSIVE CARE UNIT  |   |                    | 0                                |                  | 31.00          |
| 31. 01  03101  NEONATAL I CU<br>32. 00  03200  CORONARY CARE UNI T                             |   |                    | 0                                |                  | 31.01<br>32.00 |
| 33.00 03300 BURN INTENSIVE CARE UNIT   |   |                    | 0                                |                  | 33.00          |
| 34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T  |   |                    | 0                                |                  | 34.00          |
| 40. 00 04000 SUBPROVI DER – I PF   |   |                    | 0                                |                  | 40.00          |
| 41.00 04100 SUBPROVI DER – I RF  |   |                    | 625, 022                         |                  | 41.00          |
| 42. 00 04200 SUBPROVI DER  |   |                    | 0                                |                  | 42.00          |
| 43. 00 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS                                       |   |                    | 0                                | 1                | 43.00          |
| 50. 00 05000 OPERATING ROOM  |   | 0. 1138            | 57 15, 219                       | 1, 733           | 50.00          |
| 50. 01 05001 ENDOSCOPY   |   | 0. 2337            |                                  |                  |                |
| 51.00 05100 RECOVERY ROOM  |   | 0. 2266            | 18 3, 233                        | 733              | 51.00          |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   |   | 0. 9486            |                                  |                  | •              |
| 53. 00 05300 ANESTHESI OLOGY   |   | 0.0000             |                                  | -                | •              |
| 54. 00  05400  RADI OLOGY-DI AGNOSTI C<br>54. 01  05401  RADI OLOGY - ULTRASOUND               |   | 0. 2529<br>0. 1808 |                                  |                  |                |
| 55. 00 05500 RADI OLOGY - THERAPEUTI C   |   | 0. 1365            |                                  | 0                |                |
| 56. 00 05600 RADI OI SOTOPE  |   | 0. 2019            |                                  |                  | •              |
| 57.00 05700 CT SCAN  |   | 0. 0382            | 89 22, 305                       | 854              | 57.00          |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)  |   | 0.0510             |                                  |                  |                |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON  |   | 0.0922             |                                  | 0                | •              |
| 60. 00 06000 LABORATORY<br>60. 01 06001 BLOOD LABORATORY                                       |   | 0. 1305            |                                  |                  | 1              |
| 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY  |   | 0.0000             |                                  |                  | •              |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   |   | 0. 2828            |                                  |                  |                |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS.   |   | 0.0000             | 0 00                             | 0                | 63.00          |
| 64.00 06400 I NTRAVENOUS THERAPY   |   | 0.0000             |                                  | 0                |                |
| 65. 00 06500 RESPI RATORY THERAPY  |   | 0. 1520            |                                  |                  | •              |
| 66. 00 06600 PHYSI CAL THERAPY<br>67. 00 06700 0CCUPATI ONAL THERAPY                           |   | 0. 3863<br>0. 3936 |                                  |                  | •              |
| 68. 00 06800 SPEECH PATHOLOGY  |   | 0. 3936            |                                  |                  | •              |
| 69. 00 06900 ELECTROCARDI OLOGY  |   | 0.0719             |                                  |                  |                |
| 69. 01 06901 CARDI AC REHAB  |   | 1. 9175            | 86 0                             | -                |                |
| 70.00 07000 ELECTROENCEPHALOGRAPHY   |   | 0.0768             |                                  |                  | 1              |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>72.00 07200 IMPL. DEV. CHARGED TO PATIENTS |   | 0.3503             |                                  |                  |                |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS<br>73.00 07300 DRUGS CHARGED TO PATIENTS           |   | 0. 5966<br>0. 2475 |                                  |                  | •              |
| 74. 00 07400 RENAL DI ALYSI S  |   | 0. 3481            |                                  |                  | •              |
| 75.00 07500 ASC (NON-DI STINCT PART)   |   | 0.0000             |                                  |                  |                |
| OUTPATIENT SERVICE COST CENTERS  |   | 1                  |                                  | 1                |                |
| 88.00 08800 RURAL HEALTH CLINIC  |   | 0.0000             |                                  |                  |                |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER  |   | 0.0000             |                                  |                  |                |
| 90. 00 09000 CLINIC<br>91. 00 09100 EMERGENCY  |   | 0. 4597<br>0. 2245 |                                  |                  | •              |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   |   | 0. 5384            |                                  |                  |                |
| OTHER REIMBURSABLE COST CENTERS  |   |                    |                                  |                  | 1              |
| 94.00 09400 HOME PROGRAM DI ALYSI S  |   | 0.0000             | 0 00                             | 0                |                |
| 95.00 09500 AMBULANCE SERVICES   |   |                    |                                  |                  | 95.00          |
| 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED  |   | 0.0000             |                                  | 0                |                |
| 97.00 09700 DURABLE MEDICAL EQUIP-SOLD<br>200.00 Total (sum of lines 50-94 and 96-98)          |   | 0.0000             | 1, 322, 135                      | 0<br>390, 695    |                |
| 201.00 Less PBP Clinic Laboratory Services-Pro   | gram only charges (line 61)             |                    | 1, 522, 155                      | 370, 093         | 200.00         |
| 202.00 Net Charges (line 200 minus line 201)   | 5 · · · · · · · · · · · · · · · · · · · |                    | 1, 322, 135                      |                  | 202.00         |
|  |   |                    |                                  |                  | •              |

| CUL      | Financial Systems METHODIST HOSPITAN<br>ATION OF REIMBURSEMENT SETTLEMENT   | _S, INC<br>Provider | CCN: 150002 | Peri od:                         | u of Form CMS<br>Worksheet E<br>Part A |    |
|----------|---|---------------------|-------------|----------------------------------|--|----|
|          |   |                     |             | From 01/01/2014<br>To 12/31/2014 | Part A<br>Date/Time Pr<br>5/28/2015 9: |    |
|          |   | Ti tl               | e XVIII     | Hospi tal                        | PPS                                    |    |
|          |   |                     | 0           | 1.00                             | 2.00                                   |    |
|          | PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS   |                     |             | 1.00                             | 2.00                                   |    |
|          | DRG Amounts Other than Outlier Payments   |                     |             | 0                                |  | 1. |
| 1        | DRG amounts other than outlier payments for discharges occurrin<br>to October 1 (see instructions)                                  | g prior             |             | 38, 598, 354                     |  | 1. |
| 2        | DRG amounts other than outlier payments for discharges occurrin   | g on or             |             | 12, 838, 087                     |  | 1. |
| 3        | after October 1 (see instructions)<br>DRG for federal specific operating payment for Model 4 BPCI for                               |                     |             | 0                                |  | 1. |
| 5        | discharges occurring prior to October 1 (see instructions)  |                     |             | 0                                |  | '. |
| 4        | DRG for federal specific operating payment for Model 4 BPCI for   |                     |             | 0                                |  | 1. |
| )        | discharges occurring on or after October 1 (see instructions)<br>Outlier payments for discharges. (see instructions)                |                     |             | 2, 402, 631                      |  | 2. |
| 1        | Outlier reconciliation amount   |                     |             | 0                                |  | 2. |
| 2        | Outlier payment for discharges for Model 4 BPCI (see instructio   | ns)                 |             | 0                                |  | 2. |
| )<br>)   | Managed Care Simulated Payments<br>Bed days available divided by number of days in the cost report                                  | ina                 |             | 4, 071, 357<br>396. 56           |  | 3. |
| 5        | period (see instructions)   | ing                 |             | 570.30                           |  |    |
|          | Indirect Medical Education Adjustment   |                     | -           |                                  |  |    |
| C        | FTE count for allopathic and osteopathic programs for the most cost reporting period ending on or before 12/31/1996. (see instr     |                     |             | 8.53                             |  | 5  |
| D        | FTE count for allopathic and osteopathic programs which meet th   |                     |             | 0.00                             |  | 6  |
|          | criteria for an add-on to the cap for new programs in accordanc   | e with 42           |             |                                  |  |    |
| 5        | CFR 413.79(e)<br>MMA Section 422 reduction amount to the IME cap as specified un  | der 42              |             | 0.00                             |  | 7  |
|          | CFR §412. $105(f)(1)(iv)(B)(1)$   | 401 42              |             | 0.00                             |  |    |
| 1        | ACA Section 5503 reduction amount to the IME cap as specified u   |                     |             | 0.00                             |  | 7  |
|          | CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July then see instructions.   | 1, 2011             |             |                                  |  |    |
| C        | Adjustment (increase or decrease) to the FTE count for allopath   | ic and              |             | 0.00                             |  | 8  |
|          | osteopathic programs for affiliated programs in accordance with   |                     |             |                                  |  |    |
|          | 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 (August 1, 2002).   | FR 50069            |             |                                  |  |    |
| 1        | The amount of increase if the hospital was awarded FTE cap slot   | s under             |             | 0.00                             |  | 8  |
|          | section 5503 of the ACA. If the cost report straddles July 1, 2   |                     |             |                                  |  |    |
| 2        | instructions.<br>The amount of increase if the hospital was awarded FTE cap slot  | s from a            |             | 0.00                             |  | 8  |
| ~        | closed teaching hospital under section 5506 of ACA. (see instru   |                     |             | 0.00                             |  |    |
| D        | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines   | (8, 8,01            |             | 8. 53                            |  | 9  |
| 00       | and 8,02) (see instructions)<br>FTE count for allopathic and osteopathic programs in the curren                                     | t vear              |             | 3.00                             |  | 10 |
|          | from your records   | t your              |             | 0.00                             |  |    |
|          | FTE count for residents in dental and podiatric programs.   |                     |             | 0.00                             |  | 11 |
| 00<br>00 | Current year allowable FTE (see instructions)<br>Total allowable FTE count for the prior year.                                      |                     |             | 3.00<br>3.00                     |  | 12 |
| 00       | Total allowable FTE count for the penultimate year if that year   | ended on            |             | 3.00                             |  | 14 |
|          | or after September 30, 1997, otherwise enter zero.  |                     |             |                                  |  |    |
|          | Sum of lines 12 through 14 divided by 3.<br>Adjustment for residents in initial years of the program                                |                     |             | 3.00<br>0.00                     |  | 15 |
|          | Adjusment for residents displaced by program or hospital closur   | e                   |             | 0.00                             |  | 17 |
|          | Adjusted rolling average FTE count  |                     |             | 3.00                             |  | 18 |
|          | Current year resident to bed ratio (line 18 divided by line 4).   |                     |             | 0.007565                         |  | 19 |
|          | Prior year resident to bed ratio (see instructions)<br>Enter the lesser of lines 19 or 20 (see instructions)                        |                     |             | 0. 007266<br>0. 007266           |  | 20 |
|          | IME payment adjustment (see instructions)   |                     |             | 220, 033                         |  | 22 |
| D1       | IME payment adjustment - Managed Care (see instructions)  | 100 0               |             | 0                                |  | 22 |
| 00       | Indirect Medical Education Adjustment for the Add-on for Section<br>Number of additional allopathic and osteopathic IME FTE residen |                     | the MMA     | 0.00                             |  | 23 |
| 50       | slots under 42 Sec. 412.105 $(f)(1)(iv)(C)$ .   | t cap               |             | 0.00                             |  | 20 |
|          | IME FTE Resident Count Over Cap (see instructions)  |                     |             | -5.53                            |  | 24 |
| 00       | If the amount on line 24 is greater than -O-, then enter the lo<br>line 23 or line 24 (see instructions)                            | wer of              |             | 0.00                             |  | 25 |
| 00       | Resident to bed ratio (divide line 25 by line 4)  |                     |             | 0. 000000                        |  | 26 |
| 00       | IME payments adjustment factor. (see instructions)  |                     |             | 0. 000000                        |  | 27 |
| 00<br>01 | IME add-on adjustment amount (see instructions)<br>IME add-on adjustment amount - Managed Care (see instructions)                   |                     |             | 0                                |  | 28 |
|          | Total IME payment ( sum of lines 22 and 28)   |                     |             | 220, 033                         |  | 28 |
| 21       | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)   |                     |             | 0                                |  | 29 |
|          | Disproportionate Share Adjustment   | lont -              |             |                                  |  |    |
| 00       | Percentage of SSI recipient patient days to Medicare Part A pat (see instructions)  | ient days           |             | 9.92                             |  | 30 |
| 00       | Percentage of Medicaid patient days (see instructions)  |                     |             | 29. 32                           |  | 31 |
| 00       | Sum of lines 30 and 31  |                     |             | 39.24                            |  | 32 |
|          | Allowable disproportionate share percentage (see instructions)<br>Disproportionate share adjustment (see instructions)              |                     |             | 21. 59<br>2, 776, 282            |  | 33 |

| CALCUL           | Financial Systems METHODIST HOSPI<br>ATION OF REIMBURSEMENT SETTLEMENT   | Provi der CCN: 150002     | Peri od:                         | u of Form CMS-2<br>Worksheet E |                |
|------------------|--|---------------------------|----------------------------------|--------------------------------|----------------|
|                  |  |                           | From 01/01/2014<br>To 12/31/2014 | Part A<br>Date/Time Pre        | pared:         |
|                  |  | Title XVIII               | Hospi tal                        | 5/28/2015 9:0<br>PPS           | / am           |
|                  |  |                           | Prior to                         | 0n/After                       |                |
|                  | _  |                           | October 1                        | October 1                      |                |
|                  | Uncompensated Care Adjustment  | 0                         | 1.00                             | 2.00                           |                |
| 35.00            | Total uncompensated care amount (see instructions)   |                           | 9, 046, 380, 143                 | 7, 647, 644, 885               | 35.00          |
| 35. 01           | Factor 3 (see instructions)  |                           | 0. 000913951                     | 0. 000864995                   |                |
| 35. 02           | Hospital uncompensated care payment (If line 34 is zero,<br>enter zero on this line) (see instructions)            |                           | 8, 267, 947                      | 6, 615, 171                    | 35.02          |
| 35. 03           | Pro rata share of the hospital uncompensated care payment  |                           | 6, 183, 970                      | 1, 667, 387                    | 35.03          |
|                  | amount (see instructions)  |                           |                                  |                                |                |
| 36.00            | Total uncompensated care (sum of columns 1 and 2 on line 35.03)  |                           | 7, 851, 357                      |                                | 36.00          |
|                  | Additional payment for high percentage of ESRD beneficiary di  | scharges (lines 40 throug | gh 46)                           |                                |                |
| 0.00             | Total Medicare discharges on Worksheet S-3, Part I   |                           | 0                                |                                | 40.00          |
|                  | excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)                                     |                           |                                  |                                |                |
| 1.00             | Total ESRD Medicare discharges excluding MS-DRGs 652,  |                           | 0                                |                                | 41.00          |
|                  | 682, 683, 684 an 685. (see instructions)   |                           |                                  |                                |                |
| 1.01             | Total ESRD Medicare covered and paid discharges excluding<br>MS-DRGs 652, 682, 683, 684 an 685. (see instructions) |                           | 0                                |                                | 41.01          |
| 2.00             | Divide line 41 by line 40 (if less than 10%, you do not  |                           | 0.00                             |                                | 42.00          |
|                  | qualify for adjustment)  |                           |                                  |                                |                |
| 3.00             | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)                 |                           | 0                                |                                | 43.00          |
| 4.00             | Ratio of average length of stay to one week (line 43   |                           | 0.00000                          |                                | 44.00          |
|                  | divided by line 41 divided by 7 days)  |                           |                                  |                                | 45.5           |
| 5.00             | Average weekly cost for dialysis treatments (see instructions)   |                           | 0.00                             |                                | 45.00          |
| 6.00             | Total additional payment (line 45 times line 44 times line   |                           | 0                                |                                | 46.00          |
|                  | 41.01)   |                           | (1 (0) 744                       |                                | 47.00          |
| 7.00<br>8.00     | Subtotal (see instructions)<br>Hospital specific payments (to be completed by SCH and                              |                           | 64, 686, 744                     |                                | 47.00<br>48.00 |
| 10.00            | MDH, small rural hospitals only. (see instructions)  |                           | 0                                |                                |                |
| 9.00             | Total payment for inpatient operating costs (see   |                           | 64, 686, 744                     |                                | 49.00          |
| 50.00            | instructions)<br>Payment for inpatient program capital (from Wkst. L, Pt. I  |                           | 4, 472, 494                      |                                | 50.00          |
|                  | and Pt. II, as applicable)   |                           | 1, 172, 171                      |                                |                |
| 51.00            | Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)                               |                           | 0                                |                                | 51.00          |
| 52.00            | Direct graduate medical education payment (from Wkst. E-4,   |                           | 74, 666                          |                                | 52.00          |
|                  | line 49 see instructions).   |                           |                                  |                                |                |
| 53.00<br>54.00   | Nursing and Allied Health Managed Care payment<br>Special add-on payments for new technologies                     |                           | 23, 040                          |                                | 53.00<br>54.00 |
| 55.00            | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,   |                           | 0                                |                                | 55.00          |
|                  | line 69)   |                           |                                  |                                |                |
| 6. 00            | Cost of physicians' services in a teaching hospital (see intructions)  |                           | 0                                |                                | 56.00          |
| 57.00            | Routine service other pass through costs (from Wkst. D,  |                           | 0                                |                                | 57.00          |
|                  | Pt. III, column 9, lines 30 through 35).   |                           | 70,400                           |                                |                |
| 68.00            | Ancillary service other pass through costs from Wkst. D,<br>Pt. IV, col. 11 line 200)                              |                           | 79, 139                          |                                | 58.00          |
| 59.00            | Total (sum of amounts on lines 49 through 58)  |                           | 69, 336, 083                     |                                | 59.00          |
| 0.00             | Primary payer payments   |                           | 35, 227                          |                                | 60.00          |
| 51.00            | Total amount payable for program beneficiaries (line 59 minus line 60)   |                           | 69, 300, 856                     |                                | 61.00          |
| 2.00             | Deductibles billed to program beneficiaries  |                           | 4, 876, 879                      |                                | 62.00          |
| 3.00             | Coinsurance billed to program beneficiaries  |                           | 655, 720                         |                                | 63.00          |
| 64.00<br>5.00    | Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)                       |                           | 641, 870<br>417, 216             |                                | 64.00<br>65.00 |
| 6. 00            | Allowable bad debts for dual eligible beneficiaries (see   |                           | -193, 292                        |                                | 66.00          |
| 7 00             | instructions)  |                           | / 4 405 470                      |                                | 17 0           |
| 57.00<br>58.00   | Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices  |                           | 64, 185, 473<br>0                |                                | 67.00<br>68.00 |
| 5.00             | for applicable to MS-DRGs (see instructions)   |                           |                                  |                                |                |
| 9.00             | Outlier payments reconciliation (sum of lines 93, 95 and   |                           | 0                                |                                | 69.00          |
| 0. 00            | 96). (For SCH see instructions)<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                  |                           | 0                                |                                | 70.0           |
| 0.50             | RURAL DEMONSTRATION PROJECT  |                           | 0                                |                                | 70.50          |
| 0.89             | Pioneer ACO demonstration payment adjustment amount (see   |                           | 0                                |                                | 70.8           |
| 0. 90            | instructions)<br>HSP bonus payment HVBP adjustment amount (see   |                           | 0                                |                                | 70.9           |
| 3. 70            | instructions)  |                           |                                  |                                | , 0. 7         |
| 0.91             |  |                           | 0                                |                                | 70.9           |
| '0. 92<br>'0. 93 | Bundled Model 1 discount amount (see instructions)<br>HVBP payment adjustment amount (see instructions)            |                           | 0<br>258, 390                    |                                | 70.92          |
|                  | HRR adjustment amount (see instructions)   |                           | -688, 551                        |                                | 70.93          |
|                  | Recovery of accel erated depreciation  |                           | 0                                |                                | 70.9           |

|        | Financial Systems METHODIST HOSP   |                      |   |  | u of Form CMS- | <u>2552-10</u> |
|--------|--|----------------------|---|--|----------------|----------------|
| CALCUL | ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 150002 |   | eriod:<br>fom 01/01/2014<br>0 12/31/2014 |                |                |
|        |  | Title XVIII          |   | Hospi tal                                | PPS            |                |
|        |  |                      |   | Prior to                                 | 0n/After       |                |
|        |  |                      |   | October 1                                | October 1      |                |
|        |  | 0                    |   | 1.00                                     | 2.00           |                |
| 70. 96 | Low volume adjustment for federal fiscal year (yyyy)<br>(Enter in column 0 the corresponding federal year for the<br>period prior to 10/1)           |                      | 0 | 0  |                | 70.96          |
| 70. 97 | Low volume adjustment for federal fiscal year (yyyy)<br>(Enter in column 0 the corresponding federal year for the<br>period ending on or after 10/1) |                      | 0 | 0  |                | 70.97          |
| 70. 98 | Low Volume Payment-3   |                      |   | 0  |                | 70.98          |
| 70.99  | HAC adjustment amount (see instructions)   |                      |   | 164, 641                                 |                | 70.99          |
| 71.00  | lines 69 & 70)   |                      |   | 63, 590, 671                             |                | 71.00          |
|        | Sequestration adjustment (see instructions)  |                      |   | 1, 271, 813                              |                | 71.01          |
|        | Interim payments   |                      |   | 61, 679, 376                             |                | 72.00          |
|        | Tentative settlement (for contractor use only)   |                      |   | 0  |                | 73.00          |
|        | Balance due provider (Program) (line 71 minus lines 71.01,<br>72, and 73)  |                      |   | 639, 482                                 |                | 74.00          |
| 75.00  | accordance with CMS Pub. 15-2, chapter 1, §115.2   |                      |   | 0  |                | 75.00          |
|        | TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)  |                      |   |  |                |                |
|        | Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)  |                      |   | 0  |                | 90.00          |
| 91.00  | Capital outlier from Wkst. L, Pt. I, line 2  |                      |   | 0  |                | 91.00          |
| 92.00  | Operating outlier reconciliation adjustment amount (see instructions)  |                      |   | 0  |                | 92.00          |
| 93.00  | Capital outlier reconciliation adjustment amount (see instructions)  |                      |   | 0  |                | 93.00          |
|        | The rate used to calculate the time value of money (see instructions)  |                      |   | 0.00                                     |                | 94.00          |
| 95.00  | instructions)  |                      |   | 0  |                | 95.00          |
| 96.00  | Time value of money for capital related expenses (see instructions)  |                      |   | 0  |                | 96.00          |
|        |  |                      | Ļ |  | On/After 10/1  |                |
|        |  |                      |   | 1.00                                     | 2.00           |                |
|        | HSP Bonus Payment Amount   |                      |   |  |                |                |
|        | HSP bonus amount (see instructions)<br>HVBP Adjustment for HSP Bonus Payment   |                      |   | 0  | -              | 100.00         |
|        | HVBP adjustment factor (see instructions)  |                      |   | 0  |                | 101.00         |
| 102.00 | HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment  | ons)                 |   | 0  | 0              | 102.00         |
| 103.00 | HRR adjustment factor (see instructions)   |                      |   | 0.0000                                   | 0.0000         | 103.00         |
|        | HRR adjustment amount for HSP bonus payment (see instruction   |                      |   | 0  |                | 104.00         |

| DW VC    | Financial Systems<br>DLUME CALCULATION EXHIBIT 4   |                         | METHODIST HOS               |                         |                          | eriod:<br>rom 01/01/2014 | u of Form CMS-2<br>Worksheet E<br>Part A Exhibi |            |
|----------|--|-------------------------|-----------------------------|-------------------------|--------------------------|--------------------------|---|------------|
|          |  |                         |                             |                         | T                        |                          |   | pared      |
|          |  |                         |                             |                         | e XVIII                  | Hospi tal                | PPS   |            |
|          |  | W/S E, Part A<br>line   | Amounts (from<br>E, Part A) | Pre/Post<br>Entitlement | Period Prior<br>to 10/01 | Period<br>On/After 10/01 | Total (Col 2<br>through 4)                      |            |
|          |  | 0                       | 1.00                        | 2.00                    | 3.00                     | 4.00                     | 5.00  |            |
| 00       | DRG amounts other than outlier   | 1.00                    | 0                           | 0                       | 0                        | 0                        | 0   | 1.0        |
| 01       | payments<br>DRG amounts other than outlier<br>payments for discharges  | 1.01                    | 38, 598, 354                | 0                       | 38, 598, 354             | 0                        | 38, 598, 354                                    | 1. (       |
| 02       | occurring prior to October 1<br>DRG amounts other than outlier<br>payments for discharges<br>occurring on or after October | 1. 02                   | 12, 838, 087                | 0                       | 0                        | 12, 838, 087             | 12, 838, 087                                    | 1. (       |
| 03       | 1<br>DRG for Federal specific<br>operating payment for Model 4<br>BPCI occurring prior to                                  | 1. 03                   | 0                           | 0                       | 0                        | 0                        | 0   | 1. (       |
| 04       | October 1<br>DRG for Federal specific<br>operating payment for Model 4<br>BPCI occurring on or after<br>October 1          | 1. 04                   | 0                           | 0                       | 0                        | 0                        | 0   | 1.         |
| 00       | Outlier payments for<br>discharges (see instructions)  | 2.00                    | 2, 402, 631                 | 0                       | 2, 027, 174              | 375, 457                 | 2, 402, 631                                     | 2.         |
| 01       | Outlier payments for   | 2.02                    | 0                           | 0                       | 0                        | 0                        | 0   | 2.         |
| 00       | discharges for Model 4 BPCI<br>Operating outlier<br>reconciliation   | 2.01                    | 0                           | 0                       | 0                        | 0                        | 0   | 3.         |
| 00       | Managed care simulated<br>payments   | 3.00                    | 4, 071, 357                 | 0                       | 2, 866, 537              | 1, 204, 820              | 4, 071, 357                                     | 4.         |
| 00       | Indirect Medical Education Adju<br>Amount from Worksheet E, Part   | ustment<br>21.00        | 0. 007266                   | 0. 007266               | 0. 007266                | 0. 007266                |   | 5.         |
| 00       | A, line 21 (see instructions)<br>IME payment adjustment (see<br>instructions)  | 22.00                   | 220, 033                    | 0                       | 164, 367                 | 55, 666                  | 220, 033  | 6.         |
| 01       | IME payment adjustment for<br>managed care (see<br>instructions)   | 22.01                   | 0                           | 0                       | 0                        | 0                        | 0   | 6.         |
|          | Indirect Medical Education Adju  |                         |                             |                         |                          |                          |   |            |
| 00       | IME payment adjustment factor  | 27.00                   | 0. 000000                   | 0.00000                 | 0.00000                  | 0.000000                 |   | 7.         |
| 00       | (see instructions)<br>IME adjustment (see<br>instructions)   | 28.00                   | 0                           | 0                       | 0                        | 0                        | 0   | 8.         |
| 01       | IME payment adjustment add on for managed care (see  | 28.01                   | 0                           | 0                       | 0                        | 0                        | 0   | 8.         |
| 00       | instructions)<br>Total IME payment (sum of<br>lines 6 and 8)   | 29.00                   | 220, 033                    | 0                       | 164, 367                 | 55, 666                  | 220, 033  | 9.         |
| 01       | Total IME payment for managed<br>care (sum of lines 6.01 and<br>8.01)  | 29.01                   | 0                           | 0                       | 0                        | 0                        | 0   | 9.         |
| 00       | Disproportionate Share Adjustme<br>Allowable disproportionate  | 33. 00                  | 0. 2159                     | 0. 2159                 | 0. 2159                  | 0. 2159                  |   | 10.        |
| 00       | share percentage (see<br>instructions)   | 33.00                   | 0.2159                      | 0.2159                  | 0.2159                   | 0.2159                   |   | 10.        |
| 00       | Disproportionate share<br>adjustment (see instructions)  | 34.00                   | 2, 776, 282                 |                         |                          |                          |   |            |
| 01       | Uncompensated care payments<br>Additional payment for high per   | 36.00<br>centage of ESF | 7,851,357<br>D beneficiary  |                         | 6, 183, 970              | 1, 667, 387              | 7, 851, 357                                     | 11.        |
| 00       | Total ESRD additional payment<br>(see instructions)  | 46.00                   | 0                           | 0                       | 0                        | 0                        | 0   | 12.        |
| 00<br>00 | Subtotal (see instructions)<br>Hospital specific payments<br>(completed by SCH and MDH,<br>small rural hospitals only.)    | 47.00<br>48.00          | 64, 686, 744<br>0           | 0<br>0                  | 49, 057, 211<br>0        | 15, 629, 533<br>0        | 64, 686, 744<br>0                               |            |
| 00       | (see instructions)<br>Total payment for inpatient<br>operating costs (see<br>instructions)                                 | 49.00                   | 64, 686, 744                | 0                       | 49, 057, 211             | 15, 629, 533             | 64, 686, 744                                    | 15.        |
| 00       | Payment for inpatient program<br>capital   | 50.00                   | 4, 472, 494                 | 0                       | 3, 356, 499              | 1, 115, 995              | 4, 472, 494                                     | 16.        |
| 00       | Special add-on payments for<br>new technologies  | 54.00                   | 0                           | 0                       | 0                        | 0                        | 0   | 17.        |
| 01<br>02 | Net organ aquisition cost<br>Capital received from<br>manufacturers for replaced   | 55.00<br>68.00          | 0                           | 0<br>0                  | 0<br>0                   | 0<br>0                   |   | 17.<br>17. |
|          | devices for applicable MS-DRGs<br>Capital outlier reconciliation   | 93.00                   | 0                           | 0                       | 0                        | 0                        | 0   | 18.        |

