

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 3

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

MISREPRESENTATION OR 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 OR INDIRECTLY OF A KICKBACK OR WHERE 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 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 KIRBY HOSPITAL (14-1301) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. 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.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

|      | TITLE V                            | TITLE XVIII | TITLE XIX |
|------|------------------------------------|-------------|-----------|
|      |                                    | PART A      | PART B    |
| 1    | HOSPITAL                           | 2           | 3         |
| 2    | SUBPROVIDER I                      | 107655      | -250311   |
| 3    | SWING BED - SNF                    | 108404      |           |
| 4    | SWING BED - NF                     |             |           |
| 5    | SKILLED NURSING FACILITY           |             |           |
| 6    | NURSING FACILITY                   |             |           |
| 7    | HOME HEALTH AGENCY                 |             |           |
| 8    | OUTPATIENT REHABILITATION PROVIDER |             |           |
| 9    | RURAL HEALTH CLINIC I              |             | -4479     |
| 9.01 | RURAL HEALTH CLINIC II             |             | 117008    |
| 100  | TOTAL                              | 216059      | -137782   |

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 THIS INFORMATION COLLECTION IS ESTIMATED 657 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 THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

|       |   |      |            |       |
|-------|---|------|------------|-------|
| 25    | IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?   | NO   |            | 25    |
| 25.01 | IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?  | NO   |            | 25.01 |
| 25.02 | IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.   | NO   |            | 25.02 |
| 25.03 | AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.  | NO   |            | 25.03 |
| 25.04 | ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2  | NO   |            | 25.04 |
| 25.05 | HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)   | NO   | NO         | 25.05 |
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)  | NO   | NO         | 25.06 |
| 26    | IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.  |      |            | 26    |
| 26.01 | ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:  |      |            | 26.01 |
| 26.03 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.   |      |            | 26.03 |
| 26.04 | IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:  |      |            | 26.04 |
| 27    | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.   | YES  | 08/08/1999 | 27    |
| 28    | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.  |      |            | 28    |
| 28.01 | IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st   |      |            | 28.01 |
| 28.02 | ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.   |      |            | 28.02 |
|       | A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS) |      |            |       |
| 28.03 | STAFFING  | 0.00 | NO         | 28.03 |
| 28.04 | RECRUITMENT   | 0.00 | NO         | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES  | 0.00 | NO         | 28.05 |
| 28.06 | TRAINING  | 0.00 | NO         | 28.06 |
| 28.07 | OTHER (SPECIFY)   |      | NO         | 28.07 |
| 29    | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?  | NO   |            | 29    |
| 30    | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.  | YES  |            | 30    |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.  | NO   |            | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?  | YES  |            | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)  | NO   |            | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.  | NO   |            | 30.04 |
| 31    | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).   | NO   |            | 31    |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

|    |   |    |  |  |    |
|----|---|----|--|--|----|
| 32 | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.  | NO |  |  | 32 |
| 33 | IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. | NO |  |  | 33 |
| 34 | IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?  | NO |  |  | 34 |
| 35 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  | NO |  |  | 35 |

|       |  |    |       |     |       |
|-------|--|----|-------|-----|-------|
|       |  | V  | XVIII | XIX |       |
|       |  | 1  | 2     | 3   |       |
| 36    | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?                                      | NO | NO    | NO  | 36    |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? | NO | NO    | NO  | 36.01 |
| 37    | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?  | NO | NO    | NO  | 37    |
| 37.01 | IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?                  |    |       |     | 37.01 |

TITLE XIX INPATIENT HOSPITAL SERVICES

|       |   |                       |                         |           |       |
|-------|---|-----------------------|-------------------------|-----------|-------|
| 38    | DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?  | YES                   |                         |           | 38    |
| 38.01 | IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?  | NO                    |                         |           | 38.01 |
| 38.02 | DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?   | NO                    |                         |           | 38.02 |
| 38.03 | ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?  | NO                    |                         |           | 38.03 |
| 38.04 | DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?  | NO                    |                         |           | 38.04 |
| 40    | ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. | NO                    |                         |           | 40    |
| 40.01 | NAME:   | FI/CONTRACTOR'S NAME: | FI/CONTRACTOR'S NUMBER: |           | 40.01 |
| 40.02 | STREET:   |                       | P.O.BOX:                |           | 40.02 |
| 40.03 | CITY:   |                       | STATE:                  | ZIP CODE: | 40.03 |
| 41    | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?   | YES                   |                         |           | 41    |
| 42    | ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  | NO                    |                         |           | 42    |
| 42.01 | ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  | YES                   |                         |           | 42.01 |
| 42.02 | ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  | YES                   |                         |           | 42.02 |
| 43    | ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?   | NO                    |                         |           | 43    |
| 44    | IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?   | NO                    |                         |           | 44    |
| 45    | HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.   | NO                    |                         |           | 45    |
| 45.01 | WAS THERE A CHANGE IN THE STATISTICAL BASIS?  |                       |                         |           | 45.01 |
| 45.02 | WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  |                       |                         |           | 45.02 |
| 45.03 | WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?   |                       |                         |           | 45.03 |
| 46    | IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.  |                       |                         |           | 46    |

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

|       | PART A  | PART B       | OUTPATIENT ASC | OUTPATIENT RADIOLOGY   | OUTPATIENT DIAGNOSTIC |       |
|-------|---|--------------|----------------|------------------------|-----------------------|-------|
|       | 1   | 2            | 3              | 4                      | 5                     |       |
| 47    | HOSPITAL  | Y            | Y              | N                      | N                     | 47    |
| 48    | SUBPROVIDER I   | N            | N              | N                      | N                     | 48    |
| 49    | SKILLED NURSING FACILITY  | N            | N              |                        |                       | 49    |
| 50    | HOME HEALTH AGENCY  | N            | N              |                        |                       | 50    |
| 52    | DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?   |              |                |                        | NO                    | 52    |
| 52.01 | IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.   |              |                |                        | NO                    | 52.01 |
| 53    | IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. |              |                |                        |                       | 53    |
| 53.01 | MDH PERIOD:   | BEGINNING:   |                | ENDING:                |                       | 53.01 |
| 54    | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:   |              |                |                        |                       | 54    |
|       | PREMIUMS: 155702  | PAID LOSSES: |                | AND/OR SELF INSURANCE: |                       |       |
| 54.01 | ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.  |              |                |                        | NO                    | 54.01 |
| 55    | DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.  |              |                |                        | NO                    | 55    |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

|                 |   | DATE   | Y/N      | LIMIT | Y/N            | FEE\$ |       |
|-----------------|---|--------|----------|-------|----------------|-------|-------|
|                 |   | 0      | 1        | 2     | 3              | 4     |       |
| 56              | ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.   | / /    | NO       | 0.00  | NO             |       | 56    |
| 57              | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?   |        | NO       |       |                |       | 57    |
| 58              | ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.   |        | NO       |       |                |       | 58    |
| 58.01           | IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) |        |          |       |                |       | 58.01 |
| 59              | ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  |        | NO       |       |                |       | 59    |
| 60              | ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)   |        | NO       |       |                |       | 60    |
| 60.01           | IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)                                    |        |          |       |                |       | 60.01 |
| MULTICAMPUS     |   |        |          |       |                |       |       |
| 61              | DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.   |        | NO       |       |                |       | 61    |
|                 | COUNTY:   | STATE: | ZIP CODE | CBSA  | FTE/<br>CAMPUS |       |       |
|                 | 1   | 2      | 3        | 4     | 5              |       |       |
| SETTLEMENT DATA |   |        |          |       |                |       |       |
| 63              | WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)  |        | NO       |       |                |       | 63    |





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

| COMPONENT   | -----DISCHARGES----- |                   |                 |     | TOTAL ALL PATIENTS |
|---|----------------------|-------------------|-----------------|-----|--------------------|
|   | TITLE V<br>12        | TITLE XVIII<br>13 | TITLE XIX<br>14 |     |                    |
| 1 HOSPITAL ADULTS & PEDS, EXCL.<br>SWING BED, OBSERV & HOSPICE DAYS |                      | 154               | 1               | 174 | 1                  |
| 2 HMO XIX   |                      |                   |                 |     | 2                  |
| 3 HOSPITAL ADULTS & PEDS -<br>SWING BED SNF                         |                      |                   |                 |     | 3                  |
| 4 HOSPITAL ADULTS & PEDS -<br>SWING BED NF                          |                      |                   |                 |     | 4                  |
| 5 TOTAL ADULTS & PEDS<br>EXCL OBSERVATION BEDS                      |                      |                   |                 |     | 5                  |
| 6 INTENSIVE CARE UNIT   |                      |                   |                 |     | 6                  |
| 7 CORONARY CARE UNIT  |                      |                   |                 |     | 7                  |
| 8 BURN INTENSIVE CARE UNIT  |                      |                   |                 |     | 8                  |
| 9 SURGICAL INTENSIVE CARE UNIT                                      |                      |                   |                 |     | 9                  |
| 10 OTHER SPECIAL CARE (SPECIFY)                                     |                      |                   |                 |     | 10                 |
| 11 NURSERY  |                      |                   |                 |     | 11                 |
| 12 TOTAL HOSPITAL   |                      | 154               | 1               | 174 | 12                 |
| 13 RPCH VISITS  |                      |                   |                 |     | 13                 |
| 14 SUBPROVIDER I  |                      |                   |                 |     | 14                 |
| 15 SKILLED NURSING FACILITY   |                      |                   |                 |     | 15                 |
| 16 NURSING FACILITY   |                      |                   |                 |     | 16                 |
| 17 OTHER LONG TERM CARE   |                      |                   |                 |     | 17                 |
| 18 HOME HEALTH AGENCY   |                      |                   |                 |     | 18                 |
| 20 ASC (DISTINCT PART)  |                      |                   |                 |     | 20                 |
| 21 HOSPICE (DISTINCT PART)  |                      |                   |                 |     | 21                 |
| 23 O/P REHAB PROVIDER   |                      |                   |                 |     | 23                 |
| 24 RHC I  |                      |                   |                 |     | 24                 |
| 24.01 RHC II  |                      |                   |                 |     | 24.01              |
| 25 TOTAL  |                      |                   |                 |     | 25                 |
| 26 OBSERVATION BED DAYS   |                      |                   |                 |     | 26                 |
| 27 AMBULANCE TRIPS  |                      |                   |                 |     | 27                 |
| 28 EMPLOYEE DISCOUNT DAYS   |                      |                   |                 |     | 28                 |