| Health Financial Systems  |               | METHODIST HOS       |             |              | In Lie                                      | u of Form CMS-                 | 2552-10 |
|---|---------------|---------------------|-------------|--------------|---|--------------------------------|---------|
| LOW VOLUME CALCULATION EXHIBIT 4  |               |                     |             |              | Period:<br>From 01/01/2014<br>To 12/31/2014 | Date/Time Pre<br>5/28/2015 9:0 | pared:  |
|   |               |                     |             | e XVIII      | Hospi tal                                   | PPS                            |         |
|   | W/S E, Part A | Amounts (from       | Pre/Post    | Period Prior |   | Total (Col 2                   |         |
|   | line          | E, Part A)          | Entitlement | to 10/01     | 0n/After 10/01                              |                                |         |
|   | 0             | 1.00                | 2.00        | 3.00         | 4.00  | 5.00                           |         |
| 19.00 SUBTOTAL  |               |                     | 0           | 52, 413, 71  | 0 16, 745, 528                              | 69, 159, 238                   | 19.00   |
|   | W/S L, line   | (Amounts from<br>L) |             |              |   |                                |         |
|   | 0             | 1.00                | 2.00        | 3.00         | 4.00  | 5.00                           |         |
| 20.00 Capital DRG other than outlier  | 1.00          | 4, 111, 013         | 0           | 3, 084, 49   | 2 1, 026, 521                               | 4, 111, 013                    | 20.00   |
| 20.01 Model 4 BPCI Capital DRG other than outlier                           | 1. 01         | 0                   | 0           |              | 0 0   |                                |         |
| 21.00 Capital DRG outlier payments  | 2.00          | 7, 934              | 0           | 6, 74        | 1 1, 193                                    | 7,934                          | 21.00   |
| 21.01 Model 4 BPCI Capital DRG<br>outlier payments                          | 2. 01         | 0                   | 0           |              | 0 0   |                                | 21.01   |
| 22.00 Indirect medical education percentage (see instructions)              | 5.00          | 0. 0033             | 0. 0033     | 0.003        | 3 0.0033                                    |                                | 22.00   |
| 23.00 Indirect medical education<br>adjustment (see instructions)           | 6. 00         | 13, 566             | 0           | 10, 17       | 8 3, 388                                    | 13, 566                        | 23.00   |
| 24.00 Al lowable disproportionate<br>share percentage (see<br>instructions) | 10.00         | 0. 0827             | 0. 0827     | 0. 082       | 7 0. 0827                                   |                                | 24.00   |
| 25.00 Disproportionate share<br>adjustment (see instructions)               | 11.00         | 339, 981            | 0           | 255, 08      | 8 84, 893                                   | 339, 981                       | 25.00   |
| 26.00 Total prospective capital<br>payments (see instructions)              | 12.00         | 4, 472, 494         | 0           | 3, 356, 49   | 9 1, 115, 995                               | 4, 472, 494                    | 26.00   |
|   | W/S E, Part A |                     |             |              |   |                                |         |
|   | line          | Part A)             |             |              |   |                                |         |
|   | 0             | 1.00                | 2.00        | 3.00         | 4.00  | 5.00                           |         |
| 27.00 Low volume adjustment factor  |               |                     |             | 0.00000      | 0 0.000000                                  |                                | 27.00   |
| 28.00 Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A, line) | 70.96         |                     |             |              | 0   | C                              | 28.00   |
| 29.00 Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A. line) | 70. 97        |                     |             |              | 0   | С                              | 29.00   |
| 100.00 Transfer low volume<br>adjustments to Wkst. E, Pt. A.                |               | Y                   |             |              |   |                                | 100. 00 |

|                | Financial Systems<br>AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA  | <u>METHODIST HOS</u><br>TION EXHIBIT 5 | Provi der                       | CCN: 150002        | Period:<br>From 01/01/2014<br>To 12/31/2014 |                          | t 5<br>pared: |
|----------------|---|--|---------------------------------|--------------------|---|--------------------------|---------------|
|                |   |  | Titl                            | e XVIII            | Hospi tal                                   | PPS                      |               |
|                |   | Wkst. E, Pt.<br>A, line                | Amt. from<br>Wkst. E, Pt.<br>A) | Period to<br>10/01 | Period on<br>after 10/01                    | Total (cols. 2<br>and 3) |               |
|                |   | 0                                      | 1.00                            | 2.00               | 3.00  | 4.00                     |               |
| 1.00           | DRG amounts other than outlier payments   | 1.00                                   |                                 |                    |   |                          | 1.00          |
| 1.01           | DRG amounts other than outlier payments for<br>discharges occurring prior to October 1                      | 1.01                                   | 38, 598, 354                    | 38, 598, 35        | 4   | 38, 598, 354             | 1.01          |
| 1.02           | DRG amounts other than outlier payments for discharges occurring on or after October 1                      | 1.02                                   | 12, 838, 087                    |                    | 12, 838, 087                                | 12, 838, 087             | 1.02          |
| 1.03           | DRG for Federal specific operating payment<br>for Model 4 BPCI occurring prior to October<br>1              | 1.03                                   | 0                               |                    | 0   | 0                        | 1.03          |
| 1.04           | DRG for Federal specific operating payment<br>for Model 4 BPCI occurring on or after<br>October 1           | 1.04                                   | 0                               |                    | 0   | 0                        | 1.04          |
| 2.00           | Outlier payments for discharges (see instructions)  | 2.00                                   | 2, 402, 631                     | 2, 027, 17         | 375, 457                                    | 2, 402, 631              | 2.00          |
| 2.01           | Outlier payments for discharges for Model 4<br>BPCI   | 2.02                                   | 0                               |                    | 0 0   | 0                        | 2. 01         |
| 3.00           | Operating outlier reconciliation  | 2.01                                   | 0                               |                    | 0 0   | 0                        | 3.00          |
| 4.00           | Managed care simulated payments   | 3.00                                   | 4,071,357                       | 2, 866, 53         | 1, 204, 820                                 | 4, 071, 357              | 4.00          |
| 5.00           | Indirect Medical Education Adjustment<br>Amount from Worksheet E, Part A, Line 21                           | 21.00                                  | 0. 007266                       | 0.00726            | 0. 007266                                   |                          | 5.00          |
| 6.00           | (see instructions)<br>IME payment adjustment (see instructions)   | 22.00                                  | 220, 033                        | 164 24             | 55, 666                                     | 220, 033                 | 6.00          |
| 6. 00<br>6. 01 | IME payment adjustment for managed care (see instructions) instructions)                                    | 22.00                                  | 0                               | 164, 36            | 0 0   | 220, 033                 | 6. 01         |
|                | Indirect Medical Education Adjustment for the   | Add-on for Se                          | ection 422 of t                 | he MMA             |   | _                        |               |
| 7.00           | IME payment adjustment factor (see instructions)  | 27.00                                  | 0. 000000                       | 0. 00000           | 0.00000                                     |                          | 7.00          |
| 8.00           | IME adjustment (see instructions)   | 28.00                                  | 0                               |                    | 0 0   | 0                        | 8.00          |
| 8.01           | IME payment adjustment add on for managed care (see instructions)   | 28.01                                  | 0                               |                    | 0 0   | 0                        | 8.01          |
| 9.00           | Total IME payment (sum of lines 6 and 8)  | 29.00                                  | 220, 033                        | 164, 36            | 55, 666                                     |                          | 9.00          |
| 9.01           | Total IME payment for managed care (sum of lines 6.01 and 8.01)   | 29.01                                  | 0                               |                    | 0 0   | 0                        | 9.01          |
| 10 00          | Disproportionate Share Adjustment   | 22.00                                  | 0.2150                          | 0.215              | 0 0 2150                                    |                          | 10 00         |
|                | Allowable disproportionate share percentage<br>(see instructions)   | 33.00                                  | 0. 2159                         |                    |   |                          | 10.00         |
| 11.00          | Disproportionate share adjustment (see<br>instructions)<br>Uncompensated care payments                      | 34.00                                  | 2, 776, 282                     |                    |   |                          | 11.00         |
| 11.01          | Additional payment for high percentage of ESF   | 36.00                                  | di scharges                     | 6, 183, 97         | 1, 667, 387                                 | 7, 851, 357              | 11.01         |
| 12.00          | Total ESRD additional payment (see<br>instructions)   | 46.00                                  | 0                               |                    | 0 0   | 0                        | 12.00         |
| 13.00          | Subtotal (see instructions)   | 47.00                                  | 64, 686, 744                    | 49, 057, 21        | 1 15, 629, 533                              | 64, 686, 744             | 13.00         |
|                | Hospital specific payments (completed by SCH<br>and MDH, small rural hospitals only.) (see<br>instructions) | 48.00                                  | 0                               |                    | 0 0   |                          |               |
| 15.00          | Total payment for inpatient operating costs (see instructions)  | 49.00                                  | 64, 686, 744                    | 49, 057, 21        | 1 15, 629, 533                              | 64, 686, 744             | 15.00         |
| 16.00          | Payment for inpatient program capital   | 50.00                                  | 4, 472, 494                     | 3, 356, 49         | 1, 115, 995                                 | 4, 472, 494              | 16.00         |
| 17.00          | Special add-on payments for new technologies  | 54.00                                  | 0                               |                    | 0 0   | 0                        |               |
| 17.01          | Net organ aquisition cost   | 55.00                                  | 0                               |                    | 0 0   | 0                        | 17.01         |
| 17. 02         | Capital received from manufacturers for replaced devices for applicable MS-DRGs                             | 68.00                                  | 0                               |                    | 0 0   | 0                        | 17.02         |
| 18.00          | Capital outlier reconciliation adjustment<br>amount (see instructions)                                      | 93.00                                  | 0                               |                    | 0 0   | 0                        | 18.00         |
| 19.00          | SUBTOTAL  |  |                                 | 52, 413, 71        | 0 16, 745, 528                              | 69, 159, 238             | 19.00         |

| Health Financial Systems  |                    | METHODIST HOS           |                                  |             |   | u of Form CMS-                 | 2552-1             |
|---|--------------------|-------------------------|----------------------------------|-------------|---|--------------------------------|--------------------|
| HOSPITAL ACQUIRED CONDITION (HAC)                                       | REDUCTI ON CALCULA | TION EXHIBIT 5          |                                  | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Date/Time Pre<br>5/28/2015 9:0 | pared:             |
|   |                    |                         |                                  | e XVIII     | Hospi tal                                   | PPS                            |                    |
|   |                    | Wkst. L, line           | (Amt. from<br>Wkst. L)           |             |   |                                |                    |
|   |                    | 0                       | 1.00                             | 2.00        | 3.00  | 4.00                           |                    |
| 20.00 Capital DRG other than outl<br>20.01 Model 4 BPCI Capital DRG ot  |                    | 1.00<br>1.01            | 4, 111, 013                      |             | 92 1, 026, 521<br>0 0                       |                                |                    |
| 21.00 Capital DRG outlier payment                                       |                    | 2.00                    | 7, 934                           |             | 0   | -                              |                    |
| 21.01 Model 4 BPCI Capital DRG ou                                       |                    | 2.00                    | ,,,,,,,,,                        | 0, 1        | 0 0   | 0                              |                    |
| 22.00 Indirect medical education<br>instructions)                       |                    | 5.00                    | 0. 0033                          | 0.003       | 0. 0033                                     | -                              | 22.00              |
| 23.00 Indirect medical education instructions)                          | adjustment (see    | 6.00                    | 13, 566                          | 10, 1       | 78 3, 388                                   | 13, 566                        | 23.00              |
| 24.00 Allowable disproportionate (see instructions)                     | share percentage   | 10.00                   | 0.0827                           | 0. 08       | 0. 0827                                     |                                | 24.00              |
| 25.00 Disproportionate share adju<br>instructions)                      | ustment (see       | 11.00                   | 339, 981                         | 255, 08     | 88 84, 893                                  | 339, 981                       | 25.00              |
| 26.00 Total prospective capital p<br>instructions)                      | bayments (see      | 12.00                   | 4, 472, 494                      | 3, 356, 4   | 99 1, 115, 995                              | 4, 472, 494                    | 26.00              |
|   |                    | Wkst. E, Pt.<br>A, line | (Amt. from<br>Wkst. E, Pt.<br>A) |             |   |                                |                    |
|   |                    | 0                       | 1.00                             | 2.00        | 3.00  | 4.00                           |                    |
| 27.00   |                    |                         |                                  |             |   |                                | 27.00              |
| 28.00 Low volume adjustment prior                                       |                    | 70.96                   | 0                                |             | 0   | 0                              |                    |
| 29.00 Low volume adjustment on or                                       | after October 1    | 70.97                   | 0                                |             | 0   | 0                              | 29.00              |
| 30.00 HVBP payment adjustment (se                                       | e instructions)    | 70. 93                  | 258, 390                         | 233, 42     | 29 24, 961                                  | 258, 390                       | 30.00              |
| 30.01 HVBP payment adjustment for payment (see instructions)            | HSP bonus          | 70. 90                  | 0                                |             | 0 0   | 0                              | 30. 0 <sup>-</sup> |
| 31.00 HRR adjustment (see instruct<br>31.01 HRR adjustment for HSP bonu | ctions)            | 70. 94<br>70. 91        | -688, 551                        | -382, 12    | -306, 428                                   | -688, 551<br>0                 |                    |
| instructions)   | is payment (see    | 70. 91                  | 0                                |             | 0 0   |                                | 31.0               |
|   |                    |                         |                                  |             |   | (Amt. to Wkst.<br>E, Pt. A)    |                    |
|   |                    | 0                       | 1.00                             | 2.00        | 3.00  | 4.00                           |                    |
| 32.00 HAC Reduction Program adjus<br>instructions)                      |                    | 70. 99                  |                                  |             | 0 164, 641                                  | 164, 641                       |                    |
| 100.00 Transfer HAC Reduction Prog<br>Wkst. E, Pt. A.                   | gram adjustment to |                         | Y                                |             |   |                                | 100. 00            |

| ALCUL          | ATION OF REIMBURSEMENT SETTLEMENT Provider CCN: 150002 Period:<br>From 01/01/2014<br>To 12/31/2014   |                        |                |
|----------------|--|------------------------|----------------|
|                | Ti tl e XVIII Hospi tal  | PPS                    |                |
|                |  | 1.00                   | <u> </u>       |
|                | PART B - MEDICAL AND OTHER HEALTH SERVICES   | 1.00                   |                |
| . 00           | Medical and other services (see instructions)  | 4, 239                 |                |
| . 00           | Medical and other services reimbursed under OPPS (see instructions)  | 22, 013, 114           |                |
| . 00           | PPS payments   | 19, 953, 563           |                |
| . 00<br>. 00   | Outlier payment (see instructions)<br>Enter the hospital specific payment to cost ratio (see instructions)   | 225, 274<br>0. 000     |                |
| . 00           | Line 2 times line 5  | 0.000                  |                |
| . 00           | Sum of line 3 plus line 4 divided by line 6  | 0.00                   | 7.(            |
| . 00           | Transitional corridor payment (see instructions)   | 0                      |                |
| . 00           | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200   | 82, 290                |                |
| 0.00<br>1.00   | Organ acquisitions<br>Total cost (sum of lines 1 and 10) (see instructions)  | 4, 239                 | 10. 0<br>11. 0 |
| 1.00           | COMPUTATION OF LESSER OF COST OR CHARGES   | 4,237                  |                |
|                | Reasonabl e charges  |                        |                |
|                | Ancillary service charges  | 17, 124                |                |
|                | Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)   | 0<br>17, 124           |                |
| 4.00           | Total reasonable charges (sum of lines 12 and 13)<br>Customary charges   | 17,124                 | 14.            |
| 5.00           | Aggregate amount actually collected from patients liable for payment for services on a charge basis  | 0                      | 15.            |
| 6. 00          | Amounts that would have been realized from patients liable for payment for services on a chargebasis   | 0                      | 16.            |
|                | had such payment been made in accordance with 42 CFR §413.13(e)  |                        |                |
| 7.00<br>8.00   | Ratio of line 15 to line 16 (not to exceed 1.000000)   | 0. 000000<br>17, 124   |                |
| 9.00<br>9.00   | Total customary charges (see instructions)<br>Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see     | 17, 124                |                |
| 7.00           | instructions)  | 12,000                 |                |
| 0. 00          | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see   | 0                      | 20.            |
| 1 00           | instructions)  | 4 000                  | 0.1            |
|                | Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)<br>Interns and residents (see instructions)                           | 4, 239<br>0            |                |
|                | Cost of physicians' services in a teaching hospital (see instructions)   | 0                      | 23.            |
|                | Total prospective payment (sum of lines 3, 4, 8 and 9)   | 20, 261, 127           |                |
| - 00           | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |                        | 0.5            |
|                | Deductibles and coinsurance (for CAH, see instructions)<br>Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)   | 0<br>4, 096, 083       |                |
|                | Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for   | 16, 169, 283           |                |
|                | CAH, see instructions)   | ,,                     |                |
|                | Direct graduate medical education payments (from Wkst. E-4, line 50)   | 21, 602                |                |
|                | ESRD direct medical education costs (from Wkst. E-4, line 36)  | 0                      |                |
|                | Subtotal (sum of lines 27 through 29)<br>Primary payer payments  | 16, 190, 885<br>5, 264 |                |
|                | Subtotal (line 30 minus line 31)   | 16, 185, 621           |                |
|                | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  |                        |                |
|                | Composite rate ESRD (from Wkst. I-5, line 11)  |                        | 33.            |
|                | Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)   | 959, 109               |                |
|                | Allowable bad debts for dual eligible beneficiaries (see instructions)   | 623, 421<br>570, 078   |                |
|                | Subtatal (see instructions)  | 16, 809, 042           |                |
| 8.00           | MSP-LCC reconciliation amount from PS&R  | 56                     | 38.            |
|                | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   | 0                      |                |
|                | Pioneer ACO demonstration payment adjustment (see instructions)  | 0                      |                |
| 9. 98<br>9. 99 | Partial or full credits received from manufacturers for replaced devices (see instructions)<br>RECOVERY OF ACCELERATED DEPRECIATION                | 0                      |                |
|                | Subtotal (see instructions)  | 16, 808, 986           |                |
|                | Sequestration adjustment (see instructions)  | 336, 180               |                |
|                | Interim payments   | 16, 413, 063           |                |
|                | Tentative settlement (for contractors use only)  | 0<br>E0 742            |                |
| 3.00           | Balance due provider/program (see instructions)<br>Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, | 59, 743<br>0           |                |
| ч. UU          | §115. 2  |                        | -+4.           |
|                | TO BE COMPLETED BY CONTRACTOR  |                        |                |
|                | Original outlier amount (see instructions)   |                        | 90.            |
|                | Outlier reconciliation adjustment amount (see instructions)  | 0                      |                |
|                | The rate used to calculate the Time Value of Money<br>Time Value of Money (see instructions)   | 0.00                   |                |
|                | Total (sum of lines 91 and 93)   |                        | 94.            |

| NALY         | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED   | Provi der  | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 |                          | pared    |
|--------------|--|------------|-------------|---|--------------------------|----------|
|              |  | Ti tl      | e XVIII     | Hospi tal                                   | PPS                      |          |
|              |  | I npati en | t Part A    | Par   | тВ                       |          |
|              |  | mm/dd/yyyy | Amount      | mm/dd/yyyy                                  | Amount                   |          |
|              |  | 1.00       | 2.00        | 3.00  | 4.00                     |          |
| . 00<br>. 00 | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero      |            | 60, 604, 7  | 04<br>0                                     | 15, 756, 859<br>0        | 1.<br>2. |
| . 00         | List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider |            |             |   |                          | 3.       |
| 01           | ADJUSTMENTS TO PROVIDER  | 07/22/2014 | 37, 0       | 00 07/22/2014                               | 49, 700                  | 3.       |
| 02           |  | 12/31/2014 | 1, 037, 6   | 72 12/31/2014                               | 606, 504                 | 3.       |
| 03           |  |            |             | 0   | 0                        | 3        |
| 04<br>05     |  |            |             | 0   | 0                        | 3        |
| 05           | Provider to Program  |            |             | 0   | 0                        |          |
| 50           | ADJUSTMENTS TO PROGRAM   |            |             | 0   | 0                        | 3        |
| 51           |  |            |             | 0   | 0                        | 3        |
| 52           |  |            |             | 0   | 0                        | 3        |
| 53<br>54     |  |            |             | 0   | 0                        | 3        |
| 99           | Subtotal (sum of lines 3.01–3.49 minus sum of lines  |            | 1, 074, 6   | -   | 656, 204                 | 3        |
|              | 3. 50-3. 98)   |            |             |   |                          |          |
| 00           | Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)  |            | 61, 679, 3  | 76  | 16, 413, 063             | 4        |
|              | TO BE COMPLÉTED BY CONTRACTOR  |            |             |   |                          |          |
| 00           | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)  |            |             |   |                          | 5        |
|              | Program to Provider  | 1          |             |   |                          |          |
| 01<br>02     | TENTATI VE TO PROVIDER   |            |             | 0   | 0                        | 5        |
| 02<br>03     |  |            |             | 0   | 0                        | 5<br>  5 |
|              | Provider to Program  | <u> </u>   |             |   | 0                        |          |
| 50           | TENTATI VE TO PROGRAM  |            |             | 0   | 0                        | 5        |
| 51           |  |            |             | 0   | 0                        |          |
| 52<br>99     | Subtotal (sum of lines 5.01-5.49 minus sum of lines  |            |             | 0   | 0                        | 5        |
| 99           | 5. 50-5. 98)   |            |             | 0   | 0                        | 0        |
| 00           | Determined net settlement amount (balance due) based on<br>the cost report. (1)  |            |             |   |                          | 6        |
| 01           | SETTLEMENT TO PROVIDER   |            | 639, 4      | 82  | 59, 743                  | 6        |
| 02           | SETTLEMENT TO PROGRAM  |            | 10 010 0    | 0   | 0                        | 6        |
| 00           | Total Medicare program liability (see instructions)  |            | 62, 318, 8  | 58<br>Contractor                            | 16, 472, 806<br>NPR Date | 7        |
|              |  |            |             | Number                                      | (Mo/Day/Yr)              |          |
|              |  | (          | )           | 1, 00                                       | 2.00                     |          |

| ALYS           | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED   |            | CCN: 150002<br>t CCN: 15S002 | Period:<br>From 01/01/2014<br>To 12/31/2014 |             | pared                |
|----------------|--|------------|------------------------------|---|-------------|----------------------|
|                |  | Ti tl      | e XVIII                      | Subprovider -<br>IPF                        | PPS         | / Cilli              |
|                |  | Inpatien   | nt Part A                    |   | rt B        |                      |
|                |  | mm/dd/yyyy | Amount                       | mm/dd/yyyy                                  | Amount      |                      |
|                |  | 1.00       | 2.00                         | 3.00  | 4.00        |                      |
| 00<br>00<br>00 | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero<br>List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate |            | 452, 6                       | 0<br>0                                      | 0           | 1. (<br>2. (<br>3. ( |
|                | for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider  |            |                              |   |             |                      |
| 01             | ADJUSTMENTS TO PROVIDER  |            |                              | 0   | 0           | 3.                   |
| 02             |  |            |                              | 0   | 0           | 3.                   |
| 03             |  |            |                              | 0   | 0           |                      |
| 04             |  |            |                              | 0   | 0           | 3.<br>3.             |
| 05             | Provider to Program  |            |                              | U   | 0           | 3.                   |
| 50             | ADJUSTMENTS TO PROGRAM   |            |                              | 0   | 0           | 3                    |
| 51             |  |            |                              | 0   | 0           | 3                    |
| 52             |  |            |                              | 0   | 0           |                      |
| 53             |  |            |                              | 0   | 0           | 3.                   |
| 54<br>99       | Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)   |            |                              | 0   | 0           | 3.<br>3.             |
| 00             | Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)  |            | 452, 6                       | 02  | 0           | 4.                   |
|                | TO BE COMPLETED BY CONTRACTOR  |            | 1                            |   | 1           |                      |
| 00             | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)  |            |                              |   |             | 5.                   |
| 01             | Program to Provider TENTATIVE TO PROVIDER  |            | 1                            | 0   | 0           | 5                    |
| )2             | TENTATIVE TO PROVIDER  |            |                              | 0   | 0           |                      |
| 03             |  |            |                              | 0   | 0           |                      |
|                | Provider to Program  |            |                              |   |             |                      |
| 50             | TENTATI VE TO PROGRAM  |            |                              | 0   | 0           |                      |
| 51<br>52       |  |            |                              | 0   | 0           | 5                    |
| 99             | Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)   |            |                              | 0   | 0           | 5                    |
| 00             | Determined net settlement amount (balance due) based on<br>the cost report. (1)  |            |                              |   |             | 6                    |
| 01             | SETTLEMENT TO PROVIDER   |            | 6, 3                         | 61  | 0           | 6                    |
| 02<br>00       | SETTLEMENT TO PROGRAM<br>Total Medicare program liability (see instructions)   |            | 458, 9                       | 63  | 0           |                      |
| 00             |  |            | 400,9                        | Contractor                                  | NPR Date    |                      |
|                |  |            |                              | Number                                      | (Mo/Day/Yr) |                      |
|                |  | (          | 0                            | 1.00  | 2.00        |                      |