HOSPITAL WAGE INDEX INFORMATION

| PART II - WAGE DATA |   | AMOUNT  | RECLASS.<br>OF SALARIES<br>FROM WKST. | ADJUSTED<br>SALARIES<br>(COL.1 +<br>COL.2) | PAID HOURS<br>RELATED<br>TO SALARY<br>IN COL.3 | AVERAGE<br>HOURLY WAGE<br>(COL.3 /<br>COL.4) | DATA<br>SOURCE | WORKSHEET S-3<br>PART II |
|---------------------|---|---------|---------------------------------------|--|--|--|----------------|--------------------------|
|                     |   | 1       | A-6<br>2                              | 3  | 4  | 5  | 6              |                          |
| 1                   | SALARIES                                |         |                                       |  |  |  |                | 1                        |
|                     | TOTAL SALARIES                          | 8229497 |                                       |  |  |  |                | 2                        |
| 2                   | NON-PHYSICIAN ANESTHETIST PART A        |         |                                       |  |  |  |                | 3                        |
| 3                   | NON-PHYSICIAN ANESTHETIST PART B        |         |                                       |  |  |  |                | 4                        |
| 4                   | PHYSICIAN - PART A                      |         |                                       |  |  |  |                | 4.01                     |
| 4.01                | TEACHING PHYSICIAN SALARIES             |         |                                       |  |  |  |                | 5                        |
| 5                   | PHYSICIAN - PART B                      |         |                                       |  |  |  |                | 5.01                     |
| 5.01                | NON-PHYSICIAN - PART B                  |         |                                       |  |  |  |                | 6                        |
| 6                   | INTERNS & RESIDENTS (IN APPR PGM)       |         |                                       |  |  |  |                | 6.01                     |
| 6.01                | CONTRACT SERVICES, I&R                  |         |                                       |  |  |  |                | 7                        |
| 7                   | HOME OFFICE PERSONNEL                   |         |                                       |  |  |  |                | 8                        |
| 8                   | SNF                                     |         |                                       |  |  |  |                | 8.01                     |
| 8.01                | EXCLUDED AREA SALARIES                  | 319220  |                                       |  |  |  |                | 9                        |
|                     | OTHER WAGES & RELATED COSTS             |         |                                       |  |  |  |                | 9.01                     |
| 9                   | CONTRACT LABOR                          |         |                                       |  |  |  |                | 9.02                     |
| 9.01                | PHARMACY SERVICES UNDER CONTRACT        |         |                                       |  |  |  |                | 9.03                     |
| 9.02                | LABORATORY SERVICES UNDER CONTRACT      |         |                                       |  |  |  |                | 10                       |
| 9.03                | MANAGEMENT AND ADMINISTRATIVE SERVICES' |         |                                       |  |  |  |                | 10.01                    |
| 10                  | CONTRACT LABOR: PHYSICIAN PART A        |         |                                       |  |  |  |                | 11                       |
| 10.01               | TEACHING PHYSICIAN UNDER CONTRACT       |         |                                       |  |  |  |                | 12                       |
| 11                  | HOME OFFICE SALARIES & WAGE REL COSTS   |         |                                       |  |  |  |                | 12.01                    |
| 12                  | HOME OFFICE: PHYSICIAN PART A           |         |                                       |  |  |  |                | 13                       |
| 12.01               | TEACHING PHYSICIAN SALARIES             |         |                                       |  |  |  |                | 14                       |
|                     | WAGE-RELATED COSTS                      |         |                                       |  |  |  |                | 15                       |
| 13                  | WAGE RELATED COSTS (CORE)               |         |                                       |  |  |  | CMS 339        | 16                       |
| 14                  | WAGE RELATED COSTS (OTHER)              |         |                                       |  |  |  | CMS 339        | 17                       |
| 15                  | EXCLUDED AREAS                          |         |                                       |  |  |  | CMS 339        | 18                       |
| 16                  | NON-PHYSICIAN ANESTHETIST PART A        |         |                                       |  |  |  | CMS 339        | 18.01                    |
| 17                  | NON-PHYSICIAN ANESTHETIST PART B        |         |                                       |  |  |  | CMS 339        | 19                       |
| 18                  | PHYSICIAN PART A                        |         |                                       |  |  |  | CMS 339        | 19.01                    |
| 18.01               | PART A TEACHING PHYSICIANS              |         |                                       |  |  |  | CMS 339        | 20                       |
| 19                  | PHYSICIAN PART B                        |         |                                       |  |  |  | CMS 339        | 21                       |
| 19.01               | WAGE RELATED COSTS (RHC/FQHC)           |         |                                       |  |  |  | CMS 339        | 22                       |
| 20                  | INTERNS & RESIDENTS (IN APPR PGM)       |         |                                       |  |  |  |                | 22.01                    |
|                     | OVERHEAD COSTS - DIRECT SALARIES        |         |                                       |  |  |  |                | 23                       |
| 21                  | EMPLOYEE BENEFITS                       |         |                                       |  |  |  |                | 24                       |
| 22                  | ADMINISTRATIVE & GENERAL                | 1525874 |                                       |  |  |  |                | 25                       |
| 22.01               | ADMINISTRATIVE & GENERAL UNDER CONTACT  |         |                                       |  |  |  |                | 26                       |
| 23                  | MAINTENANCE & REPAIRS                   | 167349  |                                       |  |  |  |                | 26.01                    |
| 24                  | OPERATION OF PLANT                      |         |                                       |  |  |  |                | 27                       |
| 25                  | LAUNDRY & LINEN SERVICE                 | 138042  |                                       |  |  |  |                | 27.01                    |
| 26                  | HOUSEKEEPING                            | 178953  |                                       |  |  |  |                | 28                       |
| 26.01               | HOUSEKEEPING UNDER CONTRACT             |         |                                       |  |  |  |                | 29                       |
| 27                  | DIETARY                                 | 8887    |                                       |  |  |  |                | 30                       |
| 27.01               | DIETARY UNDER CONTRACT                  |         |                                       |  |  |  |                | 31                       |
| 28                  | CAFETERIA                               |         |                                       |  |  |  |                | 32                       |
| 29                  | MAINTENANCE OF PERSONNEL                |         |                                       |  |  |  |                | 33                       |
| 30                  | NURSING ADMINISTRATION                  |         | 82966                                 |  |  |  |                | 34                       |
| 31                  | CENTRAL SERVICES AND SUPPLY             | 68881   |                                       |  |  |  |                | 35                       |
| 32                  | PHARMACY                                | 43340   |                                       |  |  |  |                |                          |
| 33                  | MEDICAL RECORDS & MEDICAL RECORDS LIBR  | 325994  |                                       |  |  |  |                |                          |
| 34                  | SOCIAL SERVICE                          |         |                                       |  |  |  |                |                          |
| 35                  | OTHER GENERAL SERVICE                   |         |                                       |  |  |  |                |                          |

HOSPITAL WAGE INDEX INFORMATION

| PART III - HOSPITAL WAGE INDEX SUMMARY |   | AMOUNT  | RECLASS.<br>OF SALARIES<br>FROM WKST. | ADJUSTED<br>SALARIES<br>(COL.1 +<br>COL.2) | PAID HOURS<br>RELATED<br>TO SALARY<br>IN COL.3 | AVERAGE<br>HOURLY WAGE<br>(COL.3 /<br>COL.4) | DATA<br>SOURCE | WORKSHEET S-3<br>PART III |
|--|---|---------|---------------------------------------|--|--|--|----------------|---------------------------|
|  |   | 1       | A-6<br>2                              | 3  | 4  | 5  | 6              |                           |
| 1                                      | NET SALARIES                            | 8229497 |                                       | 8229497                                    |  |  |                | 1                         |
| 2                                      | EXCLUDED AREA SALARIES                  | 319220  |                                       | 319220                                     |  |  |                | 2                         |
| 3                                      | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 7910277 |                                       | 7910277                                    |  |  |                | 3                         |
| 4                                      | SUBTOTAL OTHER WAGES & REL COSTS        |         |                                       |  |  |  |                | 4                         |
| 5                                      | SUBTOTAL WAGE-RELATED COSTS             |         |                                       |  |  |  |                | 5                         |
| 6                                      | TOTAL (SUM OF LINES 3 THRU 5)           | 7910277 |                                       | 7910277                                    |  |  |                | 6                         |
| 7                                      | NET SALARIES                            |         |                                       |  |  |  |                | 7                         |
| 8                                      | EXCLUDED AREA SALARIES                  |         |                                       |  |  |  |                | 8                         |
| 9                                      | SUBTOTAL SALARIES (LINE 7 MINUS LINE 8) |         |                                       |  |  |  |                | 9                         |
| 10                                     | SUBTOTAL OTHER WAGES & REL COSTS        |         |                                       |  |  |  |                | 10                        |
| 11                                     | SUBTOTAL WAGE-RELATED COSTS             |         |                                       |  |  |  |                | 11                        |
| 12                                     | TOTAL (SUM OF LINES 9 THRU 11)          |         |                                       |  |  |  |                | 12                        |
| 13                                     | TOTAL OVERHEAD COSTS                    | 2457320 | 82966                                 | 2540286                                    | 18160.00                                       | 139.88                                       |                | 13                        |



RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE                      |        |        |            |
|---------------------------------------|------|-------------------------------|--------|--------|------------|
|                                       |      | COST CENTER                   | LINE # | SALARY | OTHER      |
| 1                                     |      | 2                             | 3      | 4      | 5          |
| 1 MEDICAL SUPPLIES                    | A    | MEDICAL SUPPLIES CHARGED TO P | 55     |        | 178295 1   |
| 2 PHARMACY SUPPLIES                   | B    | DRUGS CHARGED TO PATIENTS     | 56     |        | 526256 2   |
| 3 DIETARTY EXPENSE                    | C    | EMPLOYEE BENEFITS             | 5      |        | 16562 3    |
| 4 PROPERTY INSURANCE                  | D    | NEW CAP REL COSTS-BLDG & FIXT | 3      |        | 8103 4     |
| 5 PROPERTY INSURANCE                  | D    | NEW CAP REL COSTS-MVBLE EQUIP | 4      |        | 21509 5    |
| 6 INTEREST                            | E    | NEW CAP REL COSTS-BLDG & FIXT | 3      |        | 110616 6   |
| 7 WORKMAN'S COMP INSURANCE            | F    | EMPLOYEE BENEFITS             | 5      |        | 75793 7    |
| 8 GENERAL LIABILITY INSURANCE         | F    | ADMINISTRATIVE & GENERAL      | 6      |        | 215898 8   |
| 9 NURSING ADMINISTRATION              | G    | NURSING ADMINISTRATION        | 14     | 82966  | 26436 9    |
| 10 NURSING ADMINISTRATION             | G    | OPERATING ROOM                | 37     | 2511   | 800 10     |
| 11 NURSING ADMINISTRATION             | G    | EMERGENCY                     | 61     | 144    | 46 11      |
| 12 EKG COSTS                          | H    | ELECTROCARDIOLOGY             | 53     | 5769   | 1876 12    |
| 13 EKG COSTS                          | H    | ELECTROCARDIOLOGY             | 53     | 11379  | 3493 13    |
| 14                                    |      |                               |        |        | 14         |
| 15                                    |      |                               |        |        | 15         |
| 16                                    |      |                               |        |        | 16         |
| 17                                    |      |                               |        |        | 17         |
| 18                                    |      |                               |        |        | 18         |
| 19                                    |      |                               |        |        | 19         |
| 20                                    |      |                               |        |        | 20         |
| 21                                    |      |                               |        |        | 21         |
| 22                                    |      |                               |        |        | 22         |
| 23                                    |      |                               |        |        | 23         |
| 24                                    |      |                               |        |        | 24         |
| 25                                    |      |                               |        |        | 25         |
| 26                                    |      |                               |        |        | 26         |
| 27                                    |      |                               |        |        | 27         |
| 28                                    |      |                               |        |        | 28         |
| 29                                    |      |                               |        |        | 29         |
| 30                                    |      |                               |        |        | 30         |
| 31                                    |      |                               |        |        | 31         |
| 32                                    |      |                               |        |        | 32         |
| 33                                    |      |                               |        |        | 33         |
| 34                                    |      |                               |        |        | 34         |
| 35                                    |      |                               |        |        | 35         |
| 36 TOTAL RECLASSIFICATIONS            |      |                               |        | 102769 | 1185683 36 |

RECLASSIFICATIONS

| EXPLANATION OF<br>RECLASSIFICATION ENTRY | CODE | COST CENTER               | DECREASE |        |         | WKST A-7<br>REF.<br>10 |
|--|------|---------------------------|----------|--------|---------|------------------------|
|  |      |                           | LINE #   | SALARY | OTHER   |                        |
| 1  | 1    | 6                         | 7        | 8      | 9       |                        |
| 1 MEDICAL SUPPLIES                       | A    | CENTRAL SERVICES & SUPPLY | 15       |        | 178295  | 1                      |
| 2 PHARMACY SUPPLIES                      | B    | PHARMACY                  | 16       |        | 526256  | 2                      |
| 3 DIETARTY EXPENSE                       | C    | DIETARY                   | 11       |        | 16562   | 3                      |
| 4 PROPERTY INSURANCE                     | D    | ADMINISTRATIVE & GENERAL  | 6        |        | 8103    | 9 4                    |
| 5 PROPERTY INSURANCE                     | D    | ADMINISTRATIVE & GENERAL  | 6        |        | 21509   | 9 5                    |
| 6 INTEREST                               | E    | ADMINISTRATIVE & GENERAL  | 6        |        | 110616  | 9 6                    |
| 7 WORKMAN'S COMP INSURANCE               | F    | ADMINISTRATIVE & GENERAL  | 6        |        | 75793   | 7                      |
| 8 GENERAL LIABILITY INSURANCE            | F    | ADMINISTRATIVE & GENERAL  | 6        |        | 215898  | 8                      |
| 9 NURSING ADMINISTRATION                 | G    | ADULTS & PEDIATRICS       | 25       | 82966  | 26436   | 9                      |
| 10 NURSING ADMINISTRATION                | G    | ADULTS & PEDIATRICS       | 25       | 2511   | 800     | 10                     |
| 11 NURSING ADMINISTRATION                | G    | ADULTS & PEDIATRICS       | 25       | 144    | 46      | 11                     |
| 12 EKG COSTS                             | H    | LABORATORY                | 44       | 5769   | 1876    | 12                     |
| 13 EKG COSTS                             | H    | EMERGENCY                 | 61       | 11379  | 3493    | 13                     |
| 14                                       |      |                           |          |        |         | 14                     |
| 15                                       |      |                           |          |        |         | 15                     |
| 16                                       |      |                           |          |        |         | 16                     |
| 17                                       |      |                           |          |        |         | 17                     |
| 18                                       |      |                           |          |        |         | 18                     |
| 19                                       |      |                           |          |        |         | 19                     |
| 20                                       |      |                           |          |        |         | 20                     |
| 21                                       |      |                           |          |        |         | 21                     |
| 22                                       |      |                           |          |        |         | 22                     |
| 23                                       |      |                           |          |        |         | 23                     |
| 24                                       |      |                           |          |        |         | 24                     |
| 25                                       |      |                           |          |        |         | 25                     |
| 26                                       |      |                           |          |        |         | 26                     |
| 27                                       |      |                           |          |        |         | 27                     |
| 28                                       |      |                           |          |        |         | 28                     |
| 29                                       |      |                           |          |        |         | 29                     |
| 30                                       |      |                           |          |        |         | 30                     |
| 31                                       |      |                           |          |        |         | 31                     |
| 32                                       |      |                           |          |        |         | 32                     |
| 33                                       |      |                           |          |        |         | 33                     |
| 34                                       |      |                           |          |        |         | 34                     |
| 35                                       |      |                           |          |        |         | 35                     |
| 36 TOTAL RECLASSIFICATIONS               |      |                           |          | 102769 | 1185683 | 36                     |

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION              | BEGINNING<br>BALANCES<br>1 | ----- ACQUISITIONS ----- |               |            | DISPOSALS<br>AND<br>RETIREMENTS<br>5 | ENDING<br>BALANCE<br>6 | FULLY<br>DEPRECIATED<br>ASSETS<br>7 |   |
|--------------------------|----------------------------|--------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
|                          |                            | PURCHASE<br>2            | DONATION<br>3 | TOTAL<br>4 |                                      |                        |                                     |   |
| 1 LAND                   |                            |                          |               |            |                                      |                        |                                     | 1 |
| 2 LAND IMPROVEMENTS      |                            |                          |               |            |                                      |                        |                                     | 2 |
| 3 BUILDINGS AND FIXTURES |                            |                          |               |            |                                      |                        |                                     | 3 |
| 4 BUILDING IMPROVEMENTS  |                            |                          |               |            |                                      |                        |                                     | 4 |
| 5 FIXED EQUIPMENT        |                            |                          |               |            |                                      |                        |                                     | 5 |
| 6 MOVABLE EQUIPMENT      |                            |                          |               |            |                                      |                        |                                     | 6 |
| 7 SUBTOTAL               |                            |                          |               |            |                                      |                        |                                     | 7 |
| 8 RECONCILING ITEMS      |                            |                          |               |            |                                      |                        |                                     | 8 |
| 9 TOTAL                  |                            |                          |               |            |                                      |                        |                                     | 9 |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION              | BEGINNING<br>BALANCES<br>1 | ----- ACQUISITIONS ----- |               |            | DISPOSALS<br>AND<br>RETIREMENTS<br>5 | ENDING<br>BALANCE<br>6 | FULLY<br>DEPRECIATED<br>ASSETS<br>7 |   |
|--------------------------|----------------------------|--------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
|                          |                            | PURCHASE<br>2            | DONATION<br>3 | TOTAL<br>4 |                                      |                        |                                     |   |
| 1 LAND                   | 513741                     |                          |               |            | 92100                                | 421641                 |                                     | 1 |
| 2 LAND IMPROVEMENTS      |                            |                          |               |            |                                      |                        |                                     | 2 |
| 3 BUILDINGS AND FIXTURES | 6814972                    | 2838066                  |               | 2838066    |                                      | 9653038                |                                     | 3 |
| 4 BUILDING IMPROVEMENTS  |                            |                          |               |            |                                      |                        |                                     | 4 |
| 5 FIXED EQUIPMENT        |                            |                          |               |            |                                      |                        |                                     | 5 |
| 6 MOVABLE EQUIPMENT      | 7428650                    | 252259                   |               | 252259     |                                      | 7680909                |                                     | 6 |
| 7 SUBTOTAL               | 14757363                   | 3090325                  |               | 3090325    | 92100                                | 17755588               |                                     | 7 |
| 8 RECONCILING ITEMS      |                            |                          |               |            |                                      |                        |                                     | 8 |
| 9 TOTAL                  | 14757363                   | 3090325                  |               | 3090325    | 92100                                | 17755588               |                                     | 9 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

| DESCRIPTION                     | COMPUTATION OF RATIOS |                    |                        |          | ALLOCATION OF |       | OTHER CAPITAL | TOTAL |
|---------------------------------|-----------------------|--------------------|------------------------|----------|---------------|-------|---------------|-------|
|                                 | GROSS ASSETS          | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO    | INSURANCE     | TAXES | RELATED COSTS |       |
|                                 | 1                     | 2                  | 3                      | 4        | 5             | 6     | 7             | 8     |
| 1 OLD CAP REL COSTS-BLDG & FIXT |                       |                    |                        | .000000  |               |       |               | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP |                       |                    |                        | .000000  |               |       |               | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 9653038               |                    | 9653038                | .556886  |               |       |               | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 7680909               |                    | 7680909                | .443114  |               |       |               | 4     |
| 5 TOTAL                         | 17333947              |                    | 17333947               | 1.000000 |               |       |               | 5     |

| DESCRIPTION                     | SUMMARY OF OLD AND NEW CAPITAL |       |          |           |       |                             |          |
|---------------------------------|--------------------------------|-------|----------|-----------|-------|-----------------------------|----------|
|                                 | DEPREC-IATION                  | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | TOTAL    |
|                                 | 9                              | 10    | 11       | 12        | 13    | 14                          | 15       |
| 1 OLD CAP REL COSTS-BLDG & FIXT |                                |       |          |           |       |                             | 1        |
| 2 OLD CAP REL COSTS-MVBLE EQUIP |                                |       |          |           |       |                             | 2        |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 1515975                        |       | -11167   |           |       | -1125189                    | 379619 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 455946                         |       | -29250   |           |       | 50                          | 426746 4 |
| 5 TOTAL                         | 1971921                        |       | -40417   |           |       | -1125139                    | 806365 5 |

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

| DESCRIPTION                     | SUMMARY OF OLD AND NEW CAPITAL |       |          |           |       |                             |           |
|---------------------------------|--------------------------------|-------|----------|-----------|-------|-----------------------------|-----------|
|                                 | DEPREC-IATION                  | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | TOTAL     |
|                                 | 9                              | 10    | 11       | 12        | 13    | 14                          | 15        |
| 1 OLD CAP REL COSTS-BLDG & FIXT |                                |       |          |           |       |                             | 1         |
| 2 OLD CAP REL COSTS-MVBLE EQUIP |                                |       |          |           |       |                             | 2         |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 1397256                        |       |          |           |       |                             | 1397256 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 434437                         |       |          |           |       |                             | 434437 4  |
| 5 TOTAL                         | 1831693                        |       |          |           |       |                             | 1831693 5 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION  | BASIS              | AMOUNT   | EXPENSE CLASSIFICATION ON WORKSHEET A TO/<br>FROM WHICH THE AMOUNT IS TO BE ADJUSTED |          | WKST A-7<br>REF |
|--|--------------------|----------|--|----------|-----------------|
|  |                    |          | COST CENTER  | LINE NO. |                 |
|  | 1                  | 2        | 3  | 4        | 5               |
| 1 INVESTMENT INCOME-OLD BLDGS & FIXTURES   |                    |          | OLD CAP REL COSTS-BLDG & FIXT  | 1        | 1               |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT  |                    |          | OLD CAP REL COSTS-MVBLE EQUIP  | 2        | 2               |
| 3 INVESTMENT INCOME-NEW BLDGS & FIXTURES   | B                  | -11167   | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 11 3            |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT  | B                  | -29250   | NEW CAP REL COSTS-MVBLE EQUIP  | 4        | 11 4            |
| 5 INVESTMENT INCOME-OTHER  |                    |          |  |          | 5               |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS  |                    |          |  |          | 6               |
| 7 REFUNDS AND REBATES OF EXPENSES  |                    |          |  |          | 7               |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS  |                    |          |  |          | 8               |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL)   |                    |          |  |          | 9               |
| 10 TELEVISION AND RADIO SERVICE  |                    |          |  |          | 10              |
| 11 PARKING LOT   |                    |          |  |          | 11              |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT   | WKST<br>A-8-2      | -544622  |  |          | 12              |
| 13 SALE OF SCRAP, WASTE, ETC.  |                    |          |  |          | 13              |
| 14 RELATED ORGANIZATION TRANSACTIONS   | WKST<br>A-8-1      |          |  |          | 14              |
| 15 LAUNDRY AND LINEN SERVICE   | B                  | -213436  | LAUNDRY & LINEN SERVICE  | 9        | 15              |
| 16 CAFETERIA - EMPLOYEES AND GUESTS  |                    |          |  |          | 16              |
| 17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS  |                    |          |  |          | 17              |
| 18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO<br>OTHER THAN PATIENTS                     |                    |          |  |          | 18              |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS  |                    |          |  |          | 19              |
| 20 SALE OF MEDICAL RECORDS AND ABSTRACTS   | B                  | -1298    | MEDICAL RECORDS & LIBRARY  | 17       | 20              |
| 21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)  |                    |          |  |          | 21              |
| 22 VENDING MACHINES  |                    |          |  |          | 22              |
| 23 INCOME FROM IMPOSITION OF INTEREST,<br>FINANCE OR PENALTY CHARGES                   |                    |          |  |          | 23              |
| 24 INTEREST EXP ON MEDICARE OVERPAYMENTS &<br>BORROWINGS TO REPAY MEDICARE OVERPAYMENT |                    |          |  |          | 24              |
| 25 ADJ FOR RESPIRATORY THERAPY COSTS IN<br>EXCESS OF LIMITATION - HOSPITAL             | WKST<br>A-8-4      |          | RESPIRATORY THERAPY  | 49       | 25              |
| 26 ADJ FOR PHYSICAL THERAPY COSTS IN<br>EXCESS OF LIMITATION - HOSPITAL                | WKST<br>A-8-4      |          | PHYSICAL THERAPY   | 50       | 26              |
| 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN<br>EXCESS OF LIMITATION                       | WKST<br>A-8-3      |          | HOME HEALTH AGENCY   | 71       | 27              |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION  |                    |          | UTILIZATION REVIEW-SNF   | 89       | 28              |
| 29 DEPRECIATION--OLD BUILDINGS & FIXTURES  |                    |          | OLD CAP REL COSTS-BLDG & FIXT  | 1        | 29              |
| 30 DEPRECIATION--OLD MOVABLE EQUIPMENT   |                    |          | OLD CAP REL COSTS-MVBLE EQUIP  | 2        | 30              |
| 31 DEPRECIATION--NEW BUILDINGS & FIXTURES  |                    |          | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 31              |
| 32 DEPRECIATION--NEW MOVABLE EQUIPMENT   |                    |          | NEW CAP REL COSTS-MVBLE EQUIP  | 4        | 32              |
| 33 NON-PHYSICIAN ANESTHETIST   |                    |          | NONPHYSICIAN ANESTHETISTS  | 20       | 33              |
| 34 PHYSICIANS' ASSISTANT   |                    |          |  |          | 34              |
| 35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN<br>EXCESS OF LIMITATION - HOSPITAL            | WKST<br>WKST A-8-4 |          | OCCUPATIONAL THERAPY   | 51       | 35              |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN<br>EXCESS OF LIMITATION - HOSPITAL                | WKST<br>WKST A-8-4 |          | SPEECH PATHOLOGY   | 52       | 36              |
| 37 MISC INCOME   | B                  | 54775    | ADMINISTRATIVE & GENERAL   | 6        | 37              |
| 37.01 ACCELERATED DEPRECIATION   | A                  | -1181467 | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 14 37.01        |
| 38 BAD DEBTS & PROVISION FOR UNCOL   | A                  | -1442064 | ADMINISTRATIVE & GENERAL   | 6        | 38              |
| 39 AMBULANCE MISC INCOME   | B                  | -363     | AMBULANCE SERVICES   | 65       | 39              |
| 40 CANCER CLINIC INCOME  | B                  | -14615   | ADMINISTRATIVE & GENERAL   | 6        | 40              |
| 41 CARDIAC REHAB MISC REVENUE  | B                  | -13050   | PHYSICAL THERAPY   | 50       | 41              |
| 42 MEDICAID TAX  | A                  | -117492  | ADMINISTRATIVE & GENERAL   | 6        | 42              |
| 43 ADVERTISING   | A                  | -234685  | ADMINISTRATIVE & GENERAL   | 6        | 43              |
| 43.01 LOBBYING PORTION OF DUES   | A                  | -7236    | ADMINISTRATIVE & GENERAL   | 6        | 43.01           |
| 44 TRUST DEPRECIATION  | A                  | 9141     | PHYSICAL THERAPY   | 50       | 44              |
| 45 TRUST DEPRECIATION  | A                  | 33246    | RHC II   | 63.51    | 45              |
| 46   |                    |          |  |          | 46              |
| 47 AHA USEFUL LIVES ADJUSTMENT   | A                  | 56278    | NEW CAP REL COSTS-BLDG & FIXT  | 3        | 14 47           |
| 48 AHA USEFUL LIVES ADJUSTMENT   | A                  | 50       | NEW CAP REL COSTS-MVBLE EQUIP  | 4        | 14 48           |
| 48.01 PROPERTY TAXES   | A                  | -18400   | ADMINISTRATIVE & GENERAL   | 6        | 48.01           |
| 48.02 NON ALLOWABLE BLDG UTILITIES   | A                  | -1410    | OPERATION OF PLANT   | 8        | 48.02           |
| 49 REVENUE OFFSET  | B                  | -38164   | ADULTS & PEDIATRICS  | 25       | 49              |
| 50 TOTAL   |                    | -3715229 |  |          | 50              |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT (INCL IN WKST A, COL 5) | NET ADJ- USTMENTS | WKST A-7 REF |
|----------|-------------|---------------|--------------------------|--------------------------------|-------------------|--------------|
| 1        | 2           | 3             | 4                        | 5                              | 6                 | 7            |
| 1        |             |               |                          |                                |                   | 1            |
| 2        |             |               |                          |                                |                   | 2            |
| 3        |             |               |                          |                                |                   | 3            |
| 4        |             |               |                          |                                |                   | 4            |
| 5        | TOTALS      |               |                          |                                |                   | 5            |

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

| SYMBOL (1) | NAME | ----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----- |      |                      |                  |   |
|------------|------|--|------|----------------------|------------------|---|
|            |      | PERCENT OF OWNERSHIP                                   | NAME | PERCENT OF OWNERSHIP | TYPE OF BUSINESS |   |
| 1          | 2    | 3  | 4    | 5                    | 6                |   |
| 1          |      |  |      |                      |                  | 1 |
| 2          |      |  |      |                      |                  | 2 |
| 3          |      |  |      |                      |                  | 3 |
| 4          |      |  |      |                      |                  | 4 |
| 5          |      |  |      |                      |                  | 5 |