| ALYS           | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED   |            | CCN: 150002<br>CCN: 15T002 | Period:<br>From 01/01/2014<br>To 12/31/2014 |               | parec                |
|----------------|--|------------|----------------------------|---|---------------|----------------------|
|                |  | Ti tl      | e XVIII                    | Subprovider -<br>IRF                        | PPS           |                      |
|                |  | Inpatien   | it Part A                  |   | rt B          |                      |
|                |  | mm/dd/yyyy | Amount                     | mm/dd/yyyy                                  | Amount        |                      |
|                |  | 1.00       | 2.00                       | 3.00  | 4.00          |                      |
| 00<br>00<br>00 | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero<br>List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1) |            | 8, 991, 5                  | 06<br>0                                     | 0<br>0        | 1. (<br>2. (<br>3. ( |
|                | Program to Provider  |            |                            |   |               |                      |
| 01             | ADJUSTMENTS TO PROVIDER  |            |                            | 0   | 0             | 3.                   |
| 02             |  |            |                            | 0   | 0             | 3.                   |
| 03             |  |            |                            | 0   | 0             |                      |
| 04             |  |            |                            | 0   | 0             | 3.                   |
| 05             | Provider to Program  |            |                            | 0   | 0             | 3                    |
| 50             | ADJUSTMENTS TO PROGRAM   |            |                            | 0   | 0             | 3                    |
| 51             |  |            |                            | 0   | 0             | 3                    |
| 52             |  |            |                            | 0   | 0             |                      |
| 53             |  |            |                            | 0   | 0             | 3                    |
| 54             |  |            |                            | 0   | 0             |                      |
| 99             | Subtotal (sum of lines 3.01-3.49 minus sum of lines  |            |                            | 0   | 0             | 3                    |
| 00             | 3.50-3.98)<br>Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)  |            | 8, 991, 5                  | 06  | 0             | 4                    |
|                | TO BE COMPLETED BY CONTRACTOR  |            |                            |   |               |                      |
| 00             | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)  |            |                            |   |               | 5.                   |
|                | Program to Provider  |            |                            |   |               |                      |
| )1             | TENTATI VE TO PROVI DER  |            |                            | 0   | 0             |                      |
| )2             |  |            |                            | 0   | 0             | 5                    |
| )3             | Provider to Program  |            |                            | 0   | 0             | 5                    |
| 50             | TENTATI VE TO PROGRAM  |            |                            | 0   | 0             | 5                    |
| 51             |  |            |                            | 0   | 0             | 5                    |
| 52             |  |            |                            | 0   | 0             | 5                    |
| 99             | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   |            |                            | 0   | 0             | 5                    |
| 00             | Determined net settlement amount (balance due) based on<br>the cost report. (1)  |            |                            |   |               | 6                    |
| 01             | SETTLEMENT TO PROVIDER   |            | 49, 1                      | 91  | 0             | 6                    |
| )2             | SETTLEMENT TO PROGRAM  |            |                            | 0   | 0             | -                    |
| 00             | Total Medicare program liability (see instructions)  |            | 9, 040, 6                  |   | 0<br>NPR Date | 7                    |
|                |  |            |                            | Contractor<br>Number                        | (Mo/Day/Yr)   |                      |
|                | -  |            | о<br>С                     | 1.00  | 2.00          |                      |

| Heal th | Financial Systems METHODIST HOSPI                                       | ITALS, INC                | In Lie           | u of Form CMS-2    | 2552-10        |  |  |  |
|---------|---|---------------------------|------------------|--------------------|----------------|--|--|--|
| CALCUL  |   |                           |                  |                    | pared:<br>7 am |  |  |  |
|         |   |                           |                  |                    |                |  |  |  |
|         |   |                           |                  |                    |                |  |  |  |
|         |   |                           |                  | 1.00               |                |  |  |  |
|         | TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS             |                           |                  |                    |                |  |  |  |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION           |                           |                  |                    |                |  |  |  |
| 1.00    | Total hospital discharges as defined in AARA §4102 from Wkst.           |                           | 14               | 18, 096<br>39, 556 | 1.00<br>2.00   |  |  |  |
|         | 2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12   |                           |                  |                    |                |  |  |  |
|         | 3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2            |                           |                  |                    |                |  |  |  |
|         | 4.00 Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12   |                           |                  |                    |                |  |  |  |
|         | 5.00 Total hospital charges from Wkst C, Pt. I, col. 8 line 200         |                           |                  |                    |                |  |  |  |
| 6.00    | Total hospital charity care charges from Wkst. S-10, col. 3             |                           |                  | 60, 528, 919       | 6.00           |  |  |  |
| 7.00    | CAH only - The reasonable cost incurred for the purchase of<br>line 168 | certified HIT technology  | Wkst. S-2, Pt. I | 0                  | 7.00           |  |  |  |
| 8.00    | Calculation of the HIT incentive payment (see instructions)             |                           |                  | 665, 052           | 8.00           |  |  |  |
| 9.00    | Sequestration adjustment amount (see instructions)                      |                           |                  | 13, 301            | 9.00           |  |  |  |
| 10.00   | Calculation of the HIT incentive payment after sequestration            | (see instructions)        |                  | 651, 751           | 10.00          |  |  |  |
|         | I NPATI ENT HOSPI TAL SERVI CES UNDER PPS & CAH                         |                           |                  |                    |                |  |  |  |
| 30.00   | Initial/interim HIT payment adjustment (see instructions)               |                           |                  | 723, 660           | 30.00          |  |  |  |
| 31.00   | Other Adjustment (specify)  |                           |                  | 0                  | 31.00          |  |  |  |
| 32.00   | Balance due provider (line 8 (or line 10) minus line 30 and             | line 31) (see instruction | s)               | -71, 909           | 32.00          |  |  |  |

|       | Financial Systems METHODIST HOSPITA<br>ATION OF REIMBURSEMENT SETTLEMENT   | Provi der CCN: 150002    | Peri od:             | u of Form CMS-2<br>Worksheet E-3 |             |
|-------|--|--------------------------|----------------------|----------------------------------|-------------|
| ALCUL | ATTON OF REIMBORSEMENT SETTLEMENT  | Provider CCN. 150002     | From 01/01/2014      | Part II                          |             |
|       |  | Component CCN: 15S002    |                      | Date/Time Pre<br>5/28/2015 9:0   |             |
|       |  | Title XVIII              | Subprovider -<br>IPF | PPS                              | <u>/ un</u> |
|       |  |                          |                      | 1.00                             |             |
|       | PART II - MEDICARE PART A SERVICES - IPF PPS   |                          |                      | 1.00                             |             |
| 00    | Net Federal IPF PPS Payments (excluding outlier, ECT, and medi   | cal education payments)  |                      | 533, 530                         | 1 1         |
| 00    | Net IPF PPS Outlier Payments   |                          |                      | 3, 674                           | 2           |
| 00    | Net IPF PPS ECT Payments   |                          |                      | 0                                |             |
| 00    | Unweighted intern and resident FTE count in the most recent co   | st report filed on or b  | efore November       | 0.00                             | 4           |
| 01    | 15, 2004. (see instructions)<br>Cap increases for the unweighted intern and resident FTE count                             | for residents that wer   | o displaced by       | 0.00                             |             |
| 01    | program or hospital closure, that would not be counted without<br>(CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                          |                      | 0.00                             |             |
| 00    | New Teaching program adjustment. (see instructions)  |                          |                      | 0.00                             |             |
| 00    | Current year's unweighted FTE count of I&R excluding FTEs in t   | he new program growth n  | eriod of a "new      | 0.00                             |             |
|       | teaching program" (see instuctions)  |                          |                      | 0.00                             | `           |
| 00    | Current year's unweighted I&R FTE count for residents within t teaching program" (see instuctions)                         | he new program growth p  | eriod of a "new      | 0.00                             |             |
| 00    | Intern and resident count for IPF PPS medical education adjust   | ment (see instructions)  |                      | 0.00                             |             |
| 00    | Average Daily Census (see instructions)  |                          |                      | 3. 643836                        |             |
| . 00  | Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to t   | he power of .5150 -1}.   |                      | 0. 000000                        | 1           |
| 00    | Teaching Adjustment (line 1 multiplied by line 10).  |                          |                      | 0                                | 1           |
| 00    | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)  |                          |                      | 537, 204                         |             |
|       | Nursing and Allied Health Managed Care payment (see instructio   | n)                       |                      | 0                                | 1           |
| 00    | Organ acquisition (DO NOT USE THIS LINE)   |                          |                      | _                                | 1           |
| 00    | Cost of physicians' services in a teaching hospital (see instr   | uctions)                 |                      | 0                                |             |
| 00    | Subtotal (see instructions)  |                          |                      | 537, 204                         |             |
| 00    | Primary payer payments   |                          |                      | 0<br>527 204                     | 1           |
| 00    | Subtotal (line 16 less line 17).<br>Deductibles  |                          |                      | 537, 204<br>71, 712              |             |
| 00    | Subtotal (line 18 minus line 19)   |                          |                      | 465, 492                         |             |
| 00    | Coinsurance  |                          |                      | 3, 648                           |             |
|       | Subtotal (line 20 minus line 21)   |                          |                      | 461, 844                         |             |
|       | Allowable bad debts (exclude bad debts for professional servic   | es) (see instructions)   |                      | 8, 138                           |             |
| 00    | Adjusted reimbursable bad debts (see instructions)   |                          |                      | 5, 290                           |             |
|       | Allowable bad debts for dual eligible beneficiaries (see instr   | uctions)                 |                      | -12,086                          |             |
| 00    | Subtotal (sum of lines 22 and 24)  | ,                        |                      | 467, 134                         |             |
| . 00  | Direct graduate medical education payments (from Wkst. E-4, li   | ne 49)                   |                      | 0                                |             |
| . 00  | Other pass through costs (see instructions)  |                          |                      | 1, 196                           | 2           |
| . 00  | Outlier payments reconciliation  |                          |                      | 0                                | 2           |
| . 00  | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                          |                      | 0                                | 3           |
| . 50  | Pioneer ACO demonstration payment adjustment (see instructions   | )                        |                      | 0                                |             |
|       | Recovery of Accelerated Depreciation   |                          |                      | 0                                |             |
| . 00  | Total amount payable to the provider (see instructions)  |                          |                      | 468, 330                         |             |
| 01    | Sequestration adjustment (see instructions)  |                          |                      | 9, 367                           |             |
| 00    | Interim payments   |                          |                      | 452, 602                         |             |
|       | Tentative settlement (for contractor use only)   | 4 22)                    |                      | 0                                |             |
| . 00  | Balance due provider/program (line 31 minus lines 31.01, 32 an   |                          | chaptor 1            | 6, 361                           | 34          |
| 5. 00 | Protested amounts (nonallowable cost report items) in accordan<br>§115.2   | CE WILLII CMS PUD. 15-2, | Linapter I,          | 0                                | 3!          |
| . 00  | TO BE COMPLETED BY CONTRACTOR<br>Original outlier amount from Worksheet E-3, Part II, line 2                               |                          |                      | 3, 674                           | 50          |
| . 00  | Outlier reconciliation adjustment amount (see instructions)  |                          |                      | 3, 874                           | 5           |
| 2.00  | The rate used to calculate the Time Value of Money   |                          |                      | 0.00                             |             |
|       | Time Value of Money (see instructions)   |                          |                      |                                  | 5           |

| CALCUL       | ATION OF REIMBURSEMENT SETTLEMENT   | Provider CCN: 150002                 | Period:          | Worksheet E-3    | 2552-       |
|--------------|---|--------------------------------------|------------------|------------------|-------------|
|              |   | Component CCN: 15T002                | From 01/01/2014  | Part III         | pared       |
|              |   | Title XVIII                          | Subprovider -    | PPS              | <u>/ am</u> |
|              |   |                                      |                  | 1.00             |             |
|              | PART III - MEDICARE PART A SERVICES - IRF PPS   |                                      |                  | 1.00             |             |
| . 00         | Net Federal PPS Payment (see instructions)  |                                      |                  | 8, 735, 725      | 1. (        |
| . 00         | Medicare SSI ratio (IRF PPS only) (see instructions)  |                                      |                  | 0. 0666          | 2. (        |
| . 00         | Inpatient Rehabilitation LIP Payments (see instructions)  |                                      |                  | 495, 316         | 3.          |
| . 00         | Outlier Payments  |                                      |                  | 144, 743         | 4.          |
| . 00         | Unweighted intern and resident FTE count in the most recent of  | cost reporting period en             | ding on or prior | 0.00             | 5.          |
| 01           | to November 15, 2004 (see instructions)   |                                      |                  | 0.00             | -           |
| 6. 01        | Cap increases for the unweighted intern and resident FTE cour<br>program or hospital closure, that would not be counted without |                                      |                  | 0.00             | 5.          |
|              | CFR  §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions)   | ut a temporary cap aujust            | lient under 42   |                  |             |
| . 00         | New Teaching program adjustment. (see instructions)   |                                      |                  | 0.00             | 6.          |
| . 00         | Current year's unweighted FTE count of I&R excluding FTEs in  | the new program growth p             | eriod of a "new  | 0.00             | 7.          |
|              | teaching program" (see instructions)  | the new program growth p             |                  | 0.00             |             |
| 3.00         | Current year's unweighted I&R FTE count for residents within  | the new program growth p             | eriod of a "new  | 0.00             | 8.          |
|              | teaching program" (see instructions)  | 1 0 0 1                              |                  |                  |             |
| . 00         | Intern and resident count for IRF PPS medical education adjust  | <pre>stment (see instructions)</pre> |                  | 0.00             | 9.          |
| 0.00         | Average Daily Census (see instructions)   |                                      |                  | 30. 857534       | 10.         |
| 1. 00        | Teaching Adjustment Factor (see instructions)   |                                      |                  | 0. 000000        |             |
| 2.00         | Teaching Adjustment (see instructions)  |                                      |                  | 0                | 12.         |
| 3.00         | Total PPS Payment (see instructions)  |                                      |                  | 9, 375, 784      | 13.         |
| 4.00         | Nursing and Allied Health Managed Care payments (see instruct   | tion)                                |                  | 0                | 14.         |
| 5.00         | Organ acquisition (DO NOT USE THIS LINE)  | +                                    |                  | 0                | 15.         |
| 6.00         | Cost of physicians' services in a teaching hospital (see inst<br>Subtotal (see instructions)                                    | tructions)                           |                  | 0 275 704        | 16.         |
| 7.00<br>8.00 | Primary payer payments  |                                      |                  | 9, 375, 784      | 17.<br>18.  |
| 9.00         | Subtotal (line 17 less line 18).  |                                      |                  | 9, 375, 784      | 19.         |
| 0.00         | Deducti bl es   |                                      |                  | 35, 232          |             |
| 1.00         | Subtotal (line 19 minus line 20)  |                                      |                  | 9, 340, 552      |             |
| 2.00         | Coinsurance   |                                      |                  | 135, 528         |             |
| 3.00         | Subtotal (line 21 minus line 22)  |                                      |                  | 9, 205, 024      |             |
| 4.00         | Allowable bad debts (exclude bad debts for professional servi   | ices) (see instructions)             |                  | 31, 042          |             |
| 5.00         | Adjusted reimbursable bad debts (see instructions)  | , ,                                  |                  | 20, 177          | 25.         |
| 6.00         | Allowable bad debts for dual eligible beneficiaries (see inst   | tructions)                           |                  | -6, 648          | 26.         |
| 7.00         | Subtotal (sum of lines 23 and 25)   |                                      |                  | 9, 225, 201      | 27.         |
| 8.00         | Direct graduate medical education payments (from Wkst. E-4, I   | line 49)                             |                  | 0                | 28.         |
| 9.00         | Other pass through costs (see instructions)   |                                      |                  | 0                | 29.         |
| 0. 00        | Outlier payments reconciliation   |                                      |                  | 0                | 30.         |
| 1.00         | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |                                      |                  | 0                | 31.         |
| 1.50         | Pioneer ACO demonstration payment adjustment (see instruction   | ns)                                  |                  | 0                | 31.         |
| 1.99         | Recovery of Accel erated Depreciation   |                                      |                  | 0                | 31.         |
| 2.00         | Total amount payable to the provider (see instructions)   |                                      |                  | 9, 225, 201      |             |
| 2.01         | Sequestration adjustment (see instructions)   |                                      |                  | 184, 504         |             |
| 3.00         | Interim payments  |                                      |                  | 8, 991, 506<br>0 |             |
| 4.00<br>5.00 | Tentative settlement (for contractor use only)<br>Balance due provider/program line 32 minus lines 32.01, 33 ar                 | nd 34                                |                  | 49, 191          | 34.<br>35.  |
| 6.00         | Protested amounts (nonallowable cost report items) in accorda   |                                      | chanter 1        | 49, 191          | 35.<br>36.  |
| 0.00         | §115. 2   |                                      |                  | 0                | 50.         |
|              | TO BE COMPLETED BY CONTRACTOR   |                                      |                  |                  |             |
| 60.00        | Original outlier amount from Wkst. E-3, Pt. III, line 4   |                                      |                  | 144, 743         | 50.         |
| 51.00        | Outlier reconciliation adjustment amount (see instructions)<br>The rate used to calculate the Time Value of Money               |                                      |                  | 0<br>0.00        | 51.         |
| 52.00        |   |                                      |                  |                  | E 2         |

|                |  |                      | From 01/01/2014<br>To 12/31/2014 | Part VII<br>Date/Time Pre<br>5/28/2015 9:0 |       |
|----------------|--|----------------------|----------------------------------|--|-------|
|                |  | Title XIX            | Hospi tal                        | Cost                                       |       |
|                |  |                      | Inpatient<br>1.00                | Outpatient<br>2.00                         |       |
|                | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICE   | S FOR TITLES V OR X  |                                  | 2.00                                       |       |
|                | COMPUTATION OF NET COST OF COVERED SERVICES  | STOR TITLES V OR X   |                                  |  | 1     |
| 1.00           | Inpatient hospital/SNF/NF services   |                      | 19, 564, 001                     |  | 1.00  |
| 2.00           | Medical and other services   |                      |                                  | 0  | 2.00  |
| 3.00           | Organ acquisition (certified transplant centers only)  |                      | 0                                |  | 3.00  |
| 4.00           | Subtotal (sum of lines 1, 2 and 3)   |                      | 19, 564, 001                     | 0  | 4.00  |
| 5.00           | Inpatient primary payer payments   |                      | 0                                |  | 5.00  |
| 6.00           | Outpatient primary payer payments  |                      |                                  | 0  |       |
| 7.00           | Subtotal (line 4 less sum of lines 5 and 6)  |                      | 19, 564, 001                     | 0  | 7.00  |
|                | COMPUTATION OF LESSER OF COST OR CHARGES   |                      |                                  |  | -     |
| 8.00           | Reasonable Charges<br>Routine service charges  |                      | 14, 487, 922                     |  | 8.00  |
| 9.00           | Ancillary service charges  |                      | 54, 407, 979                     | 0  | 9.00  |
| 10.00          | Organ acquisition charges, net of revenue  |                      | 04,407,979                       | 0  | 10.00 |
| 11.00          | Incentive from target amount computation   |                      | 0                                |  | 11.00 |
| 12.00          | Total reasonable charges (sum of lines 8 through 11)   |                      | 68, 895, 901                     | 0  | •     |
|                | CUSTOMARY CHARGES  |                      |                                  | -  |       |
| 13.00          | Amount actually collected from patients liable for payment for ser   | vices on a charge    | 0                                | 0  | 13.00 |
| 14.00          | basis<br>Amounts that would have been realized from patients liable for pay  | ment for services o  |                                  | 0  | 14.00 |
| 14.00          | a charge basis had such payment been made in accordance with 42 CF   |                      | '                                | 0  | 14.00 |
| 15.00          | Ratio of line 13 to line 14 (not to exceed 1.000000)   |                      | 0.000000                         | 0.00000                                    | 15.00 |
| 16.00          | Total customary charges (see instructions)   |                      | 68, 895, 901                     | 0  | 16.00 |
| 17.00          | Excess of customary charges over reasonable cost (complete only if   | line 16 exceeds      | 49, 331, 900                     | 0  | 17.00 |
|                | line 4) (see instructions)   |                      |                                  |  |       |
| 18.00          | Excess of reasonable cost over customary charges (complete only if   | line 4 exceeds line  | e 0                              | 0  | 18.00 |
| 10.00          | 16) (see instructions)   |                      |                                  | 0  | 10.00 |
| 19.00          | Interns and Residents (see instructions)   | ana)                 | 0                                | 0  |       |
| 20.00<br>21.00 | Cost of physicians' services in a teaching hospital (see instructi<br>Cost of covered services (enter the lesser of line 4 or line 16) | UIS)                 | 19, 564, 001                     | 0  | •     |
| 21.00          | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be comp   | leted for PPS provid |                                  | 0  | 21.00 |
| 22.00          | Other than outlier payments  |                      | 0                                | 0  | 22.00 |
| 23.00          | Outlier payments   |                      | 0                                | 0  | 23.00 |
| 24.00          | Program capital payments   |                      | 0                                | -  | 24.00 |
| 25.00          | Capital exception payments (see instructions)  |                      | 0                                |  | 25.00 |
| 26.00          | Routine and Ancillary service other pass through costs   |                      | 0                                | 0  | 26.00 |
| 27.00          | Subtotal (sum of lines 22 through 26)  |                      | 0                                | 0  | 27.00 |
| 28.00          | Customary charges (title V or XIX PPS covered services only)   |                      | 0                                | 0  | 28.00 |
| 29.00          | Titles V or XIX (sum of lines 21 and 27)   |                      | 19, 564, 001                     | 0  | 29.00 |
|                | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |                      |                                  | -  |       |
| 30.00          | Excess of reasonable cost (from line 18)   |                      | 0                                | 0  | 30.00 |
| 31.00          | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)   |                      | 19, 564, 001                     | 0  | •     |
| 32.00          | Deductibles  |                      | 0                                | 0  |       |
|                | Coinsurance<br>Allowable bad debts (see instructions)  |                      | 0                                | 0  |       |
| 34.00<br>35.00 | Utilization review   |                      | 0                                | 0  | 35.00 |
| 36.00          | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)   |                      |                                  | 0  | •     |
| 37.00          | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                      |                                  | 0  | 37.00 |
| 38.00          | Subtotal (line 36 ± line 37)   |                      |                                  | 0  | 38.00 |
| 39.00          | Direct graduate medical education payments (from Wkst. E-4)  |                      | 19, 564, 001<br>0                | 0  | 39.00 |
| 40.00          | Total amount payable to the provider (sum of lines 38 and 39)  |                      | 19, 564, 001                     | 0  | •     |
|                | Interim payments   |                      | 29, 595, 139                     | 0  |       |
| 41.00          |  |                      |                                  | 0  |       |
| 41.00<br>42.00 | Balance due provider/program (line 40 minus line 41)   |                      | -10, 031, 138                    | 0  | 42.00 |