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
 11/24/2010 12:35

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST        | A     | COST CENTER/<br>PHYSICIAN IDENTIFIER | AGGREGATE | TOTAL<br>REMUNERA-<br>TION INCL<br>FRINGES | PROFES-<br>SIONAL<br>COMPONENT | PROVIDER<br>COMPONENT | RCE<br>AMOUNT | PHYSICIAN/<br>PROVIDER<br>COMPONENT<br>HOURS | UNAD-<br>JUSTED<br>RCE<br>LIMIT | PERCENT<br>OF UNAD-<br>JUSTED<br>RCE<br>LIMIT |
|-------------|-------|--------------------------------------|-----------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|---|
| LINE<br>NO. | 1     | 2                                    |           | 3  | 4                              | 5                     | 6             | 7  | 8                               | 9   |
| 1           | 37    | OPERATING ROOM                       | AGGREGATE | 52312                                      | 52312                          |                       |               |  |                                 |   |
| 2           | 53    | ELECTROCARDIOLOGY                    | AGGREGATE | 18890                                      | 18890                          |                       |               |  |                                 |   |
| 4           | 61    | EMERGENCY                            | AGGREGATE | 809658                                     | 473420                         | 336238                |               |  |                                 |   |
| 5           | 63.50 | RHC                                  | AGGREGATE | 143528                                     |                                | 143528                |               |  |                                 |   |
| 6           | 63.51 | RHC II                               | AGGREGATE | 682492                                     |                                | 682492                |               |  |                                 |   |
| 101         |       | TOTAL                                |           | 1706880                                    | 544622                         | 1162258               |               |  |                                 |   |