| LCUL     | ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 150002<br>Component CCN: 15S002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet E-3<br>Part VII<br>Date/Time Pre |      |
|----------|--|---|---|--|------|
|          |  | Title XIX                                     | Subprovi der -                              | 5/28/2015 9:0<br>Cost                      | 7 a  |
|          |  |   | I PF  |  |      |
|          |  |   | Inpatient<br>1.00                           | Outpatient<br>2.00                         | -    |
|          | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV  | ICES FOR TITLES V OR XI                       |   | 2.00                                       | -    |
|          | COMPUTATION OF NET COST OF COVERED SERVICES  |   |   |  | 1    |
| 00       | Inpatient hospital/SNF/NF services   |   | 343, 838                                    |  | ] 1  |
| 00       | Medical and other services   |   |   | 0  |      |
| 00       | Organ acquisition (certified transplant centers only)  |   | 0   | _  |      |
| 00       | Subtotal (sum of lines 1, 2 and 3)   |   | 343, 838                                    | 0  |      |
| )0<br>)0 | Inpatient primary payer payments   |   | 0   | 0  |      |
| 00       | Outpatient primary payer payments<br>Subtotal (line 4 less sum of lines 5 and 6)   |   | 343, 838                                    | 0  |      |
|          | COMPUTATION OF LESSER OF COST OR CHARGES   |   | 343, 030                                    | 0  | 1 '  |
|          | Reasonable Charges   |   |   |  | 1    |
| 00       | Routi ne servi ce charges  |   | 332, 103                                    |  | 18   |
| 00       | Ancillary service charges  |   | 193, 499                                    | 0  | 9    |
| 00       | Organ acquisition charges, net of revenue  |   | 0   |  | 10   |
| 00       | Incentive from target amount computation   |   | 0   |  | 11   |
| 00       | Total reasonable charges (sum of lines 8 through 11)   |   | 525, 602                                    | 0  | 12   |
| ~~       | CUSTOMARY CHARGES  |   | 0   | 0  | 1.   |
| 00       | Amount actually collected from patients liable for payment for basis   | services on a charge                          | 0   | 0  | 13   |
| 00       | Amounts that would have been realized from patients liable for   | payment for services or                       | n 0   | 0  | 14   |
| 00       | a charge basis had such payment been made in accordance with 42  |   |   | Ũ  | ·    |
| 00       | Ratio of line 13 to line 14 (not to exceed 1.000000)   |   | 0.000000                                    | 0.000000                                   | 1!   |
| 00       | Total customary charges (see instructions)   |   | 525, 602                                    | 0  | 10   |
| 00       | Excess of customary charges over reasonable cost (complete only  | ifline 16 exceeds                             | 181, 764                                    | 0  | 1    |
|          | line 4) (see instructions)   |   |   |  |      |
| 00       | Excess of reasonable cost over customary charges (complete only  | if line 4 exceeds line                        | e 0   | 0  | 18   |
| 00       | 16) (see instructions)<br>Interns and Residents (see instructions)   |   | 0   | 0  | 19   |
| 00       | Cost of physicians' services in a teaching hospital (see instru  | ctions)                                       | 0   | 0  |      |
| 00       | Cost of covered services (enter the lesser of line 4 or line 16  |   | 343, 838                                    | 0  |      |
| 00       | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c  |   |   |  | 1 -  |
| 00       | Other than outlier payments  |   | 0   | 0  | 22   |
| 00       | Outlier payments   |   | 0   | 0  | 23   |
| 00       | Program capital payments   |   | 0   |  | 24   |
| 00       | Capital exception payments (see instructions)  |   | 0   |  | 2    |
| 00       | Routine and Ancillary service other pass through costs   |   | 0   | 0  |      |
| 00       | Subtotal (sum of lines 22 through 26)  |   | 0   | 0  |      |
| 00<br>00 | Customary charges (title V or XIX PPS covered services only)   |   | 242 020                                     | 0  |      |
| 00       | Titles V or XIX (sum of lines 21 and 27)<br>COMPUTATION OF REIMBURSEMENT SETTLEMENT  |   | 343, 838                                    | 0  | 1 21 |
| 00       | Excess of reasonable cost (from line 18)   |   | 0   | 0  | 30   |
| 00       | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)   |   | 343, 838                                    | 0  |      |
|          | Deducti bl es  |   | 0   | 0  |      |
| 00       | Coi nsurance   |   | 0   | 0  | 3    |
| 00       | Allowable bad debts (see instructions)   |   | 0   | 0  |      |
| 00       | Utilization review   |   |   |  | 3!   |
| 00       | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)   |   |   | 0  |      |
| 00       | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |   |   | 0  |      |
| 00       | Subtotal (line 36 ± line 37)   |   | 343, 838                                    | 0  |      |
| 00<br>00 | Direct graduate medical education payments (from Wkst. E-4)<br>Total amount payable to the provider (sum of lines 38 and 39) |   | 0<br>343, 838                               | 0  | 30   |
| 00       | Interim payments   |   | 231, 815                                    | 0  |      |
| 00       | Balance due provider/program (line 40 minus line 41)   |   | 112, 023                                    | 0  |      |
| 00       | Protested amounts (nonallowable cost report items) in accordance   | e with CMS Pub 15-2                           | 112, 023                                    | 0  |      |
|          | chapter 1, §115.2  |   | Ŭ   | 0  | 1    |

| _CUL     | ATION OF REIMBURSEMENT SETTLEMENT   | Provider CCN: 150002<br>Component CCN: 15T002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet E-3<br>Part VII<br>Date/Time Pre |                |
|----------|---|---|---|--|----------------|
|          |   | Title XIX                                     | Subprovi der -                              | 5/28/2015 9:0<br>Cost                      | 7 a            |
|          |   |   | I RF  |  |                |
|          |   |   | Inpatient<br>1.00                           | Outpatient<br>2.00                         | -              |
|          | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV   | CES FOR TITLES V OR XI                        |   | 2.00                                       |                |
|          | COMPUTATION OF NET COST OF COVERED SERVICES   |   |   |  |                |
| 00       | Inpatient hospital/SNF/NF services  |   | 944, 644                                    |  | 1              |
| 00       | Medical and other services  |   |   | 0  |                |
| 00       | Organ acquisition (certified transplant centers only)   |   | 0   | 0  |                |
| 00<br>00 | Subtotal (sum of lines 1, 2 and 3)<br>Inpatient primary payer payments  |   | 944, 644                                    | 0  | 4              |
| 00       | Outpatient primary payer payments   |   | 0   | 0  |                |
| 00       | Subtotal (line 4 less sum of lines 5 and 6)   |   | 944, 644                                    | 0  |                |
|          | COMPUTATION OF LESSER OF COST OR CHARGES  |   | 711,011                                     |  |                |
|          | Reasonabl e Charges   |   |   |  | 1              |
| 00       | Routi ne servi ce charges   |   | 625, 022                                    |  | 18             |
| 00       | Ancillary service charges   |   | 1, 322, 135                                 | 0  |                |
| 00       | Organ acquisition charges, net of revenue   |   | 0   |  | 1(             |
| 00       | Incentive from target amount computation  |   | 0   | _  | 1              |
| 00       | Total reasonable charges (sum of lines 8 through 11)  |   | 1, 947, 157                                 | 0  | 1:             |
| 00       | CUSTOMARY CHARGES   |   | 0   | 0  | 1 1            |
| 00       | Amount actually collected from patients liable for payment for basis  | services on a charge                          | 0   | 0  | 1:             |
| 00       | Amounts that would have been realized from patients liable for  | payment for services or                       | n 0   | 0  | 1              |
| 00       | a charge basis had such payment been made in accordance with 42   |   |   | 0  | 1.             |
| 00       | Ratio of line 13 to line 14 (not to exceed 1.000000)  |   | 0.000000                                    | 0.00000                                    | 1!             |
| 00       | Total customary charges (see instructions)  |   | 1, 947, 157                                 | 0  | 1              |
| 00       | Excess of customary charges over reasonable cost (complete only   | ifline 16 exceeds                             | 1, 002, 513                                 | 0  | 1              |
|          | line 4) (see instructions)  |   |   |  |                |
| 00       | Excess of reasonable cost over customary charges (complete only if line 4 exceeds line                                  |   | e 0   | 0  | 1              |
| 00       | 16) (see instructions)<br>Interns and Residents (see instructions)  |   | 0   | 0  | 10             |
| 00       | Cost of physicians' services in a teaching hospital (see instru   | ctions)                                       | 0   | 0  |                |
| 00       | Cost of covered services (enter the lesser of line 4 or line 16   | -   | 944, 644                                    | 0  |                |
| 00       | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be co  |   |   |  | 1              |
| 00       | Other than outlier payments   |   | 0   | 0  | 2              |
| 00       | Outlier payments  |   | 0   | 0  | 2              |
| 00       | Program capital payments  |   | 0   |  | 2              |
| 00       | Capital exception payments (see instructions)   |   | 0   |  | 2              |
| 00       | Routine and Ancillary service other pass through costs  |   | 0   | 0  |                |
| 00       | Subtotal (sum of lines 22 through 26)   |   | 0   | 0  |                |
| 00       | Customary charges (title V or XIX PPS covered services only)  |   | 0   | 0  |                |
| 00       | Titles V or XIX (sum of lines 21 and 27)<br>COMPUTATION OF REIMBURSEMENT SETTLEMENT                                     |   | 944, 644                                    | 0  | 20             |
| 00       | Excess of reasonable cost (from line 18)  |   | 0   | 0  | 30             |
| 00       | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)  |   | 944, 644                                    | 0  |                |
|          | Deductibles   |   | 0   | 0  |                |
| 00       | Coi nsurance  |   | 0   | 0  |                |
| 00       | Allowable bad debts (see instructions)  |   | 0   | 0  |                |
| 00       | Utilization review  |   |   |  | 3              |
| 00       | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)  |   |   | 0  |                |
| 00       | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |   |   | 0  |                |
| 00       | Subtotal (line 36 ± line 37)  |   | 944, 644                                    | 0  |                |
| 00       | Direct graduate medical education payments (from Wkst. E-4)   |   | 0   | -  | 3              |
| 00       | Total amount payable to the provider (sum of lines 38 and 39)   |   | 944, 644                                    | 0  |                |
| 00       | Interim payments<br>Relance due provider (program (line 40 minus line 41)   |   | 1, 653, 159                                 | 0  |                |
| 00<br>00 | Balance due provider/program (line 40 minus line 41)<br>Protested amounts (nonallowable cost report items) in accordanc | a with CMS Pub 15 2                           | -708, 515                                   | 0  |                |
| 00       | In orested amounts (nonarrowable cost report ritems) in accordance  | e with GWS PUD 13-2,                          | 0   | 0  | <sup>4</sup> ` |

|                       | MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT   | Provi der (   |                     | Peri od:                         | Worksheet E-4                  |                |
|-----------------------|--|---------------|---------------------|----------------------------------|--------------------------------|----------------|
| IEDI CAL EDUCATI      | ON COSTS   |               |                     | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre<br>5/28/2015 9:0 |                |
|                       |  | Titl€         | e XVIII             | Hospi tal                        | PPS                            |                |
|                       |  |               |                     | -                                | 1.00                           |                |
|                       | ION OF TOTAL DIRECT GME AMOUNT   |               |                     |                                  |                                |                |
|                       | ed resident FTE count for allopathic and osteopathic p   | programs for  | cost reportir       | ng periods                       | 10. 83                         | 1. C           |
|                       | n or before December 31, 1996.<br>ed FTE resident cap add-on for new programs per 42 CFF                         | 2 413 79(e)(1 | I) (see instru      | ictions)                         | 0.00                           | 2.0            |
|                       | f reduction to Direct GME cap under section 422 of MMA   |               |                     |                                  | 0.00                           |                |
|                       | ME cap reduction amount under ACA §5503 in accordance  |               | §413.79 (m).        | (see                             | 0.00                           |                |
|                       | ions for cost reporting periods straddling 7/1/2011)   |               |                     |                                  |                                |                |
|                       | nt (plus or minus) to the FTE cap for allopathic and c   |               | programs due t      | o a Medicare                     | 0.00                           | 4.0            |
|                       | liation agreement (42 CFR §413.75(b) and § 413.79 (f))<br>ion 5503 increase to the Direct GME FTE Cap (see instr |               | cost reportir       | na neriods                       | 0.00                           | 4.0            |
|                       | ng 7/1/2011)   |               | cost reportin       | ig per l'ous                     | 0.00                           | 4.0            |
|                       | ion 5506 number of additional direct GME FTE cap slots   | s (see instr  | ructions for o      | cost reporting                   | 0.00                           | 4.0            |
|                       | straddling 7/1/2011)   |               |                     |                                  |                                |                |
|                       | sted cap (line 1 plus line 2 minus line 3 and 3.01 plu   | us or minus l | ine 4 plus li       | nes 4.01 and                     | 10. 83                         | 5.0            |
|                       | s applicable subscripts<br>ed resident FTE count for allopathic and osteopathic p                                | programs for  | the current y       | ear from your                    | 3.00                           | 6.0            |
| 5                     | (see instructions)   |               | the current j       | iear rrom your                   | 5.00                           | 0.0            |
|                       | e lesser of line 5 or line 6   |               |                     |                                  | 3.00                           | 7.0            |
|                       |  |               | Primary Care        | Other                            | Total                          |                |
| .00 Weighted          | ETE count for physicians in an allopathic and asteony  | athi c        | 1.00                | 2.00                             | 3.00                           | 8. (           |
|                       | FTE count for physicians in an allopathic and osteopa<br>for the current year.                                   | athic         | 2. 50               | 0.00                             | 2.50                           | 0.1            |
| 1 3                   | 6 is less than 5 enter the amount from line 8, otherwi   | se            | 2.50                | 0.00                             | 2.50                           | 9. (           |
| multiply              | line 8 times the result of line 5 divided by the amou  | unt on line   |                     |                                  |                                |                |
| 6.                    |  |               |                     | 0.00                             |                                | 10             |
| 5                     | dental and podiatric resident FTE count for the curre<br>ighted FTE count  | ent year      | 2.50                | 0.00                             |                                | 10. (<br>11. ( |
|                       | ighted resident FTE count for the prior cost reporting   | i vear (see   | 2.54                |                                  |                                | 12. (          |
| instruct              |  |               | 210                 |                                  |                                |                |
|                       | ighted resident FTE count for the penultimate cost rep   | porting       | 2.44                | 4 0.00                           |                                | 13. (          |
|                       | e instructions)  |               | 0.44                |                                  |                                |                |
| 0                     | average FTE count (sum of lines 11 through 13 divided<br>nt for residents in initial years of new programs       | by 3).        | 2.49                |                                  |                                | 14. 0<br>15. 0 |
| 5                     | nt for residents displaced by program or hospital clos   | sure          | 0.00                |                                  |                                | 16. (          |
| 5                     | rolling average FTE count  |               | 2.49                |                                  |                                | 17. (          |
| 5                     | dent amount  |               | 80, 284. 38         | 0.00                             |                                | 18. (          |
| 9.00 Approved         | amount for resident costs  |               | 199, 908            | 3 0                              | 199, 908                       | 19. (          |
|                       |  |               |                     | -                                | 1.00                           |                |
| 0.00 Addition         | al unweighted allopathic and osteopathic direct GME FT   | F resident (  | an slots rece       | vived under 42                   | 0.00                           | 20 0           |
|                       | . 79(c)(4)   |               |                     |                                  | 0.00                           | 20.            |
| 1.00 Direct G         | ME FTE unweighted resident count over cap (see instruc   | ctions)       |                     |                                  | 0.00                           | 21.            |
|                       | e additional direct GME FTE Resident Count (see instru   | ,             |                     |                                  | 0.00                           |                |
|                       | e locally adjustment national average per resident amo   | ount (see ins | structions)         |                                  | 0. 00<br>0                     |                |
|                       | line 22 time line 23<br>rect GME amount (sum of lines 19 and 24)   |               |                     |                                  | 199, 908                       |                |
| <u>5.00  10tal_al</u> |  |               | npatient Part       | Managed care                     | 177, 700                       | 20.0           |
|                       |  |               | А                   | Ũ                                |                                |                |
|                       |  |               | 1.00                | 2.00                             | 3.00                           |                |
|                       | ION OF PROGRAM PATIENT LOAD  |               | 47.047              |                                  |                                | 1              |
|                       | t Days (see instructions)<br>patient Days (see instructions)   |               | 47, 819<br>105, 264 |                                  |                                | 26. (<br>27. ( |
|                       | inpatient days to total inpatient days   |               | 0. 45427            |                                  |                                | 27.0           |
|                       | direct GME amount  |               | 90, 814             |                                  |                                | 20.0           |
|                       | n for direct GME payments for Medicare Advantage   |               | , 01                | 897                              |                                | 30.0           |
| 0.00 Reductio         | in for arrest sile payments for mearcare navantage   |               |                     | - · · · ·                        |                                | 00.            |

| Heal th | Financial Systems   | METHODIST HOSPITA          | LS, INC                | In Lie            | u of Form CMS-2                 | 2552-10 |  |  |  |
|---------|---|----------------------------|------------------------|-------------------|---------------------------------|---------|--|--|--|
| DI RECT | GRADUATE MEDICAL EDUCATION (GME) & ESRD OUT   | PATIENT DIRECT             | Provider CCN: 150002   | Peri od:          | Worksheet E-4                   |         |  |  |  |
| MEDI CA | L EDUCATION COSTS   |                            |                        | From 01/01/2014   |                                 |         |  |  |  |
|         |   |                            |                        | To 12/31/2014     | Date/Time Prep<br>5/28/2015 9:0 |         |  |  |  |
|         | Title XVIII Hospital  |                            |                        |                   |                                 |         |  |  |  |
|         |   |                            |                        |                   |                                 |         |  |  |  |
|         |   |                            |                        |                   | 1.00                            |         |  |  |  |
|         | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMP  | POSITE RATE - TITLE        | XVIII ONLY (NURSING SC | HOOL AND PARAMEDI | CAL                             |         |  |  |  |
|         | EDUCATION COSTS)  |                            | •                      |                   |                                 |         |  |  |  |
| 32.00   | Renal dialysis direct medical education cost  | ts (from Wkst. B, Pt       | . I, sum of col. 20 an | d 23, lines 74    | 0                               | 32.00   |  |  |  |
|         | and 94)   |                            |                        |                   |                                 |         |  |  |  |
| 33.00   | Renal dialysis and home dialysis total charge   |                            |                        | 74 and 94)        | 5, 917, 052                     |         |  |  |  |
| 34.00   | Ratio of direct medical education costs to t  |                            | 32 ÷ line 33)          |                   | 0.00000                         |         |  |  |  |
| 35.00   | Medicare outpatient ESRD charges (see instru  |                            |                        |                   | 0                               | 35.00   |  |  |  |
| 36.00   | Medicare outpatient ESRD direct medical educ  |                            |                        |                   | 0                               | 36.00   |  |  |  |
|         | APPORTIONMENT BASED ON MEDICARE REASONABLE C  | COST - TITLE XVIII O       | NLY                    |                   |                                 |         |  |  |  |
|         | Part A Reasonable Cost  |                            |                        |                   |                                 |         |  |  |  |
| 37.00   | Reasonable cost (see instructions)  |                            |                        |                   | 76, 404, 825                    |         |  |  |  |
| 38.00   | Organ acquisition costs (Wkst. D-4, Pt. III,  |                            |                        |                   | 0                               | 38.00   |  |  |  |
| 39.00   | Cost of physicians' services in a teaching h  | hospital (see instru       | ctions)                |                   | 0                               | 39.00   |  |  |  |
| 40.00   | Primary payer payments (see instructions)   |                            |                        |                   | 35, 227                         | 40.00   |  |  |  |
| 41.00   | Total Part A reasonable cost (sum of lines 3  | 37 through 39 minus        | line 40)               |                   | 76, 369, 598                    | 41.00   |  |  |  |
|         | Part B Reasonable Cost  |                            |                        |                   |                                 |         |  |  |  |
|         | Reasonable cost (see instructions)  |                            |                        |                   | 22, 099, 643                    |         |  |  |  |
| 43.00   | Primary payer payments (see instructions)   |                            |                        |                   | 5, 264                          |         |  |  |  |
| 44.00   | Total Part B reasonable cost (line 42 minus   |                            |                        |                   | 22, 094, 379                    |         |  |  |  |
| 45.00   | Total reasonable cost (sum of lines 41 and 4  |                            |                        |                   | 98, 463, 977                    |         |  |  |  |
| 46.00   | Ratio of Part A reasonable cost to total rea  |                            |                        |                   | 0.775610                        |         |  |  |  |
| 47.00   | Ratio of Part B reasonable cost to total rea<br>ALLOCATION OF MEDICARE DIRECT GME COSTS BETW              |                            |                        |                   | 0. 224390                       | 47.00   |  |  |  |
| 40.00   |   | VEEN PART A AND PART       | В                      |                   | 0( )(0                          | 40.00   |  |  |  |
| 48.00   |   | $(+;+] = V(     = op  _V)$ |                        |                   | 96, 268                         |         |  |  |  |
|         | Part A Medicare GME payment (line 46 x 48)  |                            |                        |                   | 74,666                          |         |  |  |  |
| 50.00   | 50.00       Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)       21,602 |                            |                        |                   |                                 |         |  |  |  |

|        | E SHEET (If you are nonproprietary and do not maintain<br>ype accounting records, complete the General Fund column onl |                             |                          | Period:<br>From 01/01/2014 | Worksheet G                    |              |
|--------|--|-----------------------------|--------------------------|----------------------------|--------------------------------|--------------|
| ind tj |  | (y)                         |                          | o 12/31/2014               | Date/Time Pre<br>5/28/2015 9:0 |              |
|        |  | General Fund                | Specific<br>Purpose Fund | Endowment Fund             |                                |              |
| T      |  | 1.00                        | 2.00                     | 3.00                       | 4.00                           |              |
| 00     | CURRENT ASSETS   | 12 702 047                  |                          |                            | 0                              | 1            |
| 00     | Cash on hand in banks<br>Temporary investments   | 12, 792, 047<br>7, 875, 243 |                          |                            | 0                              |              |
|        | Notes receivable   | 1,073,243                   |                          |                            | 0                              |              |
|        | Accounts receivable  | 41, 891, 893                |                          |                            | 0                              |              |
|        | Other receivable   | 0                           |                          | 0                          | 0                              |              |
| 00     | Allowances for uncollectible notes and accounts receivable   | 0                           | 0                        | 0 0                        | 0                              | $  \epsilon$ |
| 00     | Inventory  | 0                           | C                        | 0 0                        | 0                              |              |
|        | Prepaid expenses   | 0                           | C                        | Ű                          | 0                              |              |
|        | Other current assets   | 39, 430, 404                |                          | -                          | 0                              |              |
|        | Due from other funds   | 0                           | 0                        |                            | 0                              |              |
|        | Total current assets (sum of lines 1-10)   | 101, 989, 587               |                          | 00                         | 0                              | 11           |
|        | FI XED_ASSETS<br>Land  | 0                           | 0                        | 0                          | 0                              | 12           |
|        | Land improvements  | 0                           |                          |                            | 0                              |              |
|        | Accumulated depreciation   | 0                           |                          |                            | 0                              |              |
|        | Buildings  | 125, 075, 134               | 0                        | 0                          | 0                              |              |
|        | Accumulated depreciation   | 0                           | 0                        | 0 0                        | 0                              | 16           |
| . 00   | Leasehold improvements   | 0                           | с с                      | 0 0                        | 0                              | 17           |
|        | Accumulated depreciation   | 0                           | 0                        |                            | 0                              |              |
|        | Fixed equipment  | 0                           | C                        | -                          | 0                              |              |
|        | Accumulated depreciation   | 0                           | 0                        |                            | 0                              |              |
|        | Automobiles and trucks   | 0                           |                          | -                          | 0                              |              |
|        | Accumulated depreciation<br>Major movable equipment  | 0                           |                          | -                          | 0                              |              |
|        | Accumulated depreciation   |                             |                          | -                          | 0                              |              |
|        | Mi nor equipment depreciable   | 0                           |                          | -                          | 0                              |              |
|        | Accumulated depreciation   | 0                           |                          |                            | 0                              |              |
|        | HIT designated Assets  | 0                           | C                        | 0                          | 0                              |              |
| 3. 00  | Accumulated depreciation   | 0                           | C                        | 0 0                        | 0                              | 28           |
| 0. 00  | Mi nor equi pment-nondepreci abl e   | 0                           | C                        |                            | 0                              | 29           |
|        | Total fixed assets (sum of lines 12-29)  | 125, 075, 134               | ( <u> </u>               | 0                          | 0                              | 30           |
|        | OTHER ASSETS   | 447.054.400                 |                          |                            |                                |              |
|        | Investments  | 147, 954, 633               |                          |                            | 0                              |              |
|        | Deposits on leases<br>Due from owners/officers   | 0                           |                          |                            | 0                              |              |
|        | Other assets   | 5, 860, 119                 |                          |                            | 0                              |              |
|        | Total other assets (sum of lines 31-34)  | 153, 814, 752               |                          | -                          | 0                              |              |
|        | Total assets (sum of lines 11, 30, and 35)   | 380, 879, 473               |                          |                            | 0                              |              |
|        | CURRENT LI ABI LI TI ES  |                             |                          |                            |                                |              |
| . 00   | Accounts payable   | 11, 759, 880                | 0                        | 0 0                        | 0                              | 37           |
| . 00   | Salaries, wages, and fees payable  | 20, 241, 946                |                          |                            | 0                              | 38           |
|        | Payroll taxes payable  | 0                           | C                        | 0 0                        | 0                              |              |
|        | Notes and loans payable (short term)   | 3, 001, 922                 |                          | 0                          | 0                              | 1            |
|        | Deferred income  | 0                           | C                        | 0                          | 0                              |              |
|        | Accelerated payments   | 0                           | (                        |                            | 0                              | 42           |
|        | Due to other funds<br>Other current liabilities  | 7, 889, 169                 | -                        | -                          | 0                              |              |
|        | Total current liabilities (sum of lines 37 thru 44)  | 42, 892, 917                |                          |                            | 0                              |              |
|        | LONG TERM LIABILITIES  | 12,072,717                  |                          | ,                          |                                |              |
| . 00   | Mortgage payable   | 0                           | 0                        | 0 0                        | 0                              | 46           |
| . 00   | Notes payable  | 71, 826, 864                | c                        | 0 0                        | 0                              | 4            |
|        | Unsecured Loans  | 0                           | 0                        | 0 0                        | 0                              |              |
|        | Other long term liabilities  | 36, 056, 022                |                          |                            | 0                              |              |
|        | Total long term liabilities (sum of lines 46 thru 49   | 107, 882, 886               |                          |                            | 0                              |              |
|        | Total liabilites (sum of lines 45 and 50)  | 150, 775, 803               | (                        | 0 0                        | 0                              | 5            |
|        | CAPITAL ACCOUNTS<br>General fund balance   | 230, 103, 670               |                          |                            |                                | 52           |
|        | Specific purpose fund  | 230, 103, 870               | )<br>(                   |                            |                                | 5            |
|        | Donor created - endowment fund balance - restricted  |                             |                          |                            |                                | 54           |
|        | Donor created - endowment fund balance - unrestricted  |                             |                          | 0                          |                                | 5!           |
|        | Governing body created - endowment fund balance  |                             |                          | 0                          |                                | 50           |
|        | Plant fund balance - invested in plant   |                             |                          |                            | 0                              |              |
|        | Plant fund balance - reserve for plant improvement,  |                             |                          |                            | 0                              | 58           |
|        | replacement, and expansion   |                             |                          |                            |                                |              |
|        | Total fund balances (sum of lines 52 thru 58)  | 230, 103, 670               |                          | 0                          | 0                              |              |
| ). 00  | Total liabilities and fund balances (sum of lines 51 and   | 380, 879, 473               | (                        | 0                          | 0                              | 60           |