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | NET EXP    | NEW CAP  | NEW CAP   | EMPLOYEE | SUBTOTAL | ADMINIS-  | MAIN-     | OPERATION   |
|---------------------------------------|------------|----------|-----------|----------|----------|-----------|-----------|-------------|
|                                       | FOR COST   | BLDGS &  | MOVABLE   | BENEFITS |          | TRATIVE & | TENANCE & | OF PLANT    |
|                                       | ALLOCATION | FIXTURES | EQUIPMENT |          |          | GENERAL   | REPAIRS   |             |
|                                       | 0          | 3        | 4         | 5        | 5A       | 6         | 7         | 8           |
| GENERAL SERVICE COST CENTERS          |            |          |           |          |          |           |           |             |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |            |          |           |          |          |           |           | 1           |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |            |          |           |          |          |           |           | 2           |
| 3 NEW CAP REL COSTS-BLDG & FIXT       | 379619     | 379619   |           |          |          |           |           | 3           |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       | 426746     |          | 426746    |          |          |           |           | 4           |
| 5 EMPLOYEE BENEFITS                   | 118286     | 11365    |           | 129651   |          |           |           | 5           |
| 6 ADMINISTRATIVE & GENERAL            | 3306002    | 77878    | 89311     | 24042    | 3497233  | 3497233   |           | 6           |
| 7 MAINTENANCE & REPAIRS               | 354009     | 12586    | 2602      | 2636     | 371833   | 104915    | 476748    | 7           |
| 8 OPERATION OF PLANT                  | 177345     | 20858    |           |          | 198203   | 55924     | 26980     | 281107 8    |
| 9 LAUNDRY & LINEN SERVICE             | 7893       | 22512    | 4105      | 2175     | 36685    | 10351     | 29120     | 18200 9     |
| 10 HOUSEKEEPING                       | 281854     | 4195     | 62        | 2819     | 288930   | 81523     | 5427      | 3392 10     |
| 11 DIETARY                            | 53194      |          |           | 140      | 53334    | 15049     |           |             |
| 12 CAFETERIA                          |            |          |           |          |          |           |           |             |
| 13 MAINTENANCE OF PERSONNEL           |            |          |           |          |          |           |           |             |
| 14 NURSING ADMINISTRATION             | 109402     | 2895     |           | 1307     | 113604   | 32054     | 3745      | 2341 14     |
| 15 CENTRAL SERVICES & SUPPLY          | 91852      | 23891    |           | 1085     | 116828   | 32964     | 30903     | 19315 15    |
| 16 PHARMACY                           | 90488      | 6677     |           | 683      | 97848    | 27608     | 8637      | 5398 16     |
| 17 MEDICAL RECORDS & LIBRARY          | 530693     | 19657    | 4557      | 5136     | 560043   | 158019    | 25426     | 15891 17    |
| 18 SOCIAL SERVICE                     |            |          |           |          |          |           |           |             |
| 20 NONPHYSICIAN ANESTHETISTS          |            |          |           |          |          |           |           |             |
| 21 NURSING SCHOOL                     |            |          |           |          |          |           |           |             |
| 22 I&R SERVICES-SALARY & FRINGES A    |            |          |           |          |          |           |           |             |
| 23 I&R SERVICES-OTHER PRGM COSTS A    |            |          |           |          |          |           |           |             |
| 24 PARAMED ED PRGM-(SPECIFY)          |            |          |           |          |          |           |           |             |
| INPATIENT ROUTINE SERV COST CENTERS   |            |          |           |          |          |           |           |             |
| 25 ADULTS & PEDIATRICS                | 1460317    | 53159    | 32078     | 16187    | 1561741  | 440655    | 66876     | 41799 25    |
| ANCILLARY SERVICE COST CENTERS        |            |          |           |          |          |           |           |             |
| 37 OPERATING ROOM                     | 459038     | 29780    | 32675     | 2371     | 523864   | 147811    | 32763     | 20477 37    |
| 40 ANESTHESIOLOGY                     | 39765      |          |           | 578      | 40343    | 11383     |           |             |
| 41 RADIOLOGY-DIAGNOSTIC               | 923115     | 37560    | 230461    | 7521     | 1198657  | 338208    | 54317     | 33948 41    |
| 44 LABORATORY                         | 1155960    | 21488    | 6035      | 6504     | 1189987  | 335762    | 27795     | 17372 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |            |          |           |          |          |           |           |             |
| 50 PHYSICAL THERAPY                   | 696632     |          | 4648      | 7524     | 708804   | 199993    | 58699     | 36687 50    |
| 51 OCCUPATIONAL THERAPY               |            |          |           |          |          |           |           |             |
| 52 SPEECH PATHOLOGY                   |            |          |           |          |          |           |           |             |
| 53 ELECTROCARDIOLOGY                  | 24617      | 906      | 3008      | 298      | 28829    | 8134      | 1172      | 732 53      |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 178295     | 1241     |           |          | 179536   | 50657     | 1605      | 1003 55     |
| 55.30 IMPL. DEV. CHARGED TO PATIENT   |            |          |           |          |          |           |           |             |
| 56 DRUGS CHARGED TO PATIENTS          | 526256     |          |           |          | 526256   | 148486    |           |             |
| 59 ULTRASOUND                         | 36467      | 906      |           |          | 37373    | 10545     | 1172      | 732 59      |
| 59.97 CARDIAC REHABILITATION          |            |          |           |          |          |           |           |             |
| 59.98 HYPERBARIC OXYGEN THERAPY       |            |          |           |          |          |           |           |             |
| 59.99 LITHOTRIPSY                     |            |          |           |          |          |           |           |             |
| OUTPATIENT SERVICE COST CENTERS       |            |          |           |          |          |           |           |             |
| 61 EMERGENCY                          | 1174285    | 23891    | 14291     | 17443    | 1229910  | 347026    | 30903     | 19315 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT     |            |          |           |          |          |           |           |             |
| 63.50 RHC                             | 372491     |          |           | 3681     | 376172   | 106139    |           |             |
| 63.51 RHC II                          | 2238567    |          | 2913      | 22492    | 2263972  | 638795    | 60635     | 37897 63.51 |
| 63.60 FQHC                            |            |          |           |          |          |           |           |             |
| OTHER REIMBURSABLE COST CENTERS       |            |          |           |          |          |           |           |             |
| 65 AMBULANCE SERVICES                 | 678729     |          |           | 5029     | 683758   | 192926    |           |             |
| 69.10 CMHC                            |            |          |           |          |          |           |           |             |
| 69.20 OUTPATIENT PHYSICAL THERAPY     |            |          |           |          |          |           |           |             |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY |            |          |           |          |          |           |           |             |
| 69.40 OUTPATIENT SPEECH PATHOLOGY     |            |          |           |          |          |           |           |             |
| 71 HOME HEALTH AGENCY                 |            |          |           |          |          |           |           |             |
| SPECIAL PURPOSE COST CENTERS          |            |          |           |          |          |           |           |             |
| 85.01 PANCREAS ACQUISITION            |            |          |           |          |          |           |           |             |
| 85.02 INTESTINAL ACQUISITION          |            |          |           |          |          |           |           |             |
| 85.03 ISLET CELL ACQUISITION          |            |          |           |          |          |           |           |             |
| 95 SUBTOTALS                          | 15891917   | 371445   | 426746    | 129651   | 15883743 | 3494927   | 466175    | 274499 95   |
| NONREIMBURSABLE COST CENTERS          |            |          |           |          |          |           |           |             |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    |            | 8174     |           |          | 8174     | 2306      | 10573     | 6608 96     |
| 96.01 MANDHAN CLINIC                  |            |          |           |          |          |           |           |             |
| 96.02 MANINT CLINIC                   |            |          |           |          |          |           |           |             |
| 101 CROSS FOOT ADJUSTMENTS            |            |          |           |          |          |           |           |             |
| 102 NEGATIVE COST CENTER              |            |          |           |          |          |           |           |             |
| 103 TOTAL                             | 15891917   | 379619   | 426746    | 129651   | 15891917 | 3497233   | 476748    | 281107 103  |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | LAUNDRY & LINEN SERVICE<br>9 | HOUSE-KEEPING<br>10 | DIETARY<br>11 | NURSING ADMINIS-TRATION<br>14 | CENTRAL SERVICES & SUPPLY<br>15 | PHARMACY<br>16 | MEDICAL RECORDS & LIBRARY<br>17 | SUBTOTAL<br>25 |
|---------------------------------------|------------------------------|---------------------|---------------|-------------------------------|---------------------------------|----------------|---------------------------------|----------------|
| GENERAL SERVICE COST CENTERS          |                              |                     |               |                               |                                 |                |                                 |                |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |                              |                     |               |                               |                                 |                |                                 | 1              |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |                              |                     |               |                               |                                 |                |                                 | 2              |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |                              |                     |               |                               |                                 |                |                                 | 3              |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |                              |                     |               |                               |                                 |                |                                 | 4              |
| 5 EMPLOYEE BENEFITS                   |                              |                     |               |                               |                                 |                |                                 | 5              |
| 6 ADMINISTRATIVE & GENERAL            |                              |                     |               |                               |                                 |                |                                 | 6              |
| 7 MAINTENANCE & REPAIRS               |                              |                     |               |                               |                                 |                |                                 | 7              |
| 8 OPERATION OF PLANT                  |                              |                     |               |                               |                                 |                |                                 | 8              |
| 9 LAUNDRY & LINEN SERVICE             | 94356                        |                     |               |                               |                                 |                |                                 | 9              |
| 10 HOUSEKEEPING                       | 8663                         | 387935              |               |                               |                                 |                |                                 | 10             |
| 11 DIETARY                            |                              |                     | 68383         |                               |                                 |                |                                 | 11             |
| 12 CAFETERIA                          |                              |                     |               |                               |                                 |                |                                 | 12             |
| 13 MAINTENANCE OF PERSONNEL           |                              |                     |               |                               |                                 |                |                                 | 13             |
| 14 NURSING ADMINISTRATION             |                              | 3499                |               | 155243                        |                                 |                |                                 | 14             |
| 15 CENTRAL SERVICES & SUPPLY          |                              | 28873               |               |                               | 228883                          |                |                                 | 15             |
| 16 PHARMACY                           |                              | 8069                |               |                               |                                 | 147560         |                                 | 16             |
| 17 MEDICAL RECORDS & LIBRARY          |                              | 23755               |               |                               | 2624                            |                | 785758                          | 17             |
| 18 SOCIAL SERVICE                     |                              |                     |               |                               |                                 |                |                                 | 18             |
| 20 NONPHYSICIAN ANESTHETISTS          |                              |                     |               |                               |                                 |                |                                 | 20             |
| 21 NURSING SCHOOL                     |                              |                     |               |                               |                                 |                |                                 | 21             |
| 22 I&R SERVICES-SALARY & FRINGES A    |                              |                     |               |                               |                                 |                |                                 | 22             |
| 23 I&R SERVICES-OTHER PRGM COSTS A    |                              |                     |               |                               |                                 |                |                                 | 23             |
| 24 PARAMED ED PRGM-(SPECIFY)          |                              |                     |               |                               |                                 |                |                                 | 24             |
| INPATIENT ROUTINE SERV COST CENTERS   |                              |                     |               |                               |                                 |                |                                 |                |
| 25 ADULTS & PEDIATRICS                | 54152                        | 62481               | 68383         | 112763                        | 6220                            |                | 158264                          | 2573334 25     |
| ANCILLARY SERVICE COST CENTERS        |                              |                     |               |                               |                                 |                |                                 |                |
| 37 OPERATING ROOM                     | 2148                         | 30610               |               | 6159                          | 44045                           |                | 65292                           | 873169 37      |
| 40 ANESTHESIOLOGY                     |                              |                     |               | 1059                          | 44                              |                |                                 | 52829 40       |
| 41 RADIOLOGY-DIAGNOSTIC               |                              | 50747               |               |                               | 10837                           |                | 95753                           | 1782467 41     |
| 44 LABORATORY                         |                              | 25969               |               |                               | 5821                            |                | 397                             | 1603103 44     |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                              |                     |               |                               |                                 |                |                                 | 46.30          |
| 50 PHYSICAL THERAPY                   |                              | 54841               |               |                               | 3644                            |                | 112970                          | 1175638 50     |
| 51 OCCUPATIONAL THERAPY               |                              |                     |               |                               |                                 |                |                                 | 51             |
| 52 SPEECH PATHOLOGY                   |                              |                     |               |                               |                                 |                |                                 | 52             |
| 53 ELECTROCARDIOLOGY                  |                              | 1095                |               |                               | 401                             |                |                                 | 40363 53       |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    |                              | 1500                |               |                               | 60446                           |                |                                 | 294747 55      |
| 55.30 IMPL. DEV. CHARGED TO PATIENT   |                              |                     |               |                               |                                 |                |                                 | 55.30          |
| 56 DRUGS CHARGED TO PATIENTS          |                              |                     |               |                               |                                 | 147560         |                                 | 822302 56      |
| 59 ULTRASOUND                         |                              | 1095                |               |                               | 146                             |                | 21323                           | 72386 59       |
| 59.97 CARDIAC REHABILITATION          |                              |                     |               |                               |                                 |                |                                 | 59.97          |
| 59.98 HYPERBARIC OXYGEN THERAPY       |                              |                     |               |                               |                                 |                |                                 | 59.98          |
| 59.99 LITHOTRIPSY                     |                              |                     |               |                               |                                 |                |                                 | 59.99          |
| OUTPATIENT SERVICE COST CENTERS       |                              |                     |               |                               |                                 |                |                                 |                |
| 61 EMERGENCY                          | 26004                        | 28873               |               | 35262                         | 5390                            |                | 159588                          | 1882271 61     |
| 62 OBSERVATION BEDS (NON-DISTINCT     |                              |                     |               |                               |                                 |                |                                 | 62             |
| 63.50 RHC                             |                              |                     |               |                               | 12400                           |                |                                 | 494711 63.50   |
| 63.51 RHC II                          |                              | 56650               |               |                               | 62806                           |                | 164754                          | 3285509 63.51  |
| 63.60 FQHC                            |                              |                     |               |                               |                                 |                |                                 | 63.60          |
| OTHER REIMBURSABLE COST CENTERS       |                              |                     |               |                               |                                 |                |                                 |                |
| 65 AMBULANCE SERVICES                 |                              |                     |               |                               | 14059                           |                | 7417                            | 898160 65      |
| 69.10 CMHC                            |                              |                     |               |                               |                                 |                |                                 | 69.10          |
| 69.20 OUTPATIENT PHYSICAL THERAPY     |                              |                     |               |                               |                                 |                |                                 | 69.20          |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY |                              |                     |               |                               |                                 |                |                                 | 69.30          |
| 69.40 OUTPATIENT SPEECH PATHOLOGY     |                              |                     |               |                               |                                 |                |                                 | 69.40          |
| 71 HOME HEALTH AGENCY                 |                              |                     |               |                               |                                 |                |                                 | 71             |
| SPECIAL PURPOSE COST CENTERS          |                              |                     |               |                               |                                 |                |                                 |                |
| 85.01 PANCREAS ACQUISITION            |                              |                     |               |                               |                                 |                |                                 | 85.01          |
| 85.02 INTESTINAL ACQUISITION          |                              |                     |               |                               |                                 |                |                                 | 85.02          |
| 85.03 ISLET CELL ACQUISITION          |                              |                     |               |                               |                                 |                |                                 | 85.03          |
| 95 SUBTOTALS                          | 90967                        | 378057              | 68383         | 155243                        | 228883                          | 147560         | 785758                          | 15850989 95    |
| NONREIMBURSABLE COST CENTERS          |                              |                     |               |                               |                                 |                |                                 |                |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 3389                         | 9878                |               |                               |                                 |                |                                 | 40928 96       |
| 96.01 MANDHAN CLINIC                  |                              |                     |               |                               |                                 |                |                                 | 96.01          |
| 96.02 MANINT CLINIC                   |                              |                     |               |                               |                                 |                |                                 | 96.02          |
| 101 CROSS FOOT ADJUSTMENTS            |                              |                     |               |                               |                                 |                |                                 | 101            |
| 102 NEGATIVE COST CENTER              |                              |                     |               |                               |                                 |                |                                 | 102            |
| 103 TOTAL                             | 94356                        | 387935              | 68383         | 155243                        | 228883                          | 147560         | 785758                          | 15891917 103   |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | I&R COST &<br>POST STEP-<br>DOWN ADJS | TOTAL |       |
|---------------------------------------|---------------------------------------|-------|-------|
|                                       | 26                                    | 27    |       |
| GENERAL SERVICE COST CENTERS          |                                       |       |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |                                       |       | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |                                       |       | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |                                       |       | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |                                       |       | 4     |
| 5 EMPLOYEE BENEFITS                   |                                       |       | 5     |
| 6 ADMINISTRATIVE & GENERAL            |                                       |       | 6     |
| 7 MAINTENANCE & REPAIRS               |                                       |       | 7     |
| 8 OPERATION OF PLANT                  |                                       |       | 8     |
| 9 LAUNDRY & LINEN SERVICE             |                                       |       | 9     |
| 10 HOUSEKEEPING                       |                                       |       | 10    |
| 11 DIETARY                            |                                       |       | 11    |
| 12 CAFETERIA                          |                                       |       | 12    |
| 13 MAINTENANCE OF PERSONNEL           |                                       |       | 13    |
| 14 NURSING ADMINISTRATION             |                                       |       | 14    |
| 15 CENTRAL SERVICES & SUPPLY          |                                       |       | 15    |
| 16 PHARMACY                           |                                       |       | 16    |
| 17 MEDICAL RECORDS & LIBRARY          |                                       |       | 17    |
| 18 SOCIAL SERVICE                     |                                       |       | 18    |
| 20 NONPHYSICIAN ANESTHETISTS          |                                       |       | 20    |
| 21 NURSING SCHOOL                     |                                       |       | 21    |
| 22 I&R SERVICES-SALARY & FRINGES A    |                                       |       | 22    |
| 23 I&R SERVICES-OTHER PRGM COSTS A    |                                       |       | 23    |
| 24 PARAMED ED PRGM-(SPECIFY)          |                                       |       | 24    |
| INPATIENT ROUTINE SERV COST CENTERS   |                                       |       |       |
| 25 ADULTS & PEDIATRICS                | 2573334                               |       | 25    |
| ANCILLARY SERVICE COST CENTERS        |                                       |       |       |
| 37 OPERATING ROOM                     | 873169                                |       | 37    |
| 40 ANESTHESIOLOGY                     | 52829                                 |       | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 1782467                               |       | 41    |
| 44 LABORATORY                         | 1603103                               |       | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                                       |       | 46.30 |
| 50 PHYSICAL THERAPY                   | 1175638                               |       | 50    |
| 51 OCCUPATIONAL THERAPY               |                                       |       | 51    |
| 52 SPEECH PATHOLOGY                   |                                       |       | 52    |
| 53 ELECTROCARDIOLOGY                  | 40363                                 |       | 53    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 294747                                |       | 55    |
| 55.30 IMPL. DEV. CHARGED TO PATIENT   |                                       |       | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS          | 822302                                |       | 56    |
| 59 ULTRASOUND                         | 72386                                 |       | 59    |
| 59.97 CARDIAC REHABILITATION          |                                       |       | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY       |                                       |       | 59.98 |
| 59.99 LITHOTRIPSY                     |                                       |       | 59.99 |
| OUTPATIENT SERVICE COST CENTERS       |                                       |       |       |
| 61 EMERGENCY                          | 1882271                               |       | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT     |                                       |       | 62    |
| 63.50 RHC                             | 494711                                |       | 63.50 |
| 63.51 RHC II                          | 3285509                               |       | 63.51 |
| 63.60 FQHC                            |                                       |       | 63.60 |
| OTHER REIMBURSABLE COST CENTERS       |                                       |       |       |
| 65 AMBULANCE SERVICES                 | 898160                                |       | 65    |
| 69.10 CMHC                            |                                       |       | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY     |                                       |       | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY |                                       |       | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY     |                                       |       | 69.40 |
| 71 HOME HEALTH AGENCY                 |                                       |       | 71    |
| SPECIAL PURPOSE COST CENTERS          |                                       |       |       |
| 85.01 PANCREAS ACQUISITION            |                                       |       | 85.01 |
| 85.02 INTESTINAL ACQUISITION          |                                       |       | 85.02 |
| 85.03 ISLET CELL ACQUISITION          |                                       |       | 85.03 |
| 95 SUBTOTALS                          | 15850989                              |       | 95    |
| NONREIMBURSABLE COST CENTERS          |                                       |       |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 40928                                 |       | 96    |
| 96.01 MANDHAN CLINIC                  |                                       |       | 96.01 |
| 96.02 MANINT CLINIC                   |                                       |       | 96.02 |
| 101 CROSS FOOT ADJUSTMENTS            |                                       |       | 101   |
| 102 NEGATIVE COST CENTER              |                                       |       | 102   |
| 103 TOTAL                             | 15891917                              |       | 103   |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION             | DIR ASSGND<br>CAP-REL<br>COSTS<br>0 | NEW CAP<br>BLDGS &<br>FIXTURES<br>3 | NEW CAP<br>MOVABLE<br>EQUIPMENT<br>4 | CAP REL<br>COST TO<br>BE ALLOC<br>4A | EMPLOYEE<br>BENEFITS<br>5 | ADMINIS-<br>TRATIVE &<br>GENERAL<br>6 | MAIN-<br>TENANCE &<br>REPAIRS<br>7 | OPERATION<br>OF PLANT<br>8 |       |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------|---------------------------------------|------------------------------------|----------------------------|-------|
| GENERAL SERVICE COST CENTERS        |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 1                                   |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 1     |
| 2                                   |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 2     |
| 3                                   |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 3     |
| 4                                   |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 4     |
| 5                                   |                                     | 11365                               |                                      | 11365                                | 11365                     |                                       |                                    |                            | 5     |
| 6                                   |                                     | 77878                               | 89311                                | 167189                               | 2106                      | 169295                                |                                    |                            | 6     |
| 7                                   |                                     | 12586                               | 2602                                 | 15188                                | 231                       | 5079                                  | 20498                              |                            | 7     |
| 8                                   |                                     | 20858                               |                                      | 20858                                |                           | 2707                                  | 1160                               | 24725                      | 8     |
| 9                                   |                                     | 22512                               | 4105                                 | 26617                                | 191                       | 501                                   | 1252                               | 1601                       | 9     |
| 10                                  |                                     | 4195                                | 62                                   | 4257                                 | 247                       | 3946                                  | 233                                | 298                        | 10    |
| 11                                  |                                     |                                     |                                      |                                      | 12                        | 728                                   |                                    |                            | 11    |
| 12                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 12    |
| 13                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 13    |
| 14                                  |                                     | 2895                                |                                      | 2895                                 | 115                       | 1552                                  | 161                                | 206                        | 14    |
| 15                                  |                                     | 23891                               |                                      | 23891                                | 95                        | 1596                                  | 1329                               | 1699                       | 15    |
| 16                                  |                                     | 6677                                |                                      | 6677                                 | 60                        | 1337                                  | 371                                | 475                        | 16    |
| 17                                  |                                     | 19657                               | 4557                                 | 24214                                | 450                       | 7650                                  | 1093                               | 1398                       | 17    |
| 18                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 18    |
| 20                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 20    |
| 21                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 21    |
| 22                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 22    |
| 23                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 23    |
| 24                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 24    |
| INPATIENT ROUTINE SERV COST CENTERS |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 25                                  |                                     | 53159                               | 32078                                | 85237                                | 1419                      | 21332                                 | 2876                               | 3677                       | 25    |
| ANCILLARY SERVICE COST CENTERS      |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 37                                  |                                     | 29780                               | 32675                                | 62455                                | 208                       | 7155                                  | 1409                               | 1801                       | 37    |
| 40                                  |                                     |                                     |                                      |                                      | 51                        | 551                                   |                                    |                            | 40    |
| 41                                  |                                     | 37560                               | 230461                               | 268021                               | 659                       | 16372                                 | 2335                               | 2986                       | 41    |
| 44                                  |                                     | 21488                               | 6035                                 | 27523                                | 570                       | 16254                                 | 1195                               | 1528                       | 44    |
| 46.30                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 46.30 |
| 50                                  |                                     |                                     | 4648                                 | 4648                                 | 660                       | 9682                                  | 2524                               | 3227                       | 50    |
| 51                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 51    |
| 52                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 52    |
| 53                                  |                                     | 906                                 | 3008                                 | 3914                                 | 26                        | 394                                   | 50                                 | 64                         | 53    |
| 55                                  |                                     | 1241                                |                                      | 1241                                 |                           | 2452                                  | 69                                 | 88                         | 55    |
| 55.30                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 55.30 |
| 56                                  |                                     |                                     |                                      |                                      |                           | 7188                                  |                                    |                            | 56    |
| 59                                  |                                     | 906                                 |                                      | 906                                  |                           | 510                                   | 50                                 | 64                         | 59    |
| 59.97                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 59.97 |
| 59.98                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 59.98 |
| 59.99                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 59.99 |
| OUTPATIENT SERVICE COST CENTERS     |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 61                                  |                                     | 23891                               | 14291                                | 38182                                | 1529                      | 16799                                 | 1329                               | 1699                       | 61    |
| 62                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 62    |
| 63.50                               |                                     |                                     |                                      |                                      | 323                       | 5138                                  |                                    |                            | 63.50 |
| 63.51                               |                                     |                                     | 2913                                 | 2913                                 | 1972                      | 30921                                 | 2607                               | 3333                       | 63.51 |
| 63.60                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 63.60 |
| OTHER REIMBURSABLE COST CENTERS     |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 65                                  |                                     |                                     |                                      |                                      | 441                       | 9339                                  |                                    |                            | 65    |
| 69.10                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 69.10 |
| 69.20                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 69.20 |
| 69.30                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 69.30 |
| 69.40                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 69.40 |
| 71                                  |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 71    |
| SPECIAL PURPOSE COST CENTERS        |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 85.01                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 85.01 |
| 85.02                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 85.02 |
| 85.03                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 85.03 |
| 95                                  |                                     | 371445                              | 426746                               | 798191                               | 11365                     | 169183                                | 20043                              | 24144                      | 95    |
| NONREIMBURSABLE COST CENTERS        |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            |       |
| 96                                  |                                     | 8174                                |                                      | 8174                                 |                           | 112                                   | 455                                | 581                        | 96    |
| 96.01                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 96.01 |
| 96.02                               |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 96.02 |
| 101                                 |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 101   |
| 102                                 |                                     |                                     |                                      |                                      |                           |                                       |                                    |                            | 102   |
| 103                                 |                                     | 379619                              | 426746                               | 806365                               | 11365                     | 169295                                | 20498                              | 24725                      | 103   |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION               | LAUNDRY & LINEN SERVICE | HOUSE-KEEPING | DIETARY | NURSING ADMINIS-TRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SUBTOTAL    |
|---------------------------------------|-------------------------|---------------|---------|-------------------------|---------------------------|----------|---------------------------|-------------|
|                                       | 9                       | 10            | 11      | 14                      | 15                        | 16       | 17                        | 25          |
| GENERAL SERVICE COST CENTERS          |                         |               |         |                         |                           |          |                           |             |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |                         |               |         |                         |                           |          |                           | 1           |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |                         |               |         |                         |                           |          |                           | 2           |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |                         |               |         |                         |                           |          |                           | 3           |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |                         |               |         |                         |                           |          |                           | 4           |
| 5 EMPLOYEE BENEFITS                   |                         |               |         |                         |                           |          |                           | 5           |
| 6 ADMINISTRATIVE & GENERAL            |                         |               |         |                         |                           |          |                           | 6           |
| 7 MAINTENANCE & REPAIRS               |                         |               |         |                         |                           |          |                           | 7           |
| 8 OPERATION OF PLANT                  |                         |               |         |                         |                           |          |                           | 8           |
| 9 LAUNDRY & LINEN SERVICE             | 30162                   |               |         |                         |                           |          |                           | 9           |
| 10 HOUSEKEEPING                       | 2769                    | 11750         |         |                         |                           |          |                           | 10          |
| 11 DIETARY                            |                         |               | 740     |                         |                           |          |                           | 11          |
| 12 CAFETERIA                          |                         |               |         |                         |                           |          |                           | 12          |
| 13 MAINTENANCE OF PERSONNEL           |                         |               |         |                         |                           |          |                           | 13          |
| 14 NURSING ADMINISTRATION             |                         | 106           |         | 5035                    |                           |          |                           | 14          |
| 15 CENTRAL SERVICES & SUPPLY          |                         | 875           |         |                         | 29485                     |          |                           | 15          |
| 16 PHARMACY                           |                         | 244           |         |                         |                           | 9164     |                           | 16          |
| 17 MEDICAL RECORDS & LIBRARY          |                         | 720           |         |                         | 338                       |          | 35863                     | 17          |
| 18 SOCIAL SERVICE                     |                         |               |         |                         |                           |          |                           | 18          |
| 20 NONPHYSICIAN ANESTHETISTS          |                         |               |         |                         |                           |          |                           | 20          |
| 21 NURSING SCHOOL                     |                         |               |         |                         |                           |          |                           | 21          |
| 22 I&R SERVICES-SALARY & FRINGES A    |                         |               |         |                         |                           |          |                           | 22          |
| 23 I&R SERVICES-OTHER PRGM COSTS A    |                         |               |         |                         |                           |          |                           | 23          |
| 24 PARAMED ED PRGM-(SPECIFY)          |                         |               |         |                         |                           |          |                           | 24          |
| INPATIENT ROUTINE SERV COST CENTERS   |                         |               |         |                         |                           |          |                           |             |
| 25 ADULTS & PEDIATRICS                | 17311                   | 1892          | 740     | 3657                    | 801                       |          | 7223                      | 146165 25   |
| ANCILLARY SERVICE COST CENTERS        |                         |               |         |                         |                           |          |                           |             |
| 37 OPERATING ROOM                     | 687                     | 927           |         | 200                     | 5674                      |          | 2980                      | 83496 37    |
| 40 ANESTHESIOLOGY                     |                         |               |         | 34                      | 6                         |          |                           | 642 40      |
| 41 RADIOLOGY-DIAGNOSTIC               |                         | 1537          |         |                         | 1396                      |          | 4370                      | 297676 41   |
| 44 LABORATORY                         |                         | 787           |         |                         | 750                       |          | 18                        | 48625 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                         |               |         |                         |                           |          |                           | 46.30       |
| 50 PHYSICAL THERAPY                   |                         | 1661          |         |                         | 469                       |          | 5156                      | 28027 50    |
| 51 OCCUPATIONAL THERAPY               |                         |               |         |                         |                           |          |                           | 51          |
| 52 SPEECH PATHOLOGY                   |                         |               |         |                         |                           |          |                           | 52          |
| 53 ELECTROCARDIOLOGY                  |                         | 33            |         |                         | 52                        |          |                           | 4533 53     |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    |                         | 45            |         |                         | 7787                      |          |                           | 11682 55    |
| 55.30 IMPL. DEV. CHARGED TO PATIENT   |                         |               |         |                         |                           |          |                           | 55.30       |
| 56 DRUGS CHARGED TO PATIENTS          |                         |               |         |                         |                           | 9164     |                           | 16352 56    |
| 59 ULTRASOUND                         |                         | 33            |         |                         | 19                        |          | 973                       | 2555 59     |
| 59.97 CARDIAC REHABILITATION          |                         |               |         |                         |                           |          |                           | 59.97       |
| 59.98 HYPERBARIC OXYGEN THERAPY       |                         |               |         |                         |                           |          |                           | 59.98       |
| 59.99 LITHOTRIPSY                     |                         |               |         |                         |                           |          |                           | 59.99       |
| OUTPATIENT SERVICE COST CENTERS       |                         |               |         |                         |                           |          |                           |             |
| 61 EMERGENCY                          | 8312                    | 875           |         | 1144                    | 694                       |          | 7284                      | 77847 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT     |                         |               |         |                         |                           |          |                           | 62          |
| 63.50 RHC                             |                         |               |         |                         | 1597                      |          |                           | 7058 63.50  |
| 63.51 RHC II                          |                         | 1716          |         |                         | 8091                      |          | 7520                      | 59073 63.51 |
| 63.60 FQHC                            |                         |               |         |                         |                           |          |                           | 63.60       |
| OTHER REIMBURSABLE COST CENTERS       |                         |               |         |                         |                           |          |                           |             |
| 65 AMBULANCE SERVICES                 |                         |               |         |                         | 1811                      |          | 339                       | 11930 65    |
| 69.10 CMHC                            |                         |               |         |                         |                           |          |                           | 69.10       |
| 69.20 OUTPATIENT PHYSICAL THERAPY     |                         |               |         |                         |                           |          |                           | 69.20       |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY |                         |               |         |                         |                           |          |                           | 69.30       |
| 69.40 OUTPATIENT SPEECH PATHOLOGY     |                         |               |         |                         |                           |          |                           | 69.40       |
| 71 HOME HEALTH AGENCY                 |                         |               |         |                         |                           |          |                           | 71          |
| SPECIAL PURPOSE COST CENTERS          |                         |               |         |                         |                           |          |                           |             |
| 85.01 PANCREAS ACQUISITION            |                         |               |         |                         |                           |          |                           | 85.01       |
| 85.02 INTESTINAL ACQUISITION          |                         |               |         |                         |                           |          |                           | 85.02       |
| 85.03 ISLET CELL ACQUISITION          |                         |               |         |                         |                           |          |                           | 85.03       |
| 95 SUBTOTALS                          | 29079                   | 11451         | 740     | 5035                    | 29485                     | 9164     | 35863                     | 795661 95   |
| NONREIMBURSABLE COST CENTERS          |                         |               |         |                         |                           |          |                           |             |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 1083                    | 299           |         |                         |                           |          |                           | 10704 96    |
| 96.01 MANDHAN CLINIC                  |                         |               |         |                         |                           |          |                           | 96.01       |
| 96.02 MANINT CLINIC                   |                         |               |         |                         |                           |          |                           | 96.02       |
| 101 CROSS FOOT ADJUSTMENTS            |                         |               |         |                         |                           |          |                           | 101         |
| 102 NEGATIVE COST CENTER              |                         |               |         |                         |                           |          |                           | 102         |
| 103 TOTAL                             | 30162                   | 11750         | 740     | 5035                    | 29485                     | 9164     | 35863                     | 806365 103  |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION               | I&R COST &<br>POST STEP-<br>DOWN ADJS | TOTAL |       |
|---------------------------------------|---------------------------------------|-------|-------|
|                                       | 26                                    | 27    |       |
| GENERAL SERVICE COST CENTERS          |                                       |       |       |
| 1 OLD CAP REL COSTS-BLDG & FIXT       |                                       |       | 1     |
| 2 OLD CAP REL COSTS-MVBLE EQUIP       |                                       |       | 2     |
| 3 NEW CAP REL COSTS-BLDG & FIXT       |                                       |       | 3     |
| 4 NEW CAP REL COSTS-MVBLE EQUIP       |                                       |       | 4     |
| 5 EMPLOYEE BENEFITS                   |                                       |       | 5     |
| 6 ADMINISTRATIVE & GENERAL            |                                       |       | 6     |
| 7 MAINTENANCE & REPAIRS               |                                       |       | 7     |
| 8 OPERATION OF PLANT                  |                                       |       | 8     |
| 9 LAUNDRY & LINEN SERVICE             |                                       |       | 9     |
| 10 HOUSEKEEPING                       |                                       |       | 10    |
| 11 DIETARY                            |                                       |       | 11    |
| 12 CAFETERIA                          |                                       |       | 12    |
| 13 MAINTENANCE OF PERSONNEL           |                                       |       | 13    |
| 14 NURSING ADMINISTRATION             |                                       |       | 14    |
| 15 CENTRAL SERVICES & SUPPLY          |                                       |       | 15    |
| 16 PHARMACY                           |                                       |       | 16    |
| 17 MEDICAL RECORDS & LIBRARY          |                                       |       | 17    |
| 18 SOCIAL SERVICE                     |                                       |       | 18    |
| 20 NONPHYSICIAN ANESTHETISTS          |                                       |       | 20    |
| 21 NURSING SCHOOL                     |                                       |       | 21    |
| 22 I&R SERVICES-SALARY & FRINGES A    |                                       |       | 22    |
| 23 I&R SERVICES-OTHER PRGM COSTS A    |                                       |       | 23    |
| 24 PARAMED ED PRGM-(SPECIFY)          |                                       |       | 24    |
| INPATIENT ROUTINE SERV COST CENTERS   |                                       |       |       |
| 25 ADULTS & PEDIATRICS                | 146165                                |       | 25    |
| ANCILLARY SERVICE COST CENTERS        |                                       |       |       |
| 37 OPERATING ROOM                     | 83496                                 |       | 37    |
| 40 ANESTHESIOLOGY                     | 642                                   |       | 40    |
| 41 RADIOLOGY-DIAGNOSTIC               | 297676                                |       | 41    |
| 44 LABORATORY                         | 48625                                 |       | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO |                                       |       | 46.30 |
| 50 PHYSICAL THERAPY                   | 28027                                 |       | 50    |
| 51 OCCUPATIONAL THERAPY               |                                       |       | 51    |
| 52 SPEECH PATHOLOGY                   |                                       |       | 52    |
| 53 ELECTROCARDIOLOGY                  | 4533                                  |       | 53    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT    | 11682                                 |       | 55    |
| 55.30 IMPL. DEV. CHARGED TO PATIENT   |                                       |       | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS          | 16352                                 |       | 56    |
| 59 ULTRASOUND                         | 2555                                  |       | 59    |
| 59.97 CARDIAC REHABILITATION          |                                       |       | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY       |                                       |       | 59.98 |
| 59.99 LITHOTRIPSY                     |                                       |       | 59.99 |
| OUTPATIENT SERVICE COST CENTERS       |                                       |       |       |
| 61 EMERGENCY                          | 77847                                 |       | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT     |                                       |       | 62    |
| 63.50 RHC                             | 7058                                  |       | 63.50 |
| 63.51 RHC II                          | 59073                                 |       | 63.51 |
| 63.60 FQHC                            |                                       |       | 63.60 |
| OTHER REIMBURSABLE COST CENTERS       |                                       |       |       |
| 65 AMBULANCE SERVICES                 | 11930                                 |       | 65    |
| 69.10 CMHC                            |                                       |       | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY     |                                       |       | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY |                                       |       | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY     |                                       |       | 69.40 |
| 71 HOME HEALTH AGENCY                 |                                       |       | 71    |
| SPECIAL PURPOSE COST CENTERS          |                                       |       |       |
| 85.01 PANCREAS ACQUISITION            |                                       |       | 85.01 |
| 85.02 INTESTINAL ACQUISITION          |                                       |       | 85.02 |
| 85.03 ISLET CELL ACQUISITION          |                                       |       | 85.03 |
| 95 SUBTOTALS                          | 795661                                |       | 95    |
| NONREIMBURSABLE COST CENTERS          |                                       |       |       |
| 96 GIFT, FLOWER, COFFEE SHOP & CAN    | 10704                                 |       | 96    |
| 96.01 MANDHAN CLINIC                  |                                       |       | 96.01 |
| 96.02 MANINT CLINIC                   |                                       |       | 96.02 |
| 101 CROSS FOOT ADJUSTMENTS            |                                       |       | 101   |
| 102 NEGATIVE COST CENTER              |                                       |       | 102   |
| 103 TOTAL                             | 806365                                |       | 103   |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION             | OLD CAP                      | NEW CAP                      | NEW CAP                        | EMPLOYEE                | RECON-   | ADMINIS-  | MAIN-                        |
|-------------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------|----------|-----------|------------------------------|
|                                     | BLDGS & FIXTURES SQUARE FEET | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT DOLLAR VALUE | BENEFITS GROSS SALARIES |          | CILIATION | TRATIVE & GENERAL ACCUM COST |
|                                     | 1                            | 3                            | 4                              | 5                       | 6A       | 6         | 7                            |
| GENERAL SERVICE COST CENTERS        |                              |                              |                                |                         |          |           |                              |
| 1 OLD CAP REL COSTS-BLDG & FIXT     | 23956                        |                              |                                |                         |          |           | 1                            |
| 2 OLD CAP REL COSTS-MVBLE EQUIP     |                              |                              |                                |                         |          |           | 2                            |
| 3 NEW CAP REL COSTS-BLDG & FIXT     |                              | 19274                        |                                |                         |          |           | 3                            |
| 4 NEW CAP REL COSTS-MVBLE EQUIP     |                              |                              | 422955                         |                         |          |           | 4                            |
| 5 EMPLOYEE BENEFITS                 | 577                          | 577                          |                                | 8229497                 |          |           | 5                            |
| 6 ADMINISTRATIVE & GENERAL          | 4027                         | 3954                         | 88518                          | 1525874                 | -3497233 | 12394684  | 6                            |
| 7 MAINTENANCE & REPAIRS             | 639                          | 639                          | 2579                           | 167349                  |          | 371833    | 18713 7                      |
| 8 OPERATION OF PLANT                | 1059                         | 1059                         |                                |                         |          | 198203    | 1059 8                       |
| 9 LAUNDRY & LINEN SERVICE           | 1143                         | 1143                         | 4069                           | 138042                  |          | 36685     | 1143 9                       |
| 10 HOUSEKEEPING                     | 213                          | 213                          | 61                             | 178953                  |          | 288930    | 213 10                       |
| 11 DIETARY                          |                              |                              |                                | 8887                    |          | 53334     |                              |
| 12 CAFETERIA                        |                              |                              |                                |                         |          |           |                              |
| 13 MAINTENANCE OF PERSONNEL         |                              |                              |                                |                         |          |           |                              |
| 14 NURSING ADMINISTRATION           | 147                          | 147                          |                                | 82966                   |          | 113604    | 147 14                       |
| 15 CENTRAL SERVICES & SUPPLY        | 1213                         | 1213                         |                                | 68881                   |          | 116828    | 1213 15                      |
| 16 PHARMACY                         | 339                          | 339                          |                                | 43340                   |          | 97848     | 339 16                       |
| 17 MEDICAL RECORDS & LIBRARY        | 998                          | 998                          | 4517                           | 325994                  |          | 560043    | 998 17                       |
| 18 SOCIAL SERVICE                   |                              |                              |                                |                         |          |           |                              |
| 20 NONPHYSICIAN ANESTHETISTS        |                              |                              |                                |                         |          |           |                              |
| 21 NURSING SCHOOL                   |                              |                              |                                |                         |          |           |                              |
| 22 I&R SERVICES-SALARY & FRINGES    |                              |                              |                                |                         |          |           |                              |
| 23 I&R SERVICES-OTHER PRGM COSTS    |                              |                              |                                |                         |          |           |                              |
| 24 PARAMED ED PRGM-(SPECIFY)        |                              |                              |                                |                         |          |           |                              |
| INPATIENT ROUTINE SERV COST CENTERS |                              |                              |                                |                         |          |           |                              |
| 25 ADULTS & PEDIATRICS              | 2625                         | 2699                         | 31793                          | 1027493                 |          | 1561741   | 2625 25                      |
| ANCILLARY SERVICE COST CENTERS      |                              |                              |                                |                         |          |           |                              |
| 37 OPERATING ROOM                   | 1286                         | 1512                         | 32385                          | 150520                  |          | 523864    | 1286 37                      |
| 40 ANESTHESIOLOGY                   |                              |                              |                                | 36699                   |          | 40343     |                              |
| 41 RADIOLOGY-DIAGNOSTIC             | 2132                         | 1907                         | 228413                         | 477413                  |          | 1198657   | 2132 41                      |
| 44 LABORATORY                       | 1091                         | 1091                         | 5981                           | 412820                  |          | 1189987   | 1091 44                      |
| 46.30 BLOOD CLOTTING FACTORS ADMIN  |                              |                              |                                |                         |          |           |                              |
| 50 PHYSICAL THERAPY                 | 2304                         |                              | 4607                           | 477569                  |          | 708804    | 2304 50                      |
| 51 OCCUPATIONAL THERAPY             |                              |                              |                                |                         |          |           |                              |
| 52 SPEECH PATHOLOGY                 |                              |                              |                                |                         |          |           |                              |
| 53 ELECTROCARDIOLOGY                | 46                           | 46                           | 2981                           | 18890                   |          | 28829     | 46 53                        |
| 55 MEDICAL SUPPLIES CHARGED TO P    | 63                           | 63                           |                                |                         |          | 179536    | 63 55                        |
| 55.30 IMPL. DEV. CHARGED TO PATIENT |                              |                              |                                |                         |          |           |                              |
| 56 DRUGS CHARGED TO PATIENTS        |                              |                              |                                |                         |          | 526256    |                              |
| 59 ULTRASOUND                       | 46                           | 46                           |                                |                         |          | 37373     | 46 59                        |
| 59.97 CARDIAC REHABILITATION        |                              |                              |                                |                         |          |           |                              |
| 59.98 HYPERBARIC OXYGEN THERAPY     |                              |                              |                                |                         |          |           |                              |
| 59.99 LITHOTRIPSY                   |                              |                              |                                |                         |          |           |                              |
| OUTPATIENT SERVICE COST CENTERS     |                              |                              |                                |                         |          |           |                              |
| 61 EMERGENCY                        | 1213                         | 1213                         | 14164                          | 1107210                 |          | 1229910   | 1213 61                      |
| 62 OBSERVATION BEDS (NON-DISTINC    |                              |                              |                                |                         |          |           |                              |
| 63.50 RHC                           |                              |                              |                                | 233684                  |          | 376172    |                              |
| 63.51 RHC II                        | 2380                         |                              | 2887                           | 1427693                 |          | 2263972   | 2380 63.51                   |
| 63.60 FQHC                          |                              |                              |                                |                         |          |           |                              |
| OTHER REIMBURSABLE COST CENTERS     |                              |                              |                                |                         |          |           |                              |
| 65 AMBULANCE SERVICES               |                              |                              |                                | 319220                  |          | 683758    |                              |
| 69.10 CMHC                          |                              |                              |                                |                         |          |           |                              |
| 69.20 OUTPATIENT PHYSICAL THERAPY   |                              |                              |                                |                         |          |           |                              |
| 69.30 OUTPATIENT OCCUPATIONAL THERA |                              |                              |                                |                         |          |           |                              |
| 69.40 OUTPATIENT SPEECH PATHOLOGY   |                              |                              |                                |                         |          |           |                              |
| 71 HOME HEALTH AGENCY               |                              |                              |                                |                         |          |           |                              |
| SPECIAL PURPOSE COST CENTERS        |                              |                              |                                |                         |          |           |                              |
| 85.01 PANCREAS ACQUISITION          |                              |                              |                                |                         |          |           |                              |
| 85.02 INTESTINAL ACQUISITION        |                              |                              |                                |                         |          |           |                              |
| 85.03 ISLET CELL ACQUISITION        |                              |                              |                                |                         |          |           |                              |
| 95 SUBTOTALS                        | 23541                        | 18859                        | 422955                         | 8229497                 | -3497233 | 12386510  | 18298 95                     |
| NONREIMBURSABLE COST CENTERS        |                              |                              |                                |                         |          |           |                              |
| 96 GIFT, FLOWER, COFFEE SHOP & C    | 415                          | 415                          |                                |                         |          | 8174      | 415 96                       |
| 96.01 MANDHAN CLINIC                |                              |                              |                                |                         |          |           |                              |
| 96.02 MANINT CLINIC                 |                              |                              |                                |                         |          |           |                              |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION |                               | OLD CAP<br>BLDGS &<br>FIXTURES<br>SQUARE<br>FEET | NEW CAP<br>BLDGS &<br>FIXTURES<br>SQUARE<br>FEET | NEW CAP<br>MOVABLE<br>EQUIPMENT<br>DOLLAR<br>VALUE | EMPLOYEE<br>BENEFITS<br>GROSS<br>SALARIES | RECON-<br>CILIATION | ADMINIS-<br>TRATIVE &<br>GENERAL<br>ACCUM<br>COST | MAIN-<br>TENANCE &<br>REPAIRS<br>SQUARE<br>FEET |     |
|-------------------------|-------------------------------|--|--|--|---|---------------------|---|---|-----|
|                         |                               | 1  | 3  | 4  | 5   | 6A                  | 6   | 7   |     |
| 101                     | CROSS FOOT ADJUSTMENTS        |  |  |  |   |                     |   |   | 101 |
| 102                     | NEGATIVE COST CENTER          |  |  |  |   |                     |   |   | 102 |
| 103                     | COST TO BE ALLOC PER B PT I   |  | 379619   | 426746   | 129651                                    |                     | 3497233   | 476748  | 103 |
| 104                     | UNIT COST MULT-WS B PT I      |  | 19.695912  |  | .015754                                   |                     | .282156   |   | 104 |
| 104                     | UNIT COST MULT-WS B PT I      |  |  | 1.008963   |   |                     |   | 25.476834                                       | 104 |
| 105                     | COST TO BE ALLOC PER B PT II  |  |  |  |   |                     |   |   | 105 |
| 106                     | UNIT COST MULT-WS B PT II     |  |  |  |   |                     |   |   | 106 |
| 106                     | UNIT COST MULT-WS B PT II     |  |  |  |   |                     |   |   | 106 |
| 107                     | COST TO BE ALLOC PER B PT III |  |  |  | 11365                                     |                     | 169295  | 20498   | 107 |
| 108                     | UNIT COST MULT-WS B PT III    |  |  |  | .001381                                   |                     | .013659   |   | 108 |
| 108                     | UNIT COST MULT-WS B PT III    |  |  |  |   |                     |   | 1.095388  | 108 |