| Heal th  | Financial Systems   | METHODI ST HOSE  | PITALS, INC  |             | In Li                                       | eu of Form CMS-2 | 2552-10  |
|--|---|--|--|-------------|---|------------------|--|
|  | ENT OF CHANGES IN FUND BALANCES   |  |  | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet G-1    | pared:   |
|  |   | General  | Fund   | Speci al    | Purpose Fund                                | Endowment Fund   |  |
|  |   |  |  |             |   |                  |  |
| 1.00   | Fund balances at beginning of period  | 1.00   | <u>2.00</u><br>246,239,821                               | 3.00        | 4.00  | 5.00             | 1.00   |
| $\begin{array}{c} 2,00\\ 3,00\\ 4,00\\ 5,00\\ 6,00\\ 7,00\\ 8,00\\ 9,00\\ 10,00\\ 11,00\\ 12,00\\ 13,00\\ 14,00\\ 15,00\\ 16,00\\ \end{array}$ | Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)<br>PENSION RELATED CHANGES  | 41, 544<br>0<br>0<br>0<br>0<br>0<br>0<br>22, 362, 835<br>0<br>0<br>0<br>0<br>0 | 6, 185, 140<br>252, 424, 961<br>41, 544<br>252, 466, 505 |             |   |                  | $\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00 \end{array}$ |
| 17.00<br>18.00   | Total deductions (sum of lines 12-17)<br>Fund balance at end of period per balance<br>sheet (line 11 minus line 18)   | Ō  | 22, 362, 835<br>230, 103, 670                            |             | 0   | 0                | 17.00<br>18.00<br>19.00  |
|  |   | Endowment Fund   | PI ant   | Fund        |   |                  |  |
|  |   | 6.00   | 7.00   | 8.00        |   |                  |  |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00   | Fund balances at beginning of period<br>Net income (loss) (from Wkst. G-3, line 29)<br>Total (sum of line 1 and line 2)<br>CHANGE IN RESTRICTED NET ASSETS  | 0  |  |             | 0   |                  | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00   |
| 10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00   | Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)<br>PENSION RELATED CHANGES<br>Total deductions (sum of lines 12-17)<br>Fund balance at end of period per balance<br>sheet (line 11 minus line 18) | 0<br>0<br>0<br>0   |  |             | 000000000000000000000000000000000000000     |                  | 10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00   |

| TATEN | IENT OF PATIENT REVENUES AND OPERATING EXPENSES                           | rovi der | CCN: 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 |                  | pared |
|-------|---|----------|-------------|---|------------------|-------|
|       | Cost Center Description   |          | I npati ent | Outpati ent                                 | Total            |       |
|       |   |          | 1.00        | 2.00  | 3.00             |       |
|       | PART I – PATIENT REVENUES   |          |             |   |                  |       |
|       | General Inpatient Routine Services  |          |             |   |                  |       |
| . 00  | Hospi tal   |          | 66, 612, 0  | 51  | 66, 612, 051     |       |
| . 00  | SUBPROVIDER - IPF   |          | 1, 654, 6   | 49  | 1, 654, 649      |       |
| . 00  | SUBPROVIDER - IRF   |          | 7, 851, 0   | 47  | 7, 851, 047      | 3.    |
| . 00  | SUBPROVI DER  |          |             | 0   | 0                | 4.    |
| . 00  | Swing bed - SNF   |          |             | 0   | 0                |       |
| . 00  | Swing bed - NF  |          |             | 0   | 0                | 6.    |
| . 00  | SKILLED NURSING FACILITY  |          |             | 0   | 0                | 7.    |
| . 00  | NURSING FACILITY  |          |             | 0   | 0                | 8.    |
| . 00  | OTHER LONG TERM CARE  |          |             | 0   | 0                | 9.    |
| 0. 00 | Total general inpatient care services (sum of lines 1-9)                  |          | 76, 117, 7  | 47  | 76, 117, 747     | 10.   |
|       | Intensive Care Type Inpatient Hospital Services                           |          |             | T   | 1                |       |
| 1. 00 | INTENSIVE CARE UNIT   |          | 14, 473, 5  |   | 14, 473, 596     |       |
| 1. 01 | NEONATAL ICU  |          | 5, 727, 2   |   | 5, 727, 216      |       |
| 2.00  | CORONARY CARE UNIT  |          |             | 0   | 0                |       |
| 3.00  | BURN INTENSIVE CARE UNIT  |          |             | 0   | 0                |       |
| 4.00  | SURGI CAL INTENSI VE CARE UNI T   |          |             | 0   | 0                |       |
| 5.00  | OTHER SPECIAL CARE (SPECIFY)  |          |             |   |                  | 15.   |
| 6. 00 | Total intensive care type inpatient hospital services (sum of line 11-15) | es       | 20, 200, 8  | 12  | 20, 200, 812     | 16.   |
| 7.00  | Total inpatient routine care services (sum of lines 10 and 16)            |          | 96, 318, 5  | 59  | 96, 318, 559     | 17.   |
| 8.00  | Ancillary services  |          | 443, 587, 6 | 39 324, 893, 094                            | 768, 480, 733    | 18.   |
| 9.00  | Outpatient services   |          | 17,093,0    | 67 84, 620, 877                             | 101, 713, 944    | 19.   |
| 0. 00 | RURAL HEALTH CLINIC   |          |             | 0 0   | 0                | 20.   |
| 1.00  | FEDERALLY QUALIFIED HEALTH CENTER   |          |             | 0 0   | 0                | 21.   |
| 2.00  | HOME HEALTH AGENCY  |          |             | 2, 747, 190                                 | 2, 747, 190      | 22.   |
| 3.00  | AMBULANCE SERVI CES   |          |             | 0 0   | 0                | 23.   |
| 4.00  | СМНС  |          |             | 0   |                  |       |
| 4. 10 | CORF  |          |             | 0 0   |                  |       |
| 5.00  | AMBULATORY SURGICAL CENTER (D. P.)  |          |             | 0 0   |                  |       |
| 6. 00 | HOSPICE   |          |             | 0 0   | -                |       |
| 7.00  | PHYSI CI AN   |          |             | 0 56, 115, 218                              |                  |       |
| 8.00  | Total patient revenues (sum of lines 17-27)(transfer column 3 to          | Vkst.    | 556, 999, 2 | 65 468, 376, 379                            | 1, 025, 375, 644 | 28.   |
|       | G-3, Line 1)<br>PART II - OPERATING EXPENSES                              |          |             |   |                  | -     |
| 9.00  | Operating expenses (per Wkst. A, column 3, line 200)                      |          |             | 315, 560, 991                               |                  | 29.   |
| 0.00  | MEDICALD ASSESSMENT FEE   |          | 11, 472, 6  |   |                  | 30.   |
| 1.00  | FOUNDATION  |          | 442.5       |   |                  | 31.   |
| 2.00  | AUDI T ADJUSTMENTS  |          | 341, 9      |   |                  | 32.   |
| 3.00  | ROUNDING  |          |             | 7   |                  | 33.   |
| 4.00  |   |          |             | 0   |                  | 34.   |
| 5.00  |   |          |             | 0   |                  | 35.   |
| 6.00  | Total additions (sum of lines 30-35)                                      |          |             | 12, 257, 186                                |                  | 36.   |
| 7.00  |   |          |             | 0   |                  | 37.   |
| 8.00  |   |          |             | 0   |                  | 38.   |
| 9.00  |   |          |             | 0   |                  | 39.   |
| 0. 00 |   |          |             | 0   |                  | 40.   |
| 1.00  |   |          |             | 0   |                  | 41.   |
| 2.00  | Total deductions (sum of lines 37-41)                                     |          |             | 0   |                  | 42.   |
| 3.00  | Total operating expenses (sum of lines 29 and 36 minus line 42)(t         | ransfer  |             | 327, 818, 177                               |                  | 43.   |
|       | to Wkst. G-3, line 4)   |          |             |   |                  |       |

| Heal th | Financial Systems                            | METHODIST HOSPITAL    | S, INC       |          | In Lie                                      | u of Form CMS-2                                   | 2552-10 |
|---------|--|-----------------------|--------------|----------|---|---|---------|
| STATEM  | IENT OF REVENUES AND EXPENSES                |                       | Provider CCN | : 150002 | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet G-3<br>Date/Time Prep<br>5/28/2015 9:07 |         |
|         |  |                       |              |          |   | 1.00  |         |
| 1.00    | Total patient revenues (from Wkst. G-2, Par  | t L column 3 line 2   | 28)          |          |   | 1, 025, 375, 644                                  | 1.00    |
| 2.00    | Less contractual allowances and discounts of |                       |              |          |   | 700, 738, 274                                     | 2.00    |
| 3.00    | Net patient revenues (line 1 minus line 2)   |                       |              |          |   | 324, 637, 370                                     | 3.00    |
| 4.00    | Less total operating expenses (from Wkst. G  | -2, Part II, line 43) | )            |          |   | 327, 818, 177                                     | 4.00    |
| 5.00    | Net income from service to patients (line 3  |                       |              |          |   | -3, 180, 807                                      | 5.00    |
|         | OTHER INCOME                                 | ,                     |              |          |   |   |         |
| 6.00    | Contributions, donations, bequests, etc      |                       |              |          |   | 0   | 6.00    |
| 7.00    | Income from investments                      |                       |              |          |   | 4, 285, 622                                       | 7.00    |
| 8.00    | Revenues from telephone and other miscelland | eous communication se | ervi ces     |          |   | 0   | 8.00    |
| 9.00    | Revenue from television and radio service    |                       |              |          |   | 0   | 9.00    |
| 10.00   | Purchase di scounts                          |                       |              |          |   | 0   | 10.00   |
| 11.00   | Rebates and refunds of expenses              |                       |              |          |   | 0   | 11.00   |
| 12.00   | Parking lot receipts                         |                       |              |          |   | 0   | 12.00   |
| 13.00   | Revenue from laundry and linen service       |                       |              |          |   | 0   | 13.00   |
| 14.00   | Revenue from meals sold to employees and gu  | ests                  |              |          |   | 0   | 14.00   |
| 15.00   | Revenue from rental of living quarters       |                       |              |          |   | 0   | 15.00   |
| 16.00   | Revenue from sale of medical and surgical s  |                       | n patients   |          |   | 0   | 16.00   |
| 17.00   | Revenue from sale of drugs to other than pa  |                       |              |          |   | 0   | 17.00   |
| 18.00   | Revenue from sale of medical records and ab  |                       |              |          |   | 0   | 18.00   |
| 19.00   | Tuition (fees, sale of textbooks, uniforms,  |                       |              |          |   | 0   | 19.00   |
| 20.00   | Revenue from gifts, flowers, coffee shops,   | and canteen           |              |          |   | 0   | 20.00   |
| 21.00   | Rental of vending machines                   |                       |              |          |   | 0   | 21.00   |
| 22.00   | Rental of hospital space                     |                       |              |          |   | 0   | 22.00   |
| 23.00   | Governmental appropriations                  |                       |              |          |   | 0   | 23.00   |
| 24.00   | OTHER OPERATING REVENUE                      |                       |              |          |   | 4, 823, 779                                       |         |
| 24.01   | NONOPERATING REVENUE                         |                       |              |          |   | 22, 917   | 24.01   |
| 24.02   | NET ASSETS RELEASED FROM RESTRICTION         |                       |              |          |   | 233, 629  | 24.02   |
| 25.00   | Total other income (sum of lines 6-24)       |                       |              |          |   | 9, 365, 947                                       | 25.00   |
| 26.00   | Total (line 5 plus line 25)                  |                       |              |          |   | 6, 185, 140                                       | 26.00   |
| 27.00   |  |                       |              |          |   | 0   | 27.00   |
| 27.01   |  |                       |              |          |   | 0   | 27.01   |
| 27.02   |  |                       |              |          |   | 0   | 27.02   |
|         | Total other expenses (sum of line 27 and su  | 1 2                   |              |          |   | 0   | 28.00   |
| 29.00   | Net income (or loss) for the period (line 2  | 6 minus line 28)      |              |          |   | 6, 185, 140                                       | 29.00   |

| ALYSI S  | OF PROVIDER-BASED HOME HEALT                       | H AGENCY COSTS         |                            | Provi der              | CCN: 150002                    | Period:                          | Worksheet H                    |      |
|--|--|------------------------|----------------------------|------------------------|--------------------------------|----------------------------------|--------------------------------|------|
|  |  |                        |                            | HHA CCN:               | 157536                         | From 01/01/2014<br>To 12/31/2014 | Date/Time Pre<br>5/28/2015 9:0 |      |
|  |  |                        |                            |                        |                                | Home Health<br>Agency I          | PPS                            |      |
|  |  | Sal ari es             | Employee<br>Benefits       | Transportation<br>(see | chased                         |                                  | Total (sum of<br>cols. 1 thru  |      |
|  |  | 1.00                   | 2.00                       | instructions)<br>3.00  | Services<br>4.00               | 5.00                             | 5)<br>6.00                     |      |
| GE   | NERAL SERVICE COST CENTERS                         | 1.00                   | 2.00                       | 3.00                   | 4.00                           | 5.00                             | 6.00                           |      |
|  | apital Related - Bldg. &                           |                        |                            | 0                      |                                | 0                                | 0                              | ) 1. |
| Fi   | xtures   |                        |                            |                        |                                |                                  |                                |      |
|  | apital Related - Movable                           |                        |                            | 0                      |                                | 0                                | 0                              | 2.   |
|  | quipment<br>ant Operation & Maintenance            | 0                      | 0                          | 0                      |                                | 0                                | 0                              | ) 3. |
|  | ansportation                                       | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 4    |
|  | dministrative and General                          | 350, 342               | 0                          | 0                      |                                | 0 475, 461                       | 825, 803                       |      |
|  | A REIMBURSABLE SERVICES                            |                        |                            | 1                      | 1                              |                                  |                                |      |
|  | killed Nursing Care                                | 704, 986               | 0                          |                        |                                | 0 0                              | 704, 986                       |      |
|  | nysical Therapy<br>ccupational Therapy             | 375, 720<br>106, 792   | 0                          | -                      |                                | 0 0                              | 375, 720<br>106, 792           |      |
|  | beech Pathology                                    | 41, 425                | 0                          | 0                      |                                | 0 0                              | 41, 425                        |      |
|  | edical Social Services                             | 2, 505                 | 0                          | 0                      |                                | 0 0                              | 2, 505                         |      |
|  | ome Health Aide                                    | 80, 060                | 0                          | 0                      |                                | 0 0                              | 80, 060                        |      |
|  | upplies (see instructions)                         | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              |      |
|  | rugs   | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              |      |
|  | IA NONREI MBURSABLE SERVI CES                      | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 14   |
|  | ome Dialysis Aide Services                         | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 15   |
| 1  | espiratory Therapy                                 | 0                      | 0                          |                        |                                | 0 0                              | 0                              |      |
|  | rivate Duty Nursing                                | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 17   |
|  | i ni c   | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 18   |
|  | ealth Promotion Activities                         | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              |      |
|  | ay Care Program<br>ome Delivered Meals Program     | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 20   |
|  | omemaker Service                                   |                        | 0                          |                        |                                |                                  | 0                              | 22   |
|  | I Others (specify)                                 | 0                      | 0                          | 0                      |                                | 0 0                              | 0                              | 23   |
|  | otal (sum of lines 1-23)                           | 1, 661, 830            | 0                          | 0                      |                                | 0 475, 461                       | 2, 137, 291                    | 24   |
|  |  | Recl assi fi cati      | Reclassified               | Adjustments            | Net Expenses                   |                                  |                                |      |
|  |  | on                     | Trial Balance<br>(col. 6 + |                        | for Allocatio<br>(col. 8 + col |                                  |                                |      |
|  |  |                        | col . 7)                   |                        | 9)                             |                                  |                                |      |
|  |  | 7.00                   | 8.00                       | 9.00                   | 10.00                          |                                  |                                | 1    |
|  | NERAL SERVICE COST CENTERS                         |                        |                            |                        | 1                              |                                  |                                |      |
|  | apital Related - Bldg. &<br>xtures                 | 0                      | 0                          | 0                      |                                | 0                                |                                | 1    |
|  | apital Related - Movable                           | 0                      | 0                          | 0                      |                                | 0                                |                                | 2    |
|  | quipment   |                        | c c                        |                        |                                |                                  |                                |      |
|  | ant Operation & Maintenance                        | 0                      | 0                          | 0                      |                                | 0                                |                                | 3    |
|  | ransportation                                      | 0                      | 0                          | 0                      | 000.07                         | 0                                |                                | 4    |
|  | dministrative and General IA REIMBURSABLE SERVICES | -2, 466                | 823, 337                   | 0                      | 823, 33                        | 37                               |                                | 5    |
|  | killed Nursing Care                                | 0                      | 704, 986                   | 0                      | 704, 98                        | 36                               |                                | 6    |
|  | nysical Therapy                                    | 0                      | 375, 720                   |                        |                                |                                  |                                | 7    |
| 0 0c   | ccupational Therapy                                | 0                      | 106, 792                   | 0                      | 106, 79                        | 92                               |                                | 8    |
|  | beech Pathology                                    | 0                      | 41, 425                    |                        |                                |                                  |                                | 9    |
|  | edical Social Services                             | 0                      | 2, 505                     |                        | _/ -/ -/                       |                                  |                                | 10   |
| 1  | ome Health Aide<br>upplies (see instructions)      | 0                      | 80, 060<br>0               |                        |                                | 0                                |                                | 11   |
|  | rugs   | 0                      | 0                          |                        |                                | 0                                |                                | 13   |
| 00 DN  |  | 0                      | 0                          |                        |                                | 0                                |                                | 14   |
|  | A NONREI MBURSABLE SERVI CES                       | 1                      |                            | -                      |                                |                                  |                                |      |
|  | ome Dialysis Aide Services                         | 0                      | 0                          |                        |                                | 0                                |                                | 15   |
|  | espiratory Therapy                                 | 0                      | 0                          | -                      |                                | 0                                |                                | 16   |
|  | rivate Duty Nursing<br>inic                        | 0                      | 0                          | 0                      |                                | 0                                |                                | 17   |
|  | ealth Promotion Activities                         | 0                      | 0                          | 0                      |                                | 0                                |                                | 19   |
| 00 CI  | sal an in ono cront Acti vi ti co                  | 0                      | 0                          | 0                      |                                | 0                                |                                | 20   |
| 00 CI<br>00 He                                     | ay Care Program                                    | 0                      | 0                          |                        |                                |                                  |                                |      |
| 00 CI<br>00 He<br>00 Da                            | ay Care Program<br>ome Delivered Meals Program     | 0                      | 0                          | 0                      |                                | 0                                |                                | 21   |
| 00 CI<br>00 He<br>00 Da<br>00 Ho<br>00 Ho          | ome Delivered Meals Program<br>omemaker Service    | 0                      | 0                          | 0                      |                                | 0                                |                                | 22   |
| 00 CI<br>00 He<br>00 Da<br>00 Ho<br>00 Ho<br>00 AI | ome Delivered Meals Program                        | 0<br>0<br>0<br>-2, 466 | 0<br>0<br>0<br>2, 134, 825 | 0                      |                                | 0<br>0                           |                                |      |

|                  | Financial Systems   |  | METHODIST HOSP          |                      |                                     |   | u of Form CMS-  |                |
|------------------|---|--|-------------------------|----------------------|-------------------------------------|---|---|----------------|
| COST A           | LLOCATION - HHA GENERAL SERVICE                           | COST   |                         | Provider<br>HHA CCN: | CCN: 150002<br>157536               | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet H-1<br>Part I<br>Date/Time Pre<br>5/28/2015 9:0 | pared:         |
|                  |   |  |                         |                      |                                     | Home Health<br>Agency I                     | PPS   |                |
|                  |   |  | Capital Rela            | ated Costs           |                                     | Agency                                      |   |                |
|                  |   | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst. H,<br>col. 10) | BI dgs &<br>Fixtures    | Movable<br>Equipment | Plant<br>Operation &<br>Maintenance |   | Subtotal<br>(cols. 0-4)                                   | -              |
|                  | ·   | 0  | 1.00                    | 2.00                 | 3.00                                | 4.00  | 4A. 00  |                |
| 1.00             | GENERAL SERVICE COST CENTERS<br>Capital Related - Bldg. & | 0  | 0                       |                      |                                     |   | 0   | 1.00           |
| 2.00             | Fixtures<br>Capital Related - Movable                     | 0  |                         | 0                    |                                     |   | C   | 2.00           |
|                  | Equi pment  | 0  |                         | 0                    |                                     |   |   |                |
| 3.00<br>4.00     | Plant Operation & Maintenance<br>Transportation           | 0  | 0                       | 0                    |                                     | 0 0   | 0   | 3.00<br>4.00   |
| 5.00             | Administrative and General                                | 823, 337   | 0                       | 0                    |                                     | 0 0   | 823, 337  | 1              |
| 6.00             | HHA REIMBURSABLE SERVICES<br>Skilled Nursing Care         | 704, 986   | 0                       | 0                    |                                     | 0 0   | 704, 986  | 6.00           |
| 7.00             | Physical Therapy  | 375, 720   | 0                       | 0                    |                                     | 0 0   | 375, 720  | 7.00           |
| 8.00<br>9.00     | Occupational Therapy<br>Speech Pathology                  | 106, 792<br>41, 425  | 0                       | 0                    |                                     |   | 106, 792<br>41, 425                                       |                |
| 10.00            | Medical Social Services                                   | 2, 505   | 0                       | 0                    |                                     | 0 0   | 2, 505  | 10.00          |
| 11.00<br>12.00   | Home Health Aide<br>Supplies (see instructions)           | 80, 060  | 0                       | 0                    |                                     |   | 80, 060<br>0  | 1              |
| 13.00            | Drugs   | 0  | 0                       | 0                    |                                     | 0   | 0   | 13.00          |
| 14.00            | DME<br>HHA NONREI MBURSABLE SERVI CES                     | 0  | 0                       | 0                    |                                     | 0 0   | 0   | 14.00          |
| 15.00            | Home Dialysis Aide Services                               | 0  | 0                       | 0                    |                                     | 0 0   | 0   |                |
| 16.00<br>17.00   | Respiratory Therapy<br>Private Duty Nursing               | 0  | 0                       | 0                    |                                     | 0 0   | 0   |                |
| 18.00            | Clinic  | 0  | 0                       | 0                    |                                     | 0 0   | 0   | 18.00          |
| 19.00<br>20.00   | Health Promotion Activities<br>Day Care Program           | 0  | 0                       | 0                    |                                     |   | 0   |                |
| 21.00            | Home Delivered Meals Program                              | 0  | 0                       | 0                    |                                     | 0 0   | 0   |                |
| 22.00<br>23.00   | Homemaker Service<br>All Others (specify)                 | 0  | 0                       | 0                    |                                     | 0 0   | 0   |                |
|                  | Total (sum of lines 1-23)                                 | 2, 134, 825  | 0                       | 0                    |                                     | 0 0   | 2, 134, 825   | 24.00          |
|                  |   | Administrative<br>& General  | 10tal (cols.<br>4A + 5) |                      |                                     |   |   |                |
|                  | GENERAL SERVICE COST CENTERS                              | 5.00   | 6.00                    |                      |                                     |   |   |                |
| 1.00             | Capital Related - Bldg. &                                 |  |                         |                      |                                     |   |   | 1.00           |
| 2.00             | Fixtures<br>Capital Related - Movable                     |  |                         |                      |                                     |   |   | 2.00           |
|                  | Equi pment  |  |                         |                      |                                     |   |   |                |
| 3.00<br>4.00     | Plant Operation & Maintenance<br>Transportation           |  |                         |                      |                                     |   |   | 3.00<br>4.00   |
| 5.00             | Administrative and General                                | 823, 337   |                         |                      |                                     |   |   | 5.00           |
| 6.00             | HHA REIMBURSABLE SERVICES<br>Skilled Nursing Care         | 442, 581   | 1, 147, 567             |                      |                                     |   |   | 6.00           |
| 7.00             | Physical Therapy  | 235, 873   | 611, 593                |                      |                                     |   |   | 7.00           |
| 8.00<br>9.00     | Occupational Therapy<br>Speech Pathology                  | 67, 043<br>26, 006   | 173, 835<br>67, 431     |                      |                                     |   |   | 8.00<br>9.00   |
| 10.00            | Medical Social Services                                   | 1, 573   | 4,078                   |                      |                                     |   |   | 10.00          |
| 11. 00<br>12. 00 | Home Health Aide<br>Supplies (see instructions)           | 50, 261<br>0   | 130, 321<br>0           |                      |                                     |   |   | 11.00<br>12.00 |
| 13.00            | Drugs   | 0  | 0                       |                      |                                     |   |   | 13.00          |
| 14.00            | DME<br>HHA NONREI MBURSABLE SERVI CES                     | 0  | 0                       |                      |                                     |   |   | 14.00          |
|                  | Home Dialysis Aide Services                               | 0  | 0                       |                      |                                     |   |   | 15.00          |
| 16. 00<br>17. 00 | Respiratory Therapy<br>Private Duty Nursing               | 0  | 0                       |                      |                                     |   |   | 16.00<br>17.00 |
| 18.00            | Clinic  | 0  | 0                       |                      |                                     |   |   | 18.00          |
| 19. 00<br>20. 00 | Health Promotion Activities<br>Day Care Program           | 0  | 0                       |                      |                                     |   |   | 19.00<br>20.00 |
| 21.00            | Home Delivered Meals Program                              | 0  | 0                       |                      |                                     |   |   | 21.00          |
|                  | Homemaker Service<br>All Others (specify)                 | 0  | 0                       |                      |                                     |   |   | 22.00<br>23.00 |
|                  | Total (sum of lines 1-23)                                 | 1  | 2, 134, 825             |                      |                                     |   |   | 24.00          |

| Heal th        | Financial Systems                              |             | METHODIST HOS                          | PITALS, INC   |                       | In Lie                                      | u of Form CMS-:            | 2552-10 |
|----------------|--|-------------|--|---|-----------------------|---|----------------------------|---------|
| COST A         | LLOCATION - HHA STATISTICAL BAS                | SI S        |  | Provider<br>HHA CCN:                                  | CCN: 150002<br>157536 | Period:<br>From 01/01/2014<br>To 12/31/2014 |                            | pared:  |
|                |  |             |  |   |                       | Home Health<br>Agency I                     | PPS                        |         |
|                |  | Capital Rel | ated Costs                             |   |                       |   | 1                          |         |
|                |  | . ,         | Movable<br>Equipment<br>(DOLLAR VALUE) | Pl ant<br>Operation &<br>Maintenance<br>(SQUARE FEET) | (MI LEAGE)            | onReconciliation                            | & General<br>(ACCUM. COST) |         |
|                |  | 1.00        | 2.00                                   | 3.00  | 4.00                  | 5A. 00                                      | 5.00                       |         |
|                | GENERAL SERVICE COST CENTERS                   | -           |  |   | 1                     | -   |                            |         |
| 1.00           | Capital Related - Bldg. &<br>Fixtures          | 0           |  |   |                       | 0   |                            | 1.00    |
| 2.00           | Capital Related - Movable<br>Equipment         |             | 0                                      |   |                       | 0   |                            | 2.00    |
| 3.00           | Plant Operation & Maintenance                  | 0           | 0                                      | 0   |                       | 0   |                            | 3.00    |
| 4.00           | Transportation (see                            | 0           | 0                                      | Ő   |                       | 0   |                            | 4.00    |
|                | instructions)                                  |             |  |   |                       |   |                            |         |
| 5.00           | Administrative and General                     | 0           | 0                                      | C   | )                     | 0 -823, 337                                 | 1, 311, 488                | 5.00    |
|                | HHA REIMBURSABLE SERVICES                      |             |  |   |                       |   |                            |         |
| 6.00           | Skilled Nursing Care                           | 0           | 0                                      | 0   |                       | 0 0   | 704, 986                   |         |
| 7.00           | Physical Therapy                               | 0           | 0                                      | C   |                       | 0 0   | 375, 720                   |         |
| 8.00           | Occupational Therapy                           | 0           | 0                                      | C   | )                     | 0 0   | 106, 792                   |         |
| 9.00           | Speech Pathol ogy                              | 0           | 0                                      | 0   | )                     | 0 0   | 41, 425                    |         |
| 10.00          | Medical Social Services                        | 0           | 0                                      | 0   | )                     | 0 0   | 2, 505                     |         |
| 11.00          | Home Heal th Ai de                             | 0           | 0                                      | 0   | )                     | 0 0   | 80, 060                    |         |
| 12.00          | Supplies (see instructions)                    | 0           | 0                                      | 0   | )                     | 0 0   | 0                          |         |
| 13.00<br>14.00 | Drugs<br>DME                                   | 0           | 0                                      | 0   |                       | 0 0   | 0                          |         |
| 14.00          | HHA NONREI MBURSABLE SERVI CES                 | <u> </u>    | 0                                      |   | /                     | 0 0   | 0                          | 14.00   |
| 15.00          | Home Dialysis Aide Services                    | 0           | 0                                      | 0   |                       | 0 0   | 0                          | 15.00   |
| 16.00          | Respiratory Therapy                            | 0           | 0                                      | 0   |                       | 0 0   | 0                          |         |
| 17.00          | Private Duty Nursing                           | 0           | 0                                      | 0   |                       | 0 0   | 0                          |         |
| 18.00          | Clinic   | 0           | 0                                      | C   |                       | 0 0   | 0                          |         |
| 19.00          | Health Promotion Activities                    | 0           | 0                                      | 0   |                       | 0 0   | 0                          | 19.00   |
| 20.00          | Day Care Program                               | 0           | 0                                      | C   |                       | 0 0   | 0                          | 20.00   |
| 21.00          | Home Delivered Meals Program                   | 0           | 0                                      | C   |                       | 0 0   | 0                          | 21.00   |
| 22.00          | Homemaker Service                              | 0           | 0                                      | 0   |                       | 0 0   | 0                          |         |
| 23.00          | All Others (specify)                           | 0           | 0                                      | C   |                       | 0 0   | 0                          |         |
| 24.00          | Total (sum of lines 1-23)                      | 0           | 0                                      | C   |                       | 0 -823, 337                                 | 1, 311, 488                |         |
| 25.00          | Cost To Be Allocated (per                      | 0           | 0                                      | C   |                       | 0   | 823, 337                   | 25.00   |
| 26 00          | Worksheet H-1, Part I)<br>Unit Cost Multiplier | 0. 000000   | 0. 000000                              | 0.00000   | 0.0000                | 00  | 0. 627788                  | 26 00   |
| _0.00          | 1  |             | 0.00000                                | 0.00000   | 1 0.0000              | 1   | 0.027700                   | 1 20.00 |

| LLOCATION OF GENERAL SERVICE COSTS   | TO HHA COST CEN  | TERS  | Provi der  | CCN: 150002                 | Peri od:   | Worksheet H-2   |  |
|--|--|---|--|-----------------------------|--|---|--|
| LEGATION OF GENERAL SERVICE CUSTS  | TO TILA COST CEN   |   | HHA CCN:   |                             | From 01/01/2014<br>To 12/31/2014   | Part I  |  |
|  |  |   |  |                             | Home Health<br>Agency I  | PPS   |  |
| Cost Center Description  | HHA Trial<br>Balance (1)   | CAPI TAL<br>RELATED COSTS<br>BLDG & FI XT   | EMPLOYEE<br>BENEFITS   | DATA<br>PROCESSI NG         | PURCHASING<br>RECEIVING AND  | ADMI TTI NG   |  |
|  | 0  | 1.00  | DEPARTMENT<br>4.00   | 5. 01                       | STORES<br>5. 02  | 5.03  |  |
| <ul> <li>Administrative and General</li> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>OPhysical Therapy</li> <li>Occupational Therapy</li> <li>OSpeech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>OME</li> <li>OME</li> <li>OME</li> <li>OHeme Dialysis Aide Services</li> <li>ORE</li> <li< td=""><td>0<br/>1, 147, 567<br/>611, 593<br/>173, 835<br/>67, 431<br/>4, 078<br/>130, 321<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0</td><td></td><td>4.00<br/>296,470<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0</td><td></td><td>3.02       8,437       0   <td>3. 03<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0</td><td>2.00<br/>3.00<br/>4.00<br/>5.00<br/>6.00<br/>7.00<br/>8.00<br/>9.00<br/>10.00<br/>11.00<br/>12.00<br/>13.00<br/>14.00<br/>15.00<br/>16.00<br/>17.00<br/>18.00<br/>19.00</td></td></li<></ul> | 0<br>1, 147, 567<br>611, 593<br>173, 835<br>67, 431<br>4, 078<br>130, 321<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |   | 4.00<br>296,470<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |                             | 3.02       8,437       0 <td>3. 03<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0</td> <td>2.00<br/>3.00<br/>4.00<br/>5.00<br/>6.00<br/>7.00<br/>8.00<br/>9.00<br/>10.00<br/>11.00<br/>12.00<br/>13.00<br/>14.00<br/>15.00<br/>16.00<br/>17.00<br/>18.00<br/>19.00</td> | 3. 03<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00 |
| 6 decimal places.<br>Cost Center Description   | CASHI ERI NG/ACC<br>OUNTS  | Subtotal  | OTHER A&G  | PATI ENT<br>TRANSPORTATI OI | OPERATION OF<br>N PLANT  | LAUNDRY &<br>LINEN SERVICE  |  |
|  | RECEI VABLE<br>5.04  | 5A. 04  | 5.05   | 5.06                        | 7.00   | 8.00  |  |
| .00Administrative and General.00Skilled Nursing Care.00Physical Therapy.00Occupational Therapy.00Speech Pathology.00Medical Social Services.00Home Health Aide.00Supplies (see instructions).00Drugs.00DME1.00Home Dialysis Aide Services2.00Respiratory Therapy3.00Private Duty Nursing4.00Clinic5.00Health Promotion Activities6.00Day Care Program7.00Home Delivered Meals Program8.00Homemaker Service9.00All Others (specify)0.00Total (sum of lines 1-19) (2)1.00Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to   |  | 304, 907<br>304, 907<br>1, 147, 567<br>611, 593<br>173, 835<br>67, 431<br>4, 078<br>130, 321<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 45, 332<br>45, 332<br>170, 614<br>90, 928<br>25, 845<br>10, 025<br>606<br>19, 375<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |                             | 7.00         |   | 2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00 |

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

|  | O HHA COST CEN   | TERO             |   | CCN: 150002                | Period:<br>From 01/01/2014  |                                |   |
|--|--|------------------|---|----------------------------|---|--------------------------------|---|
|  |  |                  | HHA CCN:  | 157536                     | To 12/31/2014   | Date/Time Pre<br>5/28/2015 9:0 | epared:<br>)7 am  |
|  |  |                  |   |                            | Home Health<br>Agency I   | PPS                            |   |
| Cost Center Description  | HOUSEKEEPI NG  | DI ETARY         | CAFETERI A  | NURSI NG<br>ADMI NI STRATI | CENTRAL   | PHARMACY                       |   |
|  | 9.00   | 10.00            | 11.00   | 13.00                      | 14.00   | 15.00                          |   |
| <ul> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>OME</li> <li>Home Dialysis Aide Services</li> <li>Respiratory Therapy</li> <li>Clinic</li> <li>OBAY Care Program</li> <li>Home Delivered Meals Program</li> <li>Home Delivered Meals Program</li> <li>Home Meal thines (specify)</li> <li>ONO</li> <li>Total (sum of lines 1-19) (2)</li> <li>Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.</li> </ul> |  |                  |   |                            | 0       6,852         0       0 |                                | 2.0         2.0           3.0         3.0           4.0         5.0           6.0         7.0           0         7.0           0         7.0           0         7.00           10.00         7.00           11.00         12.00           11.00         12.00           11.00         12.00           11.00         13.00           11.00         14.00           14.00         15.00           14.00         15.00           15.00         16.00           17.00         18.00           19.00         19.00   |
| Cost Center Description  | MEDI CAL<br>RECORDS &<br>LI BRARY  | SOCI AL SERVI CE | STAFF<br>EDUCATI ON   | MEDI CAL<br>EDUCATI ON     | I NTERNS &<br>RESI DENTS<br>SERVI CES-SALAR<br>Y & FRI NGES   | SERVICES-OTHER<br>PRGM COSTS   |   |
|  | 16. 00   | 17.00            | 17.01   | 17.02                      | 21.00   | 22.00                          |   |
| <ul> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>OME</li> <li>Home Dialysis Aide Services</li> <li>Respiratory Therapy</li> <li>Clinic</li> <li>OBAY Care Program</li> <li>Home Delivered Meals Program</li> <li>Home Delivered Meals Program</li> <li>Home Meal thines (specify)</li> <li>OI Total (sum of lines 1-19) (2)</li> <li>Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.</li> </ul>           | 11, 417<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |                  | 3, 568<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |                            |   |                                | 2.0         3.0         4.0         5.0         6.0         7.0         8.0         9.0         11.0 |

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

| Heal th        | Financial Systems                                 |                       | METHODI ST | HOSPI | TALS, INC                 |             |     | In Lie                 | u of Form CMS-2                 | 2552-10        |
|----------------|---|-----------------------|------------|-------|---------------------------|-------------|-----|------------------------|---------------------------------|----------------|
| ALLOCA         | TION OF GENERAL SERVICE COSTS T                   | O HHA COST CENT       | FERS       |       | Provider<br>HHA CCN:      | CCN: 150002 | Fro | riod:<br>om 01/01/2014 | Worksheet H-2<br>Part I         |                |
|                |   |                       |            |       | HHA CCN:                  | 157536      | То  | 12/31/2014             | Date/Time Prep<br>5/28/2015 9:0 |                |
|                |   |                       |            |       |                           |             | ł   | Home Health            | PPS                             |                |
|                |   |                       |            |       |                           |             |     | Agency I               |                                 |                |
|                | Cost Center Description                           | PARAMED ED<br>PROGRAM | Subtotal   | D.    | Intern &<br>esidents Cost | Subtotal    |     | Allocated HHA          | Total HHA<br>Costs              |                |
|                |   | PRUGRAM               |            | RE    | & Post                    |             | A   | A&G (see Part<br>II)   | COSIS                           |                |
|                |   |                       |            |       | Stepdown                  |             |     | 11)                    |                                 |                |
|                |   |                       |            |       | Adjustments               |             |     |                        |                                 |                |
|                |   | 23.00                 | 24,00      |       | 25.00                     | 26.00       |     | 27.00                  | 28.00                           |                |
| 1.00           | Administrative and General                        | 0                     | 387,       | 469   | 0                         |             | 69  |                        |                                 | 1.00           |
| 2.00           | Skilled Nursing Care                              | 0                     | 1, 318,    | 181   | 0                         | 1, 318, 1   | 81  | 208, 282               | 1, 526, 463                     | 2.00           |
| 3.00           | Physical Therapy                                  | 0                     | 702,       | 521   | 0                         | 702, 5      | 521 | 111, 004               | 813, 525                        | 3.00           |
| 4.00           | Occupational Therapy                              | 0                     | 199,       | 680   | 0                         | 199, 6      | 80  | 31, 551                | 231, 231                        | 4.00           |
| 5.00           | Speech Pathology                                  | 0                     | 77,        | 456   | 0                         | 77, 4       | 56  | 12, 239                | 89, 695                         | 5.00           |
| 6.00           | Medical Social Services                           | 0                     | 4,         | 684   | 0                         | 4,6         | 84  | 740                    | 5, 424                          | 6.00           |
| 7.00           | Home Health Aide                                  | 0                     | 149,       | 696   | 0                         | 149, 6      | 96  | 23, 653                | 173, 349                        | 7.00           |
| 8.00           | Supplies (see instructions)                       | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 8.00           |
| 9.00           | Drugs   | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 9.00           |
| 10.00          | DME   | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 10.00          |
| 11.00          | Home Dialysis Aide Services                       | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 11.00          |
| 12.00          | Respiratory Therapy                               | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 12.00          |
| 13.00          | Private Duty Nursing                              | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 13.00          |
| 14.00          | Clinic  | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 14.00          |
| 15.00          | Health Promotion Activities                       | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 15.00          |
| 16.00          | Day Care Program                                  | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 16.00          |
| 17.00<br>18.00 | Home Delivered Meals Program<br>Homemaker Service | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 17.00<br>18.00 |
| 18.00          | All Others (specify)                              | 0                     |            | 0     | 0                         |             | 0   | 0                      | 0                               | 18.00          |
| 20,00          | Total (sum of lines 1-19) (2)                     | 0                     | 2,839,     | 607   | 0                         | 2, 839, 6   | .07 | 387, 469               | 2, 839, 687                     |                |
| 20.00          | Unit Cost Multiplier: column                      | 0                     | 2,037,     | 007   | 0                         | 2,037,0     | 007 | 0. 158008              | 2,037,007                       | 20.00          |
| 21.00          | 26, line 1 divided by the sum                     |                       |            |       |                           |             |     | 0. 130000              |                                 | 21.00          |
|                | of column 26, line 20 minus                       |                       |            |       |                           |             |     |                        |                                 |                |
|                | column 26, line 1, rounded to                     |                       |            |       |                           |             |     |                        |                                 |                |
|                | 6 decimal places.                                 |                       |            |       |                           |             |     |                        |                                 |                |

<sup>(1)</sup> Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

| Health Financial Systems   |   | METHODIST HOS  |   |   | In Lie  | u of Form CMS-  |  |
|--|---|--|---|---|---|---|--|
| ALLOCATION OF GENERAL SERVICE COSTS<br>BASIS   | TO HHA COST CEN   | TERS STATISTIC   | AL Provider<br>HHA CCN:   | CCN: 150002<br>157536                       | Period:<br>From 01/01/2014<br>To 12/31/2014   | Worksheet H-2<br>Part II<br>Date/Time Pre<br>5/28/2015 9:0                                  | pared:   |
|  |   |  |   |   | Home Health   | PPS   |  |
|  | CAPI TAL  |  |   |   | Agency I  |   |  |
| Cost Center Description  | RELATED COSTS<br>BLDG & FIXT<br>(SQUARE FEET)   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES)                      | DATA<br>PROCESSING<br>(MACHINE TIME)  |   | ADMI TTI NG<br>D (SQUARE FEET)  | CASHI ERI NG/ACC<br>OUNTS<br>RECEI VABLE<br>(SQUARE FEET)                                   | -  |
|  | 1.00  | 4.00   | 5.01  | 5.02  | 5. 03   | 5.04  |  |
| <ul> <li>1.00 Administrative and General</li> <li>2.00 Skilled Nursing Care</li> <li>3.00 Physical Therapy</li> <li>4.00 Occupational Therapy</li> <li>5.00 Speech Pathology</li> <li>6.00 Medical Social Services</li> <li>7.00 Home Health Aide</li> <li>8.00 Supplies (see instructions)</li> <li>9.00 Drugs</li> <li>10.00 DME</li> <li>11.00 Home Dialysis Aide Services</li> <li>12.00 Respiratory Therapy</li> <li>13.00 Private Duty Nursing</li> <li>14.00 Clinic</li> <li>15.00 Health Promotion Activities</li> <li>16.00 Day Care Program</li> <li>17.00 Home Delivered Meals Program</li> <li>18.00 Homemaker Service</li> <li>19.00 All Others (specify)</li> <li>20.00 Total (sum of lines 1-19)</li> <li>21.00 Total cost to be allocated</li> <li>22.00 Unit cost multiplier</li> </ul> | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | OTHER A&G  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 92, 43<br>8, 43<br>0.09127<br>OPERATI ON OF | 0 0 0<br>0 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | $\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$ |
|  |   |  | (NUMBER OF<br>TRI PS)   |   | LAUNDRY)  |   |  |
| 1.00 Administrative and General  | 5A. 05  | 5.05<br>304,907  | 5.06  | 7.00  | <u>8.00</u>   | 9.00  | 1.00   |
| <ol> <li>Administrative and General</li> <li>OO Skilled Nursing Care</li> <li>SO Physical Therapy</li> <li>O Occupational Therapy</li> <li>OO Speech Pathology</li> <li>OO Medical Social Services</li> <li>OO Home Health Aide</li> <li>OO Drugs</li> <li>OO DME</li> <li>OO DME</li> <li>OO MEDIALS AIDE SAID SAID SAID SAID SAID SAID SAID SAID</li></ol>   |   | 1, 147, 567<br>611, 593<br>173, 835<br>67, 431<br>4, 078<br>130, 321<br>0<br>0 |   |   |   |   | $\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ \end{array}$           |

| Heal th          | Financial Systems                                       |                  | METHODIST HOS          | SPI TALS | , INC               |                      |        | In Lie               | u of Form CMS-2          | 2552-10        |
|------------------|---|------------------|------------------------|----------|---------------------|----------------------|--------|----------------------|--------------------------|----------------|
|                  | TION OF GENERAL SERVICE COSTS                           | TO HHA COST CEN  | TERS STATISTIC         | AL I     | Provi der           | CCN: 150002          | Perio  | d:<br>01/01/2014     | Worksheet H-2<br>Part II |                |
| BASI S           |   |                  |                        | 1        | HHA CCN:            | 157536               |        | 12/31/2014           |                          | pared:<br>7 am |
|                  |   |                  |                        |          |                     |                      |        | e Health<br>gency I  | PPS                      |                |
|                  | Cost Center Description                                 |                  | CAFETERI A             |          | RSI NG              | CENTRAL              |        | HARMACY              | MEDI CAL                 |                |
|                  |   | (MEALS SERVED)   | (PRODUCTI VE<br>HOURS) |          | STRATI ON           | SERVICES &<br>SUPPLY |        | (COSTED<br>EQUIS.)   | RECORDS &<br>LI BRARY    |                |
|                  |   |                  |                        | (DI RE   | CT NURS.            | (COSTED              |        |                      | (GROSS                   |                |
|                  |   | 10.00            | 11 00                  |          | <u>RS.)</u>         | REQUIS.)             |        | 15.00                | CHARGES)                 |                |
| 1.00             | Administrative and General                              | 10.00            | 11.00                  | -        | 3.00<br>0           | 14.00<br>61,0        | 78     | 15.00<br>30,685      | 16.00<br>2,747,190       | 1.00           |
| 2.00             | Skilled Nursing Care                                    | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 2.00           |
| 3.00             | Physical Therapy  | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 3.00           |
| 4.00             | Occupational Therapy                                    | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 4.00           |
| 5.00<br>6.00     | Speech Pathology<br>Medical Social Services             | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 5.00<br>6.00   |
| 7.00             | Home Heal th Aide                                       | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 7.00           |
| 8.00             | Supplies (see instructions)                             | 0                | 0                      | 5        | 0                   |                      | 0      | 0                    | 0                        | 8.00           |
| 9.00             | Drugs   | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 9.00           |
| 10.00            | DME   | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 10.00          |
| 11. 00<br>12. 00 | Home Dialysis Aide Services<br>Respiratory Therapy      | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 11.00<br>12.00 |
| 13.00            | Private Duty Nursing                                    | 0                | 0                      | 1        | 0                   |                      | 0      | 0                    | 0                        | 13.00          |
| 14.00            | Clinic  | 0                | 0                      | b        | 0                   |                      | 0      | 0                    | 0                        | 14.00          |
| 15.00            | Health Promotion Activities                             | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        |                |
| 16. 00<br>17. 00 | Day Care Program<br>Home Delivered Meals Program        | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 16.00<br>17.00 |
| 17.00            | Homemaker Service                                       | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 18.00          |
| 19.00            | All Others (specify)                                    | 0                | 0                      | 5        | 0                   |                      | 0      | 0                    | 0                        | 19.00          |
| 20.00            | Total (sum of lines 1-19)                               | 0                | 0                      | -        | 0                   | 61, 0                |        | 30, 685              |                          |                |
| 21.00<br>22.00   | Total cost to be allocated                              | 0. 000000        | 0<br>0. 000000         | -        | 0.000000            | 6, 8<br>0. 1121      |        | 15, 393<br>0. 501646 |                          |                |
| 22.00            | Unit cost multiplier                                    | 0.000000         | 0.000000               |          | 0.000000            | I NTERNS             |        |                      | 0.004130                 | 22.00          |
|                  | Cost Center Description                                 | SOCI AL SERVI CE | STAFF                  | ME       | DICAL               | SERVI CES-SAL        | ARSERV | LCES-OTHER           | PARAMED ED               |                |
|                  |   |                  | EDUCATI ON             |          | CATION              | Y & FRINGES          |        | GM COSTS             | PROGRAM                  |                |
|                  |   | (TIME SPENT)     | (TIME SPENT)           |          | SI GNED             | (ASSI GNED           | ()     | ASSI GNED            | (ASSI GNED               |                |
|                  |   | 17.00            | 17.01                  |          | <u>IME)</u><br>7.02 | TIME)<br>21.00       |        | TIME)<br>22.00       | TIME)<br>23.00           |                |
| 1.00             | Administrative and General                              | 0                |                        |          | 0                   |                      | 0      | 0                    | 0                        | 1.00           |
| 2.00             | Skilled Nursing Care                                    | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 2.00           |
| 3.00<br>4.00     | Physical Therapy  | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 3.00           |
| 4.00<br>5.00     | Occupational Therapy<br>Speech Pathology                | 0                |                        |          | 0                   |                      | 0      | 0                    | 0                        | 4.00<br>5.00   |
| 6.00             | Medical Social Services                                 | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 6.00           |
| 7.00             | Home Health Aide  | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 7.00           |
| 8.00             | Supplies (see instructions)                             | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 8.00           |
| 9.00<br>10.00    | Drugs<br>DME  | 0                | 0                      | -        | 0                   |                      | 0      | 0                    | 0                        | 9.00<br>10.00  |
| 11.00            | Home Dialysis Aide Services                             | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        |                |
| 12.00            | Respiratory Therapy                                     | 0                | 0                      | )        | 0                   |                      | 0      | 0                    | 0                        | 12.00          |
| 13.00            | Private Duty Nursing                                    | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 13.00          |
| 14. 00<br>15. 00 | Clinic<br>Health Promotion Activities                   | 0                | 0                      |          | 0                   |                      | 0<br>0 | 0                    | 0                        | 14.00<br>15.00 |
| 16.00            | Day Care Program  | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        |                |
| 17.00            | Home Delivered Meals Program                            | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 17.00          |
| 18.00            | Homemaker Service                                       | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        |                |
| 19.00            | All Others (specify)                                    | 0                | 0                      |          | 0                   |                      | 0      | 0                    | 0                        | 19.00          |
| 20.00            | Total (sum of lines 1–19)<br>Total cost to be allocated | 0                | 828<br>3, 568          |          | 0                   |                      | 0      | 0                    | 0                        | 20.00<br>21.00 |
| 21.00            |   |                  |                        | וכ       |                     |                      |        |                      |                          |                |
| 21. 00<br>22. 00 | Unit cost multiplier                                    | 0. 000000        |                        |          | 0.000000            | 0. 0000              | 00     | 0.000000             | -                        |                |