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION           | OPERATION | LAUNDRY   | HOUSE-    | DIETARY    | NURSING    | CENTRAL    | PHARMACY    | MEDICAL        |
|-----------------------------------|-----------|-----------|-----------|------------|------------|------------|-------------|----------------|
|                                   | OF PLANT  | & LINEN   | KEEPING   |            | ADMINIS-   | SERVICES & |             | RECORDS &      |
|                                   | SQUARE    | SERVICE   | SQUARE    | MEALS      | TRATION    | SUPPLY     | COSTED      | LIBRARY        |
|                                   | FEET      | POUNDS OF | FEET      | SERVED     | DIRECT     | COSTED     | REQUIS.     | TIME           |
|                                   | 8         | LAUNDRY   | 10        | 11         | NRSING HRS | REQUIS.    | REQUIS.     | SPENT          |
|                                   |           | 9         |           |            | 14         | 15         | 16          | 17             |
| 101 CROSS FOOT ADJUSTMENTS        |           |           |           |            |            |            |             | 101            |
| 102 NEGATIVE COST CENTER          |           |           |           |            |            |            |             | 102            |
| 103 COST TO BE ALLOC PER B PT I   | 281107    | 94356     | 387935    | 68383      | 155243     | 228883     | 147560      | 785758 103     |
| 104 UNIT COST MULT-WS B PT I      | 15.923134 |           | 23.802614 |            | 3.651058   |            | 1475.600000 | 104            |
| 104 UNIT COST MULT-WS B PT I      |           | 1.418034  |           | 683.830000 |            | .337469    |             | 132.438564 104 |
| 105 COST TO BE ALLOC PER B PT II  |           |           |           |            |            |            |             | 105            |
| 106 UNIT COST MULT-WS B PT II     |           |           |           |            |            |            |             | 106            |
| 106 UNIT COST MULT-WS B PT II     |           |           |           |            |            |            |             | 106            |
| 107 COST TO BE ALLOC PER B PT III | 24725     | 30162     | 11750     | 740        | 5035       | 29485      | 9164        | 35863 107      |
| 108 UNIT COST MULT-WS B PT III    | 1.400532  |           | .720947   |            | .118415    |            | 91.640000   | 108            |
| 108 UNIT COST MULT-WS B PT III    |           | .453291   |           | 7.400000   |            | .043473    |             | 6.044665 108   |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