| 11 00         Speech Pathology         23844         0         102           12 00         Medical Social Services         23844         0         15           13 00         Total (sum of lines 8-13)         7         7         7           14 00         Total (sum of lines 8-13)         7         7         7         7           14 00         Total (sum of lines 8-13)         7         7         7         7         7           14 00         Total (sum of lines 1-0)         7   | Heal th  | Financial Systems               |                | METHODIST HOS   | PITALS, INC    |               | In Lie           | eu of Form CMS-2 | 2552-10        |       |
|--|--|---------------------------------|----------------|-----------------|----------------|---------------|------------------|------------------|----------------|-------|
| HHA COX:         15735         Total         Table 2021/2014         Element and particular set of the 2021/2015         POINT           Cost Center Description         From, Mkst.         Fact Part 1, col. 4, part 1, col. 5, part 1, col. 4, part 1, col.   | APPORT   | IONMENT OF PATIENT SERVICE COST | ſS             |                 | Provi der      | CCN: 150002   |                  |                  |                |       |
| Cost Center Description         From, West, Facility Costs<br>(from West,<br>L, col., 28, 11, rm, H2, part 1),<br>2, 02, 12, 12, 12, 12, 12, 12, 12, 12, 12, 1   |  |                                 |                |                 | HHA CCN:       | 157536        |                  | Date/Time Pre    | pared:<br>7 am |       |
| Cost Center Description         From, Wist.<br>(col. 28, line)         Facility Costs<br>(From)         Shared<br>(Cols. 11)<br>(col. 2, part 1)<br>(col. 2, part 1)<br>(col. 2, part 1)         Total HMA<br>(col. 3, part 1)         Total Wist 1<br>(col. 3, part 1)           AMET 1 - COMPUTATION OF LESSER OF AGCREGATE PROGRAM COST,<br>Services Cart Dark (Cols. 1)         1.00         2.00         4.00         5.00           BENEFIC LARY COST LIM TATION<br>Cost Far Wist Computation         2.00         1.526, 463         1.526, 463         0, 444         6416, 445           1.00         Skilled Mursing Care<br>5.00         2.00         1.526, 463         0, 444         6416, 45           1.00         Skilled Mursing Care<br>5.00         2.00         1.526, 463         0, 444         6416, 45           1.00         Services         0.00         57, 424         39         637, 68         7.00           1.00         Cost Center Description         Cost Limits         Cost Center Description         Cost Limits         Beneficient Hes & Bodie Cio<br>Cost Center Description         Cost Center Description         Cost Center Description         Cost Center Description         Cost Center Description         2.00         3.00         4.00         5.00           10.00         Skilled Mursing Care<br>2.3844         0         1.796         Cost Medical Social Social Social Social Socio<br>Social Center Description         Cost Center Descript   |  |                                 |                |                 | Ti tl          | e XVIII       |                  | PPS              |                |       |
| Coll         Coll <thcoll< th="">         Coll         Coll         <thc< td=""><td></td><td>Cost Center Description</td><td></td><td></td><td>Shared</td><td>Total HHA</td><td></td><td></td><td></td></thc<></thcoll<>  |  | Cost Center Description         |                |                 | Shared         | Total HHA     |                  |                  |                |       |
| O         Part II)         A         A           0         1.00         2.00         3.00         4.00         4)           1         0.00         2.00         3.00         4.00         5.00           PARFTICLARY COST LIMITATION<br>Cost Per Wist Computation         0         1.520.403         9.444         101.63           1.00         Decupsion Therapy         3.00         33.555         0         313.525         1.261.463         9.446           3.00         Occupational Therapy         4.00         231.231         0         231.31         4.869         4.4.4           4.00         Speech Pathol ogy         5.00         89.695         0         29.696         220         333.525         1.32.41         6.5.78           5.00         Medi cal Social Services         6.00         5.424         5.6.24         3.9         133.058         1.752.460         7.3.349         18.851         19.50         19.50         10.50         2.839.687         0         2.339.687         10.50         2.00         3.00         4.00         5.00         5.00           0         1.00         2.00         3.00         4.00         5.00         5.00         10.00         2.00         1.50 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>  |  |                                 |                |                 |                |               | 1                |                  |                |       |
| PART I - COMPUTATION OF LESSER OF AGREGATE PROGRAM COST, AGREGATE OF THE PROGRAM LIMITATION         0         3.00         4.00         5.00           PREFIGUARY COST LUMITATION         Cost Provisit Computation         -  |  |                                 | col. 28, line  | H-2, Part I)    |                | + 2)          |                  | •                |                |       |
| PART 1 - COMPUTATION OF LESSER OF AGGREGATE PROGRAM LOST. AGGREGATE OF THE PROGRAM LIMITATION<br>COST Per Visit Computation           1.00         Skilled Mursing Carre         2.00         1,526,463         0,444         161.63           2.00         Physical Inbrargy         3.00         813,525         0,813,525         0,213,235         1,264,463           2.00         Physical Inbrargy         3.00         813,525         0,213,235         1,264,463         0,213,235         1,264,463         0,213,235         1,264,463         0,213,235         1,264,463         0,213,235         1,264,463         0,213,235         1,264,463         0,213,236         0,264         1,526,463         0,213,236         0,243         0,30         338,76         0,213,236         0,263,237         0,338,76         0,273,349         1,73,349 <td></td> <td></td> <td>0</td> <td>1.00</td> <td></td> <td>3.00</td> <td>4.00</td> <td></td> <td></td>   |  |                                 | 0              | 1.00            |                | 3.00          | 4.00             |                  |                |       |
| Cost Per Visit Computation         Cost Physical Therapy         Cost Care         Cost Physical Therapy         Part A         Part Physical Physica   |  |                                 | OF AGGREGATE F | PROGRAM COST, A | GGREGATE OF TH | E PROGRAM LIN | IITATION COST, O | R                |                |       |
| 1.00         Skilled Nursing Care         2.00         1,526,463         1,526,463         1,526,463         9,444         161.63           2.00         Physical Therapy         3.00         813,525         0         813,525         0         813,525         0         813,525         0         813,525         0         813,525         0         881,525         0         881,525         0         881,525         0         881,525         0         881,525         0         881,525         0         881,627         483,525         0         881,628         9,627         393,525         0         881,628         9,627         393,528         12,53         48,69         47,49         5,624         39         139,06         173,349         2,718         63,78         63,78         64,73         64,74         64,74         64,74         64,74         64,74         64,74         64,74         64,74         64,75         65,690         667         15,00         10,00         2,839,687         18,53         16,75,960         667         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,967         16,30,96   |  |                                 |                |                 |                |               |                  |                  | -              |       |
| 2.00         Physical Therapy         3.00         8115,525         0         8115,525         1.261         645.14           3.00         Coupant Social   | 1 00   |                                 | 2.00           | 1 526 463       |                | 1 526 44      | 3 9 444          | 161_63           | 1.00           |       |
| 4.00         Speech Pathology         5.00         99, 695         09, 695         250         358, 78           6.00         Home Health Aide         7.00         173, 349         173, 349         2, 718         63, 78           7.00         Total (sum of lines 1-6)         2, 839, 687         0         2, 839, 687         18, 551  |  |                                 |                |                 |                |               |                  |                  |                |       |
| 5.00         Medical Social Services         6.00         5.424         5.424         3.90         139.08           6.00         Home Hart Al de         7.00         173.349         173.349         173.349         2.718         63.78           7.00         Total (sum of lines 1-6)         Cost Limits         CBSA No. (1)         Program Visits         Part B         Part B           0         1.00         2.00         3.00         4.00         5.00           8.00         Skilled Nursing Care         23844         0         2.649         5.00           0.00         Occupational Therapy         23844         0         2.649         5.00           10.00         Occupational Therapy         23844         0         1.02         2.649           10.00         Occupational Therapy         23844         0         1.02         2.649           12.00         Medical Social Services         23844         0         1.03         6.01         1.76           12.00         Medical Social Services         23844         0         1.76         1.0349         0         1.049           12.00         Medical Social Services         9.00         0         0         0.00         0         0 <td>3.00</td> <td>Occupational Therapy</td> <td>4.00</td> <td>231, 231</td> <td>c c</td> <td>231, 23</td> <td>4, 869</td> <td>47.49</td> <td>3.00</td>   | 3.00   | Occupational Therapy            | 4.00           | 231, 231        | c c            | 231, 23       | 4, 869           | 47.49            | 3.00           |       |
| 6.00         Home Healt h al de<br>T.00         7.00         173, 349         173, 349         2, 718         63.78           7.00         Total (sum of lines 1-6)         Cost Limits         Cast A sign 687         2, 839, 687         173, 349         2, 718         63.78           Cost Center Description         Cost Limits         Cast A sign 687         Part A         Part B  |  |                                 |                |                 |                |               |                  |                  | •              |       |
| 7.00         Total (sum of lines 1-6)         2.839,687         0         2.839,687         18.81           Cost Center Description         Cost Limits         CBSA No. (1)         Part A         Part A         Part B           0         1.00         2.00         3.00         4.00         5.00           8.00         Skilled Nursing Care         23844         0         2.639,697         0.0         2.649           0.00         Occupational Therapy         23844         0         10.00         2.649         0.102           10.00         Occupational Therapy         23844         0         10.2         10.2           10.00         Medical Social Services         23844         0         10.2         10.40           10.00         Occupational Therapy         23844         0         10.2         10.2           12.00         Medical Social Services         23844         0         10.2         10.40           10.00         Total HAR         Total HAR         Notal Charges         e.col.4)         Record           12.00         Cost Center Description         Form Wkst.         H-2, Part I         Total HAR         Total HAR         Record         e.col.4)         Record         e.col.4) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></td<>  |  |                                 |                |                 |                |               |                  |                  | •              |       |
| Cost Center Description         Cost Limits         CBSA No. (1)         Part A         Part B         Part B           Limitation Cost Computation         0         1.00         2.00         3.00         4.00         5.00           8.00         Skilled Nursing Care         23844         0         5.090         3.00         4.00         5.00           9.00         Physical Therapy         23844         0         6.677         1.00         2.00         1.00         1.00         2.00         4.00         5.00           10.00         Speech Pathol ogy         23844         0         1.02         1.00         2.00         3.00         4.00         5.00           10.00         Cost Center Description         Part I         1.00         2.00         3.00         4.00         0.00         0         0.00 <td></td> <td></td> <td>7.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6.00<br/>7.00</td>   |  |                                 | 7.00           |                 |                |               |                  |                  | 6.00<br>7.00   |       |
| Cost Center Description         Cost Limits         CBSA No. (1)         Part A         Part B         Part B           0         1.00         2.00         3.00         4.00         5.00           8.00         Skilled Nursing Care         23844         0         5.090           9.00         Physical Therapy         23844         0         6.07           10.00         Occupational Therapy         23844         0         6.07           10.00         Decode Pathol ogy         23844         0         102           10.00         Medical Social Services         23844         0         102           12.00         Medical Social Services         23844         0         102           13.00         Hone Hoalt h Aide         23844         0         17.796           14.00         Total (sum of lines 8-13)         From Wkst. H-2 Facility Costs         Total HA         Total Charges         Ratio (col. 3           16.00         Cost of Medical Social Supplies         8.00           | 7.00   |                                 |                | 2,037,007       |                |               |                  |                  | 7.00           |       |
| Limitation Cost Computation         Deductibles & Deductibles         Deductibles           8.00         5.00         3.00         4.00         5.00           8.00         Skilled Nursing Care         23844         0         5.090           9.00         Physical Therapy         23844         0         5.090           10.00         Occupational Therapy         23844         0         647           10.00         Deckeh Pathol gay         23844         0         102           12.00         Medical Social Services         23844         0         102           12.00         Medical Social Services         23844         0         102           12.00         Medical Social Services         23844         0         10349           14.00         Total (sum of Lines 8-13)         From Wkst. H-2.Parci 1 Wkst.         Total HA         Ratio (col. 4)           16.00         Cost Center Description         From Wkst. H-2.Parci 1 Wkst.         Cost st (from HA         Record)           16.00         Cost of Medical Supplies         9.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<  |  |                                 |                |                 |                |               |                  |                  |                |       |
| Limitation Cost Computation         Coinsurance         Coinsurance           0         1.00         2.00         3.00         4.00         5.00           9.00         Physical Thorapy         23844         0         2.649         2.649           10.00         Occupational Therapy         23844         0         2.649         102           10.00         Speech Pathology         23844         0         102         15           13.00         Home Health Aide         23844         0         102         15           13.00         Home Health Aide         23844         0         102         15           13.00         Home Health Aide         23844         0         1,796         Ratio (col. 3           14.00         Total (sum of lines 8-13)         Part I, col.         28,111         Costs (cron Part I)         Total HHA         Record)         + col. 4)           200         1.00         2.00         3.00         4.00         5.00           5.00         Cost of Medical Supplies         8.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td>Cost Center Description</td><td>Cost Limits</td><td>CBSA No. (1)</td><td>Part A</td><td></td><td></td><td></td><td></td></td<>  |  | Cost Center Description         | Cost Limits    | CBSA No. (1)    | Part A         |               |                  |                  |                |       |
| Unit attion         O         1.00         2.00         3.00         4.00         5.00           8.00         Skilled Nursing Care         23844         0         5.00         5.00           9.00         Pysical Therapy         23844         0         2.649         5.00           10.00         Speech Pathology         23844         0         6.07         5.00           11.00         Speech Pathology         23844         0         10.2         6.07         10.2           12.00         Medical Social Services         23844         0         10.2   |  |                                 |                |                 |                |               |                  |                  |                |       |
| 8.00         Skilled Nursing Care         23844         0         5.090           9.00         Pysical Therapy         23844         0         697           11.00         Speech Pathology         23844         0         697           11.00         Speech Pathology         23844         0         697           11.00         Speech Pathology         23844         0         102           12.00         Medical Social Services         23844         0         103           12.00         Issue Hait Aide         23844         0         103           12.00         Issue Hait Aide         23844         0         103           12.00         Issue Hait Aide         23844         0         15           12.00         Issue Hait Aide         0         1.760         10.34P           12.00         Issue Hait Aide         0         1.00         2.00         3.00         4.00         5.00           15.00         Cost of Medical Supplies         8.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0   |  | <u> </u>                        | 0              | 1.00            | 2.00           |               |                  | 5.00             |                |       |
| 9.00 Physical Therapy<br>10.00 Occupational Therapy<br>Speech Pathology<br>12.00 Medical Social Services<br>13.00 Home Health Aide<br>14.00 Total (sum of lines 8-13)<br>Total (sum of lines 8-13)<br>Cost Center Description<br>5.00 Socie of Medical Supplies<br>5.00 Cost of Drugs<br>5.00 Cost of Medical Supplies<br>6.00 7.00 8.00 9.00 10.00 11.00 | 0 00   |                                 | 1              | 22044           |                | E OC          |                  | 1                | 8.00           |       |
| 10.00       Occupational Therapy<br>Speech Pathology       23844       0       697         11.00       Speech Pathology       23844       0       102         12.00       Medical Social Services       23844       0       102         13.00       Home Heal th Aide       23844       0       1,776         14.00       Total (sum of lines 8-13)       Form Wkst. H-2Facility Costs<br>(from Wst. H-2, Part I)       Total HHA<br>Part I)       Total Charges<br>(Costs (conter Description)       Ratio (col. 3         15.00       Cost of Medical Supplies       8.00       <  |  | 5                               |                |                 | -              |               |                  |                  | 9.00           |       |
| 12:00       Medical Social Services       23844       0       15         13:00       Home Healt A lide       23844       0       176         14:00       Total (sum of lines 8-13)       23844       0       1,766         10:04       Cost Center Description       From Wkst. H-2       Facility Costs (From Wath Healt A line 1/ 28, line       Total HHA       Total Charges Ratio (col. 3         15:00       Cost of Medical Supplies and Drugs Cost Computations       0       1.00       2.00       3.00       4.00       5.00         16:00       Cost of Drugs       9.00          |  |                                 |                |                 | -              |               |                  |                  | 10.00          |       |
| 13.00       Home Heal th Aide       23844       0       1,796         14.00       Total (sum of lines 8-13)       Cost Center Description       From Wkst. H-2 Facility Costs       Shared       Total HHA       Total Charges       Ratio (col. 3         0       Total (sum of lines 8-13)       From Wkst. H-2 Facility Costs       Shared       Total HHA       Record)       (from HHA)       + col. 4)         28, line       28, line       1.00       1.00       3.00       4.00       5.00         500       Cost of Medical Supplies       8.00       0       0       0       0       0.000000         16.00       Cost of Drugs       9.00       0       0       0       0       0.000000         16.00       Cost of Drugs       9.00       0       0       0       0       0.000000         16.00       Cost Center Description       Part A       Not Subject to Deductibles & Deductibles & Coinsurance       Part B       Not Subject to Deductibles & Coinsurance       Not Subject to Subject to Deductibles & Coinsurance       Not Subject to Subject to Subject to Deductibles & Coinsurance   | 11.00  |                                 |                | 23844           | C              | 10            | 02               |                  | 11.00          |       |
| 14.00         Total (sum of lines 8-13)         o         0         10.349           Cost Center Description         From Wkst. H-2 Facility Costs         Shared<br>Anciliary<br>Costs (from HA<br>Part I)         Total Charges<br>Anciliary<br>Costs (from HA<br>Part I)         Total Charges<br>Costs (from HA<br>Part I)         Ratio (col. 3<br>(from HA<br>Part I)         * col. 4)           5.00         0         0         0.00         3.00         4.00         5.00           15.00         Cost of Medical Supplies         8.00         0         0         0         0         0.000000           16.00         Cost of Drugs         9.00         0         0         0         0         0         0.000000           16.00         Cost Center Description         Part A         Part B         Subject to<br>Deductibles & Deductibles &<br>Coinsurance         Part B         Not Subject to<br>Deductibles &<br>Coinsurance         Part B         Not Subject to<br>Deductibles &<br>Coinsurance         Subject to<br>Deductibles &<br>Coinsurance         Subject to<br>Deductibles &<br>Coinsurance         Not Subject to<br>Deductibles &<br>Coinsurance         Not Subject to<br>Deductibles &<br>Coinsurance           1.00         Skilled Nursing Care         0         5.090         0         10.00         11.00           2.00         Part A         O         5.090         0         10.00         11.00   |  |                                 |                |                 | -              |               | -                |                  | 12.00          |       |
| Cost Center Description       From Wkst. H-2       From Wkst. H-2, Facility Costs       Shared<br>Anciliary<br>Dest (from Wkst.<br>H-2, Part I)       Total Charges<br>Costs (cols. 1)       Ratio (col. 3)         Supplies and Drugs Cost Computations       0       1.00       2.00       3.00       4.00       5.00         Supplies and Drugs Cost Computations       0       0.00       0       0       0.00       0.00       0.00       0.00000         6.00       Cost of Medical Supplies       9.00       0       0       0       0       0.000000         Cost Center Description       Part A       Part B       Services       Part B       Services       Part B       Deductibles &<br>Coinsurance       Coinsurance       Coinsu   |  |                                 |                | 23844           | -              |               |                  |                  | 13.00          |       |
| Part I, col.         Part I, col.         (from Wkst.<br>H-2, Part I)         Ancillary<br>Costs (from<br>Part I)         Costs (cols.<br>+ 2)         (from Hth<br>Record)         + col.         + co  | 14.00  |                                 | From Wkst H_2  | Facility Costs  |                |               |                  | Ratio (col 3     | 14.00          |       |
| 28, line         H-2, Part I)         Costs (from<br>Part II)         + 2)         Record)           Supplies and Drugs Cost Computations         0         1.00         2.00         3.00         4.00         5.00           Supplies and Drugs Cost Computations         0  |  |                                 |                |                 |                |               |                  |                  |                |       |
| O         1.00         2.00         3.00         4.00         5.00           Supplies and Drugs Cost Computations  |  |                                 | 28, line       | H-2, Part I)    |                | + 2)          | Record)          |                  |                |       |
| Supplies and Drugs Cost Computations         15.00       Cost of Medical Supplies       8.00       0 <t< td=""><td></td><td></td><td>0</td><td>1.00</td><td></td><td>2 00</td><td>4.00</td><td>F 00</td><td></td></t<>   |  |                                 | 0              | 1.00            |                | 2 00          | 4.00             | F 00             |                |       |
| 15.00         Cost of Medical Supplies         8.00         0 <t< td=""><td></td><td>Supplies and Drugs Cost Comput</td><td></td><td>1.00</td><td>2.00</td><td>3.00</td><td>4.00</td><td>5.00</td><td>-</td></t<>  |  | Supplies and Drugs Cost Comput  |                | 1.00            | 2.00           | 3.00          | 4.00             | 5.00             | -              |       |
| Program Visits         Cost of<br>Services           Cost Center Description         Part A           Part A         Part B           Not Subject to<br>Deductibles &<br>Coinsurance         Part A           PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR<br>BENEFICIARY COST LIMITATION<br>Cost Per Visit Computation           1.00         Skilled Nursing Care         0           0         5,090         0           2.00         Physical Therapy         0           0         6,00         7.00           0         5,090         0           2.00         Physical Therapy         0           0         6,00         1,02           0         0         1,796           0.00         0         114,549           0.00         7.00         8.00           0         1,796         0           0         1,796         0           0         114,549           0         0         11.00           11.00         11.00  | 15.00  |                                 |                | 0               | C              | )             | 0 0              | 0. 000000        | 15.00          |       |
| Services       Part A       Part B       Part A       Part A       Part A       Part B       Part A       Part B       Part A       Part A       Part B       Part B       Output       Part B       Output       Part B       Output       Output       Output       Output       Output       Output <th colspa<="" td=""><td>16.00</td><td>Cost of Drugs</td><td>9.00</td><td></td><td></td><td></td><td>0 0</td><td>0. 000000</td><td>16.00</td></th>  | <td>16.00</td> <td>Cost of Drugs</td> <td>9.00</td> <td></td> <td></td> <td></td> <td>0 0</td> <td>0. 000000</td> <td>16.00</td> | 16.00                           | Cost of Drugs  | 9.00            |                |               |                  | 0 0              | 0. 000000      | 16.00 |
| Part BPart APart BPart BPart BNot Subject to<br>Deductibles &<br>CoinsurancePart APart BNot Subject to<br>Deductibles &<br>CoinsuranceCost Center DescriptionPART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR<br>BENEFICIARY COST LIMITATIONCost Per Visit Computation1.00Skilled Nursing Care05,0900822,6972.00Physical Therapy02,64901,708,9763.00Occupational Therapy0697033,1014.00Speech Pathology0102036,5965.00Medical Social Services01,7960114,549Cost Center DescriptionCost Center DescriptionLimitation Cost Computation1001.00Skilled Nursing Care001,796002,086001,796002,718,005Cost Center DescriptionCost Center Description <th cols<="" td=""><td></td><td></td><td></td><td>Program Visits</td><td></td><td></td><td></td><td></td><td></td></th>   | <td></td> <td></td> <td></td> <td>Program Visits</td> <td></td> <td></td> <td></td> <td></td> <td></td>                          |                                 |                |                 | Program Visits |               |                  |                  |                |       |
| Cost Center DescriptionPart ANot Subject to<br>Deductibles &<br>CoinsurancePart ANot Subject to<br>Deductibles &<br>CoinsurancePart ANot Subject to<br>Deductibles &<br>CoinsuranceSubject to<br>Deductibles &<br>CoinsurancePART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR<br>BENEFICIARY COST LIMITATION9.009.0010.0011.00Cost Per Visit Computation   |  |                                 |                | Par             | t B            | Jervices      | Part B           |                  |                |       |
| Coinsurance  |  | Cost Center Description         | Part A         | Not Subject to  | Subject to     |               |                  | Subject to       |                |       |
| Image: Construction         6.00         7.00         8.00         9.00         10.00         11.00           PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR<br>BENEFICIARY COST LIMITATION  |  |                                 |                |                 |                |               |                  |                  |                |       |
| PART I         - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR<br>BENEFICIARY COST LIMITATION<br>Cost Per Visit Computation           1.00         Skilled Nursing Care         0         5,090         0         822,697           2.00         Physical Therapy         0         2,649         0         1,708,976           3.00         Occupational Therapy         0         697         0         33,101           4.00         Speech Pathology         0         102         0         36,596           5.00         Medical Social Services         0         1,796         0         2,086           6.00         Home Heal th Ai de         0         1,796         0         114,549           7.00         Total (sum of Lines 1-6)         0         10,349         0         2,718,005           Limitation Cost Computation           Skilled Nursing Care           9.00         Physical Therapy         0         2,000         11.00         11.00           Limitation Cost Computation   |  |                                 | 6.00           |                 |                | 9.00          |                  |                  |                |       |
| BENEFICIARY COST LIMITATION           Cost Per Visit Computation           1.00         Skilled Nursing Care         0         5,090         0         822,697           2.00         Physical Therapy         0         2,649         0         1,708,976           3.00         Occupational Therapy         0         697         0         33,101           4.00         Speech Pathology         0         102         0         36,596           5.00         Medical Social Services         0         1,796         0         2,086           6.00         Home Heal th Aide         0         1,796         0         2,718,005           Limitation Cost Computation           Limitation Cost Computation           Skilled Nursing Care           9.00         Physical Therapy         0         1.00         11.00           Limitation Cost Computation           Limitation Cos  |  | PART I - COMPUTATION OF LESSER  |                |                 |                |               |                  |                  | -              |       |
| 1.00       Skilled Nursing Care       0       5,090       0       822,697         2.00       Physical Therapy       0       2,649       0       1,708,976         3.00       Occupational Therapy       0       697       0       33,101         4.00       Speech Pathology       0       102       0       36,596         5.00       Medical Social Services       0       15       0       2,086         6.00       Home Heal th Ai de       0       1,796       0       114,549         7.00       Total (sum of lines 1-6)       0       10,349       0       2,718,005         Limitation Cost Computation         8.00       9.00       10.00       11.00         Limitation Cost Computation         8.00       9.00       10.00       11.00         It in tation Cost Computation         8.00       9.00       10.00       11.00         It in tation Cost Computation         8.00       9.00       10.00       11.00         It in tation Cost Computation         Stilled Nursing Care       9.00         9.00       Physical Therapy </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |                                 |                |                 |                |               |                  |                  |                |       |
| 2.00       Physical Therapy       0       2,649       0       1,708,976         3.00       Occupational Therapy       0       697       0       33,101         4.00       Speech Pathology       0       102       0       36,596         5.00       Medical Social Services       0       15       0       2,086         6.00       Home Heal th Ai de       0       1,796       0       114,549         7.00       Total (sum of Lines 1-6)       0       10,349       0       2,718,005         Limi tation Cost Computation         Skilled Nursing Care         9.00       Physical Therapy       0       0       11.00         It ind to Cost Computation         Skilled Nursing Care         9.00       Physical Therapy       0       0       0         9.00       Occupational Therapy       0       0       0       0         11.00       Speech Pathology       0       0       0       0  | 1 00   |                                 |                | E coo           |                | 1             | 0 000 (07        |                  | 1 1 00         |       |
| 3.00       Occupational Therapy       0       697       0       33, 101         4.00       Speech Pathology       0       102       0       36, 596         5.00       Medical Social Services       0       15       0       2, 086         6.00       Home Heal th Aide       0       1, 796       0       114, 549         7.00       Total (sum of lines 1-6)       0       10, 349       0       2, 718, 005         Cost Center Description         Limitation Cost Computation         8.00       9.00       10.00       11.00         Skilled Nursing Care         9.00       Physical Therapy       0       0       0       0         10.00       Occupational Therapy       0       0       0       0       0         9.00       Physical Therapy       0       0       0       0       0       0         11.00       Speech Pathology       0       0       0       0       0       0   |  |                                 |                |                 |                |               |                  |                  | 1.00           |       |
| 4.00       Speech Pathology       0       102       0       36,596         5.00       Medical Social Services       0       15       0       2,086         6.00       Home Heal th Aide       0       1,796       0       114,549         7.00       Total (sum of lines 1-6)       0       10,349       0       2,718,005         Cost Center Description         Cost Center Description         Limitation Cost Computation         8.00       9.00       10.00       11.00         Skilled Nursing Care         9.00       Physical Therapy       0       0       0         10.00       Occupational Therapy       0       0       0       0         11.00       Speech Pathology       0       0       0       0       0  |  |                                 |                |                 |                |               |                  |                  | 3.00           |       |
| 5.00         Medical Social Services         0         15         0         2,086           6.00         Home Heal th Ai de         0         1,796         0         114,549           7.00         Total (sum of lines 1-6)         0         10,349         0         2,718,005           Cost Center Description         6.00         7.00         8.00         9.00         10.00         11.00           Limitation Cost Computation         Skilled Nursing Care         Image: Computation on a line apy         Image: Computation on a line app         Image: Computation a line app         I  |  |                                 |                |                 |                |               |                  |                  | 4.00           |       |
| Total (sum of lines 1-6)         0         10,349         0         2,718,005           Cost Center Description           6.00         7.00         8.00         9.00         10.00         11.00           Limitation Cost Computation           8.00         Skilled Nursing Care         9.00         Physical Therapy           10.00         Occupational Therapy   |  | 1 55                            | -              |                 |                |               |                  |                  | 5.00           |       |
| Cost Center Description         6.00         7.00         8.00         9.00         10.00         11.00           Limitation Cost Computation         6.00         7.00         8.00         9.00         10.00         11.00           8.00         Skilled Nursing Care         9.00         Physical Therapy         10.00         10.00         11.00           9.00         Occupational Therapy         0.00         Speech Pathology         0.00  |  |                                 |                |                 |                |               |                  |                  | 6.00           |       |
| Limitation Cost Computation         6.00         7.00         8.00         9.00         10.00         11.00           8.00         Skilled Nursing Care         9.00         Physical Therapy         10.00         10.00         11.00           9.00         Physical Therapy         0.00         Occupational Therapy         11.00         10.00         11.00           11.00         Speech Pathology         0.00         0.00         10.00         10.00         11.00   | 7.00   |                                 | 0              | 10, 349         |                |               | 0 2, 718, 005    |                  | 7.00           |       |
| 8.00       Skilled Nursing Care         9.00       Physical Therapy         10.00       Occupational Therapy         11.00       Speech Pathology  |  | cost center bescription         | 6.00           | 7.00            | 8.00           | 9.00          | 10.00            | 11.00            |                |       |
| 9.00     Physical Therapy       10.00     Occupational Therapy       11.00     Speech Pathology  | 0.67   |                                 | 1              |                 |                | 1             |                  | 1                |                |       |
| 10.00     Occupational Therapy       11.00     Speech Pathology  |  | 5                               |                |                 |                |               |                  |                  | 8.00<br>9.00   |       |
| 11.00 Speech Pathology   |  |                                 |                |                 |                |               |                  |                  | 9.00           |       |
|  |  |                                 |                |                 |                |               |                  |                  | 11.00          |       |
|  | 12.00  | Medical Social Services         |                |                 |                |               |                  |                  | 12.00          |       |
| 13.00 Home Health Aide   | 13.00  | Home Health Aide                |                |                 |                |               |                  |                  | 13.00          |       |
| 14.00  Total (sum of lines 8-13)   | 14.00  | Total (sum of lines 8–13)       |                |                 |                |               |                  | l                | 14.00          |       |

| Health Financial Syst                       | ems               |   | METHODIST HOS                                  | PITALS, INC    |                     | In Lie   | u of Form CMS-2                            | 2552-10        |
|---|-------------------|---|--|----------------|---------------------|--|--|----------------|
| APPORTIONMENT OF PATI                       | ENT SERVICE COST  | S   |  | Provi der      | CCN: 150002         | Peri od:                                       | Worksheet H-3                              |                |
|   |                   |   |  | HHA CCN:       | 157536              | From 01/01/2014<br>To 12/31/2014               |  |                |
|   |                   |   |  | Ti tl          | e XVIII             | Home Health                                    | PPS  |                |
|   |                   |   |  |                |                     | Agency I                                       |  |                |
|   |                   | Prog  | ram Covered Cha                                | irges          | Cost of<br>Services |  |  |                |
|   |                   |   | Par  | t B            |                     | Part B   |  |                |
| Cost Cent                                   | er Description    | Part A  | Not Subject to<br>Deductibles &<br>Coinsurance |                | Part A              | Not Subject to<br>Deductibles &<br>Coinsurance | Subject to<br>Deductibles &<br>Coinsurance |                |
|   |                   | 6.00  | 7.00   | 8.00           | 9.00                | 10.00  | 11.00                                      |                |
| Supplies and D                              | rugs Cost Computa | ations  |  |                |                     |  |  |                |
| 15.00 Cost of Medica                        | I Supplies        | 0   | , i i i i i i i i i i i i i i i i i i i        | C              |                     | _  | _  | 15.00          |
| 16.00 Cost of Drugs                         | <b>D</b>          |   | 0  | 0              |                     | 0  | 0  | 16.00          |
| Cost cent                                   | er Description    | Total Program<br>Cost (sum of<br>cols. 9-10)<br>12.00 | -  |                |                     |  |  |                |
| BENEFICIARY COS                             | ST LIMITATION     | OF AGGREGATE F  | PROGRAM COST, A                                | GGREGATE OF TH | E PROGRAM LI        | MITATION COST, OF                              | 2  |                |
| Cost Per Visit                              |                   |   | 1  |                |                     |  |  |                |
| 1.00 Skilled Nursing                        |                   | 822, 697  |  |                |                     |  |  | 1.00           |
| 2.00 Physical Thera<br>3.00 Occupational T  |                   | 1, 708, 976<br>33, 101                                |  |                |                     |  |  | 2.00<br>3.00   |
| 4.00 Speech Patholo                         |                   | 36, 596   |  |                |                     |  |  | 4.00           |
| 5.00 Medical Social                         |                   | 2,086   |  |                |                     |  |  | 5.00           |
| 6.00 Home Heal th Ai                        |                   | 114, 549  |  |                |                     |  |  | 6.00           |
| 7.00 Total (sum of                          |                   | 2, 718, 005   |  |                |                     |  |  | 7.00           |
|   | er Description    | 2,7,10,000  |  |                |                     | 1  |  | 7100           |
|   |                   | 12.00   |  |                |                     |  |  | 1              |
| Limitation Cost                             | t Computation     |   |  |                | -                   |  |  |                |
| 8.00 Skilled Nursin                         | g Care            |   |  |                |                     |  |  | 8.00           |
| 9.00 Physical Thera                         | ру                |   |  |                |                     |  |  | 9.00           |
| 10.00 Occupational T                        | herapy            |   |  |                |                     |  |  | 10.00          |
| 11.00 Speech Patholo                        | gу                |   |  |                |                     |  |  | 11.00          |
| 12.00 Medical Social                        | Servi ces         |   |  |                |                     |  |  | 12.00          |
|   |                   |   |  |                |                     |  |  |                |
| 13.00 Home Health Ai<br>14.00 Total (sum of |                   |   |  |                |                     |  |  | 13.00<br>14.00 |

| Health Financial Systems             |                 | METHODIST HOS   | PI TALS, | I NC    |               |                    | In Lie  | u of Form CMS-2 | 2552-10        |
|--------------------------------------|-----------------|-----------------|----------|---------|---------------|--------------------|---------|-----------------|----------------|
| APPORTIONMENT OF PATIENT SERVICE COS | TS              |                 | Pr       | ovi der | CCN: 150002   | Period:            | 01/2014 | Worksheet H-3   |                |
|                                      |                 |                 | HH.      | IA CCN: | 157536        | From 01/<br>To 12/ | 31/2014 |                 | pared:<br>7 am |
|                                      |                 |                 |          | Ti tl   | e XVIII       | Home H             |         | PPS             |                |
|                                      |                 | -               | _        |         |               | Ageno              | cy I    |                 |                |
| Cost Center Description              | From Wkst. C,   | Cost to Charge  | Total    | HHA     | HHA Shared    | Transt             | Fer to  |                 |                |
|                                      | Part I, col.    | Ratio           | Charge   | (from   | Ancillary     | Part               | l as    |                 |                |
|                                      | 9, line         |                 | provi    | ider    | Costs (col.   | 1 India            | cated   |                 |                |
|                                      |                 |                 | recor    | rds)    | x col. 2)     |                    |         |                 |                |
|                                      | 0               | 1.00            | 2.0      | 00      | 3.00          | 4.                 | 00      |                 |                |
| PART II - APPORTIONMENT OF COS       | T OF HHA SERVIC | ES FURNI SHED B | Y SHARED | D HOSPI | TAL DEPARTMEN | NTS                |         |                 |                |
| 1.00 Physical Therapy                | 66.00           | 0. 386326       |          | 0       |               | 0 col . 2,         | line 2  | . 00            | 1.00           |
| 2.00 Occupational Therapy            | 67.00           | 0. 393635       |          | 0       |               | 0 col . 2,         | line 3  | . 00            | 2.00           |
| 3.00 Speech Pathology                | 68.00           | 0. 393647       |          | 0       |               | 0 col . 2,         | line 4  | . 00            | 3.00           |
| 4.00 Cost of Medical Supplies        | 71.00           | 0. 350304       |          | 0       |               | 0 col . 2,         | line 1  | 5. 00           | 4.00           |
| 5.00 Cost of Drugs                   | 73.00           | 0. 247519       |          | 0       |               | 0 col . 2,         | line 1  | 6. 00           | 5.00           |
|                                      |                 |                 |          |         |               |                    |         |                 |                |

|   | ATION OF HHA REIMBURSEMENT SETTLEMENT  | Provi der       | CCN: 150002 | Period:                          | Worksheet H-4  |  |
|---|--|-----------------|-------------|----------------------------------|--|--|
|   |  | HHA CCN:        | 157536      | From 01/01/2014<br>To 12/31/2014 |  |  |
|   |  | Ti tl           | e XVIII     | Home Health<br>Agency I          | PPS  |  |
|   |  |                 | Doub A      |                                  | rt B   | <u> </u>   |
|   |  |                 | Part A      |                                  | Deductibles &  |  |
|   |  |                 | 1.00        | Coi nsurance<br>2.00             | Coi nsurance<br>3.00   | -  |
|   | PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMA   | RY CHARGE       |             | 2.00                             | 3.00   | -  |
|   | Reasonable Cost of Part A & Part B Services  |                 | T           |                                  | 1  |  |
| 0   | Reasonable cost of services (see instructions)   |                 |             | 0 0                              |  |  |
| 0   | Total charges<br>Customary Charges   |                 |             | 0 0                              | 0  | 1 :  |
| 0   | Amount actually collected from patients liable for payment for s   | ervi ces        |             | 0 0                              | 0  | 1 :  |
|   | on a charge basis (from your records)  |                 |             |                                  |  |  |
| 0   | Amount that would have been realized from patients liable for pa<br>for services on a charge basis had such payment been made in acc   |                 |             | 0 0                              | 0  | 4  |
| 0   | with 42 CFR §413.13(b)<br>Ratio of line 3 to line 4 (not to exceed 1.000000)   |                 | 0.0000      | 0. 000000                        | 0. 000000  |  |
| 0   | Total customary charges (see instructions)   |                 | 0.0000      | 0 0                              | 0.000000   |  |
| 0   | Excess of total customary charges over total reasonable cost (co   | mplete          |             | 0 0                              | 0  | 1  |
| 0   | only if line 6 exceeds line 1)<br>Excess of reasonable cost over customary charges (complete only  | ifling          |             | 0                                | 0  |  |
| J   | 1 exceeds line 6)  | II IIIe         |             | 0 0                              | 0  |  |
| 0   | Primary payer amounts  |                 |             | 0 0                              | 0  |  |
|   |  |                 |             | Part A                           | Part B   |  |
|   |  |                 |             | Services<br>1.00                 | Services<br>2.00   | -  |
|   | PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT  |                 |             | 1.00                             | 2.00   |  |
| 00  | Total reasonable cost (see instructions)   |                 |             | 0                                |  | 1  |
| 00  | Total PPS Reimbursement - Full Episodes without Outliers   |                 |             | 0                                | 1, 369, 933  |  |
| 00  | Total PPS Reimbursement - Full Episodes with Outliers  |                 |             | 0                                | 33,777   |  |
| 00<br>00  | Total PPS Reimbursement - LUPA Episodes  |                 |             | 0                                | 23, 817  |  |
| 00<br>00  | Total PPS Reimbursement - PEP Episodes<br>Total PPS Outlier Reimbursement - Full Episodes with Outliers  |                 |             | 0                                | 36, 054<br>8, 417  |  |
| 00  | Total PPS Outlier Reimbursement - PEP Episodes   |                 |             | 0                                | 1, 499   |  |
| 00  | Total Other Payments   |                 |             | 0                                | 0 1,499  |  |
|   | DME Payments   |                 |             | 0                                | 0  |  |
| ()()  | Oxygen Payments  |                 |             | 0                                | 0  |  |
|   | Prosthetic and Orthotic Payments   |                 |             | 0                                | 0  |  |
| 00  |  |                 |             | _                                | 0  |  |
| 00<br>00  |  | nce)            |             |                                  |  |  |
| 00<br>00<br>00  | Part B deductibles billed to Medicare patients (exclude coinsura   | nce)            |             | C                                | 1, 473, 497  | 2  |
| 00<br>00<br>00<br>00  | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)   | nce)            |             | C                                | 1, 473, 497<br>0   |  |
| 00<br>00<br>00<br>00<br>00  | Part B deductibles billed to Medicare patients (exclude coinsura   | nce)            |             |                                  | 0  | 2  |
| 00<br>00<br>00<br>00<br>00<br>00  | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)   | nce)            |             | 0<br>0<br>0                      |  | 2<br>2   |
| 00<br>00<br>00<br>00<br>00<br>00  | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)   | nce)            |             |                                  | 0<br>1, 473, 497<br>0  | 2<br>2<br>2  |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00                              | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)   |                 |             |                                  | 0<br>1, 473, 497<br>0  | 2<br>2<br>2<br>2<br>2  |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00                        | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst   | ructions)       |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497   | 2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:                                     |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00                        | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2   | ructions)       |             |                                  | 0<br>1, 473, 497<br>0  | 23<br>24<br>25<br>26<br>27<br>28   |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00                  | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   | ructions)       |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0   | 2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2              |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>50      | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Pioneer ACO demonstration payment adjustment (see instructions)  | ructions)       |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0<br>0  | 23<br>24<br>25<br>26<br>27<br>28<br>26<br>27<br>28<br>29<br>30<br>30                         |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>50<br>00      | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Pioneer ACO demonstration payment adjustment (see instructions)<br>Subtotal (see instructions)   | ructions)       |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 473, 497  | 2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2:<br>2              |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>50<br>00<br>00      | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Pioneer ACO demonstration payment adjustment (see instructions)<br>Subtotal (see instructions)   | ructions)       |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 473, 497<br>29, 470                                   | 2:<br>24<br>25<br>26<br>26<br>26<br>26<br>30<br>30<br>30<br>31<br>31                         |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>50<br>00<br>0 | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Pioneer ACO demonstration payment adjustment (see instructions)<br>Subtotal (see instructions)<br>Sequestration adjustment (see instructions)<br>Interim payments (see instructions)   | ructions)       |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0<br>0<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 474, 027 | 23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>30<br>31<br>31<br>31<br>32                   |
| . 00<br>. 00<br>. 50<br>. 00<br>. 01<br>. 00<br>. 00                            | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Pioneer ACO demonstration payment adjustment (see instructions)<br>Subtotal (see instructions)<br>Sequestration adjustment (see instructions)<br>Interim payments (see instructions)<br>Tentative settlement (for contractor use only)   | ructions)<br>7) |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 473, 497<br>29, 470<br>1, 444, 027<br>0               | 23<br>24<br>25<br>26<br>27<br>28<br>30<br>30<br>30<br>31<br>31<br>31<br>32<br>33             |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00                    | Part B deductibles billed to Medicare patients (exclude coinsura<br>Subtotal (sum of lines 10 thru 20 minus line 21)<br>Excess reasonable cost (from line 8)<br>Subtotal (line 22 minus line 23)<br>Coinsurance billed to program patients (from your records)<br>Net cost (line 24 minus line 25)<br>Reimbursable bad debts (from your records)<br>Reimbursable bad debts for dual eligible beneficiaries (see inst<br>Total costs - current cost reporting period (line 26 plus line 2<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Pioneer ACO demonstration payment adjustment (see instructions)<br>Subtotal (see instructions)<br>Sequestration adjustment (see instructions)<br>Interim payments (see instructions)<br>Tentative settlement (for contractor use only)<br>Balance due provider/program (line 31 minus lines 31.01, 32, and | ructions)<br>7) |             |                                  | 0<br>1, 473, 497<br>0<br>1, 473, 497<br>1, 473, 497<br>0<br>0<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 473, 497<br>0<br>1, 474, 027 | 23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>30<br>30<br>31<br>31<br>31<br>32<br>33<br>34 |

| ALYS                | IS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED   | Т0  | Provi der        | CCN: 150002 |     | eriod:                         | Worksheet H-5                    |             |
|---------------------|---|-----|------------------|-------------|-----|--------------------------------|----------------------------------|-------------|
| DGRAM BENEFICIARIES |   |     | HHA CCN:         | 157536      |     | rom 01/01/2014<br>0 12/31/2014 | Date/Time Prep<br>5/28/2015 9:07 | parec       |
|                     |   |     |                  |             |     | Home Health<br>Agency I        | PPS                              | <u>/ am</u> |
|                     |   |     | Inpatient Part A |             | Par |                                | t B                              |             |
|                     |   | mm/ | ′dd/yyyy         | Amount      |     | mm/dd/yyyy                     | Amount                           |             |
|                     |   |     | 1.00             | 2.00        |     | 3.00                           | 4.00                             |             |
| 00<br>00            | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero |     |                  |             | 0   |                                | 1, 444, 027<br>0                 | 1.<br>2.    |
| 00                  | List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)                   |     |                  |             |     |                                |                                  | 3.          |
|                     | Program to Provider   |     |                  | l           |     |                                |                                  |             |
| 01                  |   |     |                  |             | 0   |                                | 0                                | 3.          |
| )2                  |   |     |                  |             | 0   |                                | 0                                | 3           |
| 03                  |   |     |                  |             | 0   |                                | 0                                | 3           |
| )4                  |   |     |                  |             | 0   |                                | 0                                | 3           |
| )5                  |   |     |                  |             | 0   |                                | 0                                | 3           |
| 0                   | Provider to Program   |     |                  |             | 0   |                                | 0                                | 3           |
| 50<br>51            |   |     |                  |             | 0   |                                | 0                                | 3           |
| 52                  |   |     |                  |             | 0   |                                | 0                                | 3           |
| 3                   |   |     |                  |             | 0   |                                | 0                                | 3           |
| 54                  |   |     |                  |             | 0   |                                | 0                                | 3           |
| 9                   | Subtotal (sum of lines 3.01–3.49 minus sum of lines<br>3.50–3.98)   |     |                  |             | 0   |                                | 0                                | 3           |
| 0                   | Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. H-4, Part II, column as appropriate,<br>line 32)   |     |                  |             | 0   |                                | 1, 444, 027                      | 4           |
|                     | TO BE COMPLETED BY CONTRACTOR   |     |                  |             |     |                                |                                  |             |
| 00                  | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)   |     |                  |             |     |                                |                                  | 5           |
|                     | Program to Provider   |     |                  |             |     |                                |                                  |             |
| )1                  |   |     |                  |             | 0   |                                | 0                                | 5           |
| )2                  |   |     |                  |             | 0   |                                | 0                                | 5           |
| 13                  |   |     |                  |             | 0   |                                | 0                                | 5           |
| 0                   | Provider to Program   |     |                  |             | 0   |                                | 0                                | -           |
| 0                   |   |     |                  |             | 0   |                                | 0                                | 5           |
| 2                   |   |     |                  |             | 0   |                                | 0                                | 5<br>5      |
| 9                   | Subtotal (sum of lines 5.01–5.49 minus sum of lines<br>5.50–5.98)   |     |                  |             | 0   |                                | 0                                | 5           |
| 00                  | Determined net settlement amount (balance due) based on the cost report. (1)  |     |                  |             |     |                                |                                  | 6           |
| 01                  | SETTLEMENT TO PROVIDER  |     |                  |             | 0   |                                | 0                                | 6           |
| )2                  | SETTLEMENT TO PROGRAM   |     |                  |             | 0   |                                | 0                                | 6           |
| 00                  | Total Medicare program liability (see instructions)   |     |                  | l           | 0   | Contractor                     | 1, 444, 027                      | 7           |
|                     |   |     |                  |             |     | Contractor<br>Number           | NPR Date<br>(Mo/Day/Yr)          |             |

| ALCULATION OF CAPITAL PAYMENT                                  |  | Provider CCN: 150002  | Period:<br>From 01/01/2014<br>To 12/31/2014 | Worksheet L<br>Parts I-III<br>Date/Time Prep<br>5/28/2015 9:0 |                              |  |  |  |
|--|--|---|---|---|------------------------------|--|--|--|
|  |  | Title XVIII   | Hospi tal                                   | PPS   | / am                         |  |  |  |
|  |  |   |   |   |                              |  |  |  |
|  |  |   |   | 1.00  |                              |  |  |  |
|  | PART I - FULLY PROSPECTIVE METHOD  |   |   |   |                              |  |  |  |
|  | CAPITAL FEDERAL AMOUNT   |   |   |   |                              |  |  |  |
| 00   | Capital DRG other than outlier   | 4, 111, 013   | 1.0   |   |                              |  |  |  |
| 01   | Model 4 BPCI Capital DRG other than outlier  | 0   | 1.0   |   |                              |  |  |  |
| 00   | Capital DRG outlier payments   | 7, 934  | 2.0   |   |                              |  |  |  |
| 01   | Model 4 BPCI Capital DRG outlier payments  | 0   | 2.0   |   |                              |  |  |  |
| 00<br>00   | Total inpatient days divided by number of days in the cost r<br>Number of interns & residents (see instructions)   | 253.89<br>3.00  | 3. C<br>4. C                                |   |                              |  |  |  |
| 00   | Indirect medical education percentage (see instructions)   | 0.33  | 4. C  |   |                              |  |  |  |
| 00   | Indirect medical education adjustment (multiply line 5 by th   | 13, 566   | 6.0   |   |                              |  |  |  |
| 00   | Percentage of SSI recipient patient days to Medicare Part A  | 9. 92   | 7.0   |   |                              |  |  |  |
| 00   | 30) (see instructions)   | 7.92  | /. (  |   |                              |  |  |  |
| 00   | Percentage of Medicaid patient days to total days (see instr   | 29.32   | 8. C  |   |                              |  |  |  |
| 00   | Sum of lines 7 and 8   | 39.24   | 9.0   |   |                              |  |  |  |
| . 00   | Allowable disproportionate share percentage (see instruction   | 8.27  | 10.0  |   |                              |  |  |  |
| . 00   | Disproportionate share adjustment (line 10 times the sum of  | 339, 981  | 11. C                                       |   |                              |  |  |  |
| . 00   | Total prospective capital payments (sum of lines 1, 1.01, 2,   | 2.01, 6 and 11)   |   | 4, 472, 494   | 12.0                         |  |  |  |
|  |  |   |   |   |                              |  |  |  |
|  |  |   |   | 1.00  |                              |  |  |  |
| 00   | PART II - PAYMENT UNDER REASONABLE COST<br>Program inpatient routine capital cost (see instructions)   |   |   | 0   | 1.0                          |  |  |  |
| 00   | Program inpatient routine capital cost (see instructions)<br>Program inpatient ancillary capital cost (see instructions)   |   |   |   | 2.0                          |  |  |  |
| 00   | Total inpatient program capital cost (line 1 plus line 2)  |   |   |   | 3.0                          |  |  |  |
| 00   | Capital cost payment factor (see instructions)   |   |   |   | 4. C                         |  |  |  |
| 00   | Total inpatient program capital cost (line 3 x line 4)   |   |   | 0   | 5.0                          |  |  |  |
|  |  |   |   |   |                              |  |  |  |
|  |  |   |   | 1.00  |                              |  |  |  |
| 00   | PART III - COMPUTATION OF EXCEPTION PAYMENTS<br>Program inpatient capital costs (see instructions)   | 0   | 1.0   |   |                              |  |  |  |
| 00<br>00   | Program inpatient capital costs (see fistidations)   | ces (see instructions)  |   | 0   | 2.0                          |  |  |  |
| 00<br>00   | Net program inpatient capital costs for extraordinary circumstant<br>Net program inpatient capital costs (line 1 minus line 2)   |   |   | 0   | 3.0                          |  |  |  |
| 00   | Applicable exception percentage (see instructions)   |   |   | 0.00  | 4.0                          |  |  |  |
| 00   | Capital cost for comparison to payments (line 3 x line 4)  |   |   | 0.00  | 5.0                          |  |  |  |
|  | Percentage adjustment for extraordinary circumstances (see i   | nstructions)  |   | 0.00  | 6.0                          |  |  |  |
| 0C   | Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)  |   |   |   | 7.0                          |  |  |  |
|  | Capital minimum payment level (line 5 plus line 7)   |   |   |   | 8.0                          |  |  |  |
| 00   |  | i cabl e)   |   | 0   | 9.0                          |  |  |  |
| 00<br>00   | Current year capital payments (from Part I, line 12, as appl   |   |   | 0   | 10. C                        |  |  |  |
| 00<br>00<br>00   |  |   | less line 9)                                |   |                              |  |  |  |
| 00<br>00<br>00<br>00   | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over   | capital payments (line 8  |   | 0   | 11. C                        |  |  |  |
| 00<br>00<br>00<br>. 00<br>. 00                                 | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over<br>Worksheet L, Part III, line 14)  | capital payments (line 8<br>capital payment (from pri   | or year                                     | -   |                              |  |  |  |
| 00<br>00<br>00<br>. 00<br>. 00<br>. 00                         | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over<br>Worksheet L, Part III, line 14)<br>Net comparison of capital minimum payment level to capital p  | capital payments (line 8<br>capital payment (from pri<br>payments (line 10 plus lin   | or year<br>e 11)                            | 0   | 12. C                        |  |  |  |
| 00<br>00<br>00<br>. 00<br>. 00<br>. 00                         | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over<br>Worksheet L, Part III, line 14)<br>Net comparison of capital minimum payment level to capital p<br>Current year exception payment (if line 12 is positive, enter   | capital payments (line 8<br>capital payment (from pri<br>payments (line 10 plus lin<br>er the amount on this line                               | or year<br>e 11)<br>)                       | 0   | 12. 0<br>13. 0               |  |  |  |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00                   | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over<br>Worksheet L, Part III, line 14)<br>Net comparison of capital minimum payment level to capital p<br>Current year exception payment (if line 12 is positive, enter<br>Carryover of accumulated capital minimum payment level over  | capital payments (line 8<br>capital payment (from pri<br>payments (line 10 plus lin<br>er the amount on this line                               | or year<br>e 11)<br>)                       | 0   | 11.0<br>12.0<br>13.0<br>14.0 |  |  |  |
| 00<br>00<br>00<br>. 00<br>. 00<br>. 00<br>. 00                 | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over<br>Worksheet L, Part III, line 14)<br>Net comparison of capital minimum payment level to capital p<br>Current year exception payment (if line 12 is positive, enter<br>Carryover of accumulated capital minimum payment level over<br>(if line 12 is negative, enter the amount on this line) | capital payments (line 8<br>capital payment (from pri<br>payments (line 10 plus line<br>or the amount on this line<br>capital payment for the f | or year<br>e 11)<br>)                       | 0<br>0<br>0   | 12. C<br>13. C<br>14. C      |  |  |  |
| 00<br>00<br>00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00 | Current year capital payments (from Part I, line 12, as appl<br>Current year comparison of capital minimum payment level to<br>Carryover of accumulated capital minimum payment level over<br>Worksheet L, Part III, line 14)<br>Net comparison of capital minimum payment level to capital p<br>Current year exception payment (if line 12 is positive, enter<br>Carryover of accumulated capital minimum payment level over  | capital payments (line 8<br>capital payment (from pri<br>payments (line 10 plus line<br>or the amount on this line<br>capital payment for the f | or year<br>e 11)<br>)                       | 0   | 12. C<br>13. C               |  |  |  |