|                                 |  |       |
|---------------------------------|--|-------|
| GENERAL SERVICE COST CENTERS    |  |       |
| 1                               | OLD CAP REL COSTS-BLDG & FIXT                              | 1     |
| 2                               | OLD CAP REL COSTS-MVBLE EQUIP                              | 2     |
| 3                               | NEW CAP REL COSTS-BLDG & FIXT                              | 3     |
| 4                               | NEW CAP REL COSTS-MVBLE EQUIP                              | 4     |
| 5                               | EMPLOYEE BENEFITS  | 5     |
| 6                               | ADMINISTRATIVE & GENERAL                                   | 6     |
| 7                               | MAINTENANCE & REPAIRS                                      | 7     |
| 8                               | OPERATION OF PLANT   | 8     |
| 9                               | LAUNDRY & LINEN SERVICE                                    | 9     |
| 10                              | HOUSEKEEPING   | 10    |
| 11                              | DIETARY  | 11    |
| 12                              | CAFETERIA  | 12    |
| 13                              | MAINTENANCE OF PERSONNEL                                   | 13    |
| 14                              | NURSING ADMINISTRATION                                     | 14    |
| 15                              | CENTRAL SERVICES & SUPPLY                                  | 15    |
| 16                              | PHARMACY   | 16    |
| 17                              | MEDICAL RECORDS & LIBRARY                                  | 17    |
| 18                              | SOCIAL SERVICE   | 18    |
| 20                              | NONPHYSICIAN ANESTHETISTS                                  | 20    |
| 21                              | NURSING SCHOOL   | 21    |
| 22                              | I&R SERVICES-SALARY & FRINGES                              | 22    |
| 23                              | I&R SERVICES-OTHER PRGM COSTS                              | 23    |
| 24                              | PARAMED ED PRGM-(SPECIFY)                                  | 24    |
| 25                              | INPATIENT ROUTINE SERV COST CENTERS<br>ADULTS & PEDIATRICS | 25    |
|                                 |  |       |
| ANCILLARY SERVICE COST CENTERS  |  |       |
| 37                              | OPERATING ROOM   | 37    |
| 40                              | ANESTHESIOLOGY   | 40    |
| 41                              | RADIOLOGY-DIAGNOSTIC                                       | 41    |
| 44                              | LABORATORY   | 44    |
| 46.30                           | BLOOD CLOTTING FACTORS ADMIN                               | 46.30 |
| 50                              | PHYSICAL THERAPY   | 50    |
| 51                              | OCCUPATIONAL THERAPY                                       | 51    |
| 52                              | SPEECH PATHOLOGY   | 52    |
| 53                              | ELECTROCARDIOLOGY  | 53    |
| 55                              | MEDICAL SUPPLIES CHARGED TO P                              | 55    |
| 55.30                           | IMPL. DEV. CHARGED TO PATIENT                              | 55.30 |
| 56                              | DRUGS CHARGED TO PATIENTS                                  | 56    |
| 59                              | ULTRASOUND   | 59    |
| 59.97                           | CARDIAC REHABILITATION                                     | 59.97 |
| 59.98                           | HYPERBARIC OXYGEN THERAPY                                  | 59.98 |
| 59.99                           | LITHOTRIPSY  | 59.99 |
|                                 |  |       |
| OUTPATIENT SERVICE COST CENTERS |  |       |
| 61                              | EMERGENCY  | 61    |
| 62                              | OBSERVATION BEDS (NON-DISTINC                              | 62    |
| 63.50                           | RHC  | 63.50 |
| 63.51                           | RHC II   | 63.51 |
| 63.60                           | FQHC   | 63.60 |
|                                 |  |       |
| OTHER REIMBURSABLE COST CENTERS |  |       |
| 65                              | AMBULANCE SERVICES   | 65    |
| 69.10                           | CMHC   | 69.10 |
| 69.20                           | OUTPATIENT PHYSICAL THERAPY                                | 69.20 |
| 69.30                           | OUTPATIENT OCCUPATIONAL THERA                              | 69.30 |
| 69.40                           | OUTPATIENT SPEECH PATHOLOGY                                | 69.40 |
| 71                              | HOME HEALTH AGENCY   | 71    |
|                                 |  |       |
| SPECIAL PURPOSE COST CENTERS    |  |       |
| 85.01                           | PANCREAS ACQUISITION                                       | 85.01 |
| 85.02                           | INTESTINAL ACQUISITION                                     | 85.02 |
| 85.03                           | ISLET CELL ACQUISITION                                     | 85.03 |
| 95                              | SUBTOTALS  | 95    |
|                                 |  |       |
| NONREIMBURSABLE COST CENTERS    |  |       |
| 96                              | GIFT, FLOWER, COFFEE SHOP & C                              | 96    |
| 96.01                           | MANDHAN CLINIC   | 96.01 |
| 96.02                           | MANINT CLINIC  | 96.02 |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09  
11/24/2010 12:35

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

|     |                               |     |
|-----|-------------------------------|-----|
| 101 | CROSS FOOT ADJUSTMENTS        | 101 |
| 102 | NEGATIVE COST CENTER          | 102 |
| 103 | COST TO BE ALLOC PER B PT I   | 103 |
| 104 | UNIT COST MULT-WS B PT I      | 104 |
| 104 | UNIT COST MULT-WS B PT I      | 104 |
| 105 | COST TO BE ALLOC PER B PT II  | 105 |
| 106 | UNIT COST MULT-WS B PT II     | 106 |
| 106 | UNIT COST MULT-WS B PT II     | 106 |
| 107 | COST TO BE ALLOC PER B PT III | 107 |
| 108 | UNIT COST MULT-WS B PT III    | 108 |
| 108 | UNIT COST MULT-WS B PT III    | 108 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

| COST CENTER DESCRIPTION                | TOTAL COST                       | THERAPY             | TOTAL COSTS | RCE          | TOTAL COSTS |       |
|--|----------------------------------|---------------------|-------------|--------------|-------------|-------|
|  | (FROM WKST B,<br>PART I, COL 27) | LIMIT<br>ADJUSTMENT |             | DISALLOWANCE |             |       |
|  | 1                                | 2                   | 3           | 4            | 5           |       |
| 25 INPATIENT ROUTINE SERV COST CENTERS |                                  |                     |             |              |             |       |
| 25 ADULTS & PEDIATRICS                 | 2573334                          |                     | 2573334     |              | 2573334     | 25    |
| 37 ANCILLARY SERVICE COST CENTERS      |                                  |                     |             |              |             |       |
| 37 OPERATING ROOM                      | 873169                           |                     | 873169      |              | 873169      | 37    |
| 40 ANESTHESIOLOGY                      | 52829                            |                     | 52829       |              | 52829       | 40    |
| 41 RADIOLOGY-DIAGNOSTIC                | 1782467                          |                     | 1782467     |              | 1782467     | 41    |
| 44 LABORATORY                          | 1603103                          |                     | 1603103     |              | 1603103     | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMI      |                                  |                     |             |              |             | 46.30 |
| 50 PHYSICAL THERAPY                    | 1175638                          |                     | 1175638     |              | 1175638     | 50    |
| 51 OCCUPATIONAL THERAPY                |                                  |                     |             |              |             | 51    |
| 52 SPEECH PATHOLOGY                    |                                  |                     |             |              |             | 52    |
| 53 ELECTROCARDIOLOGY                   | 40363                            |                     | 40363       |              | 40363       | 53    |
| 55 MEDICAL SUPPLIES CHARGED TO         | 294747                           |                     | 294747      |              | 294747      | 55    |
| 55.30 IMPL. DEV. CHARGED TO PATIE      |                                  |                     |             |              |             | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS           | 822302                           |                     | 822302      |              | 822302      | 56    |
| 59 ULTRASOUND                          | 72386                            |                     | 72386       |              | 72386       | 59    |
| 59.97 CARDIAC REHABILITATION           |                                  |                     |             |              |             | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY        |                                  |                     |             |              |             | 59.98 |
| 59.99 LITHOTRIPSY                      |                                  |                     |             |              |             | 59.99 |
| 61 OUTPATIENT SERVICE COST CENTERS     |                                  |                     |             |              |             |       |
| 61 EMERGENCY                           | 1882271                          |                     | 1882271     |              | 1882271     | 61    |
| 62 OBSERVATION BEDS (NON-DISTI         | 373081                           |                     | 373081      |              | 373081      | 62    |
| 63.50 RHC                              | 494711                           |                     | 494711      |              | 494711      | 63.50 |
| 63.51 RHC II                           | 3285509                          |                     | 3285509     |              | 3285509     | 63.51 |
| 63.60 FQHC                             |                                  |                     |             |              |             | 63.60 |
| 65 OTHER REIMBURSABLE COST CENTERS     |                                  |                     |             |              |             |       |
| 65 AMBULANCE SERVICES                  | 898160                           |                     | 898160      |              | 898160      | 65    |
| 101 SUBTOTAL                           | 16224070                         |                     | 16224070    |              | 16224070    | 101   |
| 102 LESS OBSERVATION BEDS              | 373081                           |                     | 373081      |              | 373081      | 102   |
| 103 TOTAL                              | 15850989                         |                     | 15850989    |              | 15850989    | 103   |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

| COST CENTER DESCRIPTION                | ----- CHARGES ----- |                 |            | COST<br>OR OTHER<br>RATIO<br>9 | TEFRA<br>INPATIENT<br>RATIO<br>10 | PPS<br>INPATIENT<br>RATIO<br>11 |
|--|---------------------|-----------------|------------|--------------------------------|-----------------------------------|---------------------------------|
|  | INPATIENT<br>6      | OUTPATIENT<br>7 | TOTAL<br>8 |                                |                                   |                                 |
| 25 INPATIENT ROUTINE SERV COST CENTERS |                     |                 |            |                                |                                   |                                 |
| ADULTS & PEDIATRICS                    | 1137235             |                 | 1137235    |                                |                                   | 25                              |
| ANCILLARY SERVICE COST CENTERS         |                     |                 |            |                                |                                   |                                 |
| 37 OPERATING ROOM                      | 6858                | 1143950         | 1150808    | .758744                        | .758744                           | .758744 37                      |
| 40 ANESTHESIOLOGY                      |                     | 38136           | 38136      | 1.385279                       | 1.385279                          | 1.385279 40                     |
| 41 RADIOLOGY-DIAGNOSTIC                | 103446              | 4285962         | 4389408    | .406084                        | .406084                           | .406084 41                      |
| 44 LABORATORY                          | 299314              | 4258274         | 4557588    | .351744                        | .351744                           | .351744 44                      |
| 46.30 BLOOD CLOTTING FACTORS ADMI      |                     |                 |            |                                |                                   | 46.30                           |
| 50 PHYSICAL THERAPY                    | 145794              | 1220289         | 1366083    | .860590                        | .860590                           | .860590 50                      |
| 51 OCCUPATIONAL THERAPY                |                     |                 |            |                                |                                   | 51                              |
| 52 SPEECH PATHOLOGY                    |                     |                 |            |                                |                                   | 52                              |
| 53 ELECTROCARDIOLOGY                   | 21500               | 305655          | 327155     | .123376                        | .123376                           | .123376 53                      |
| 55 MEDICAL SUPPLIES CHARGED TO         | 341563              | 898631          | 1240194    | .237662                        | .237662                           | .237662 55                      |
| 55.30 IMPL. DEV. CHARGED TO PATIE      |                     |                 |            |                                |                                   | 55.30                           |
| 56 DRUGS CHARGED TO PATIENTS           | 417496              | 1033552         | 1451048    | .566695                        | .566695                           | .566695 56                      |
| 59 ULTRASOUND                          | 14877               | 413332          | 428209     | .169044                        | .169044                           | .169044 59                      |
| 59.97 CARDIAC REHABILITATION           |                     |                 |            |                                |                                   | 59.97                           |
| 59.98 HYPERBARIC OXYGEN THERAPY        |                     |                 |            |                                |                                   | 59.98                           |
| 59.99 LITHOTRIPSY                      |                     |                 |            |                                |                                   | 59.99                           |
| OUTPATIENT SERVICE COST CENTERS        |                     |                 |            |                                |                                   |                                 |
| 61 EMERGENCY                           | 9294                | 2723477         | 2732771    | .688777                        | .688777                           | .688777 61                      |
| 62 OBSERVATION BEDS (NON-DISTI         |                     | 466495          | 466495     | .799753                        | .799753                           | .799753 62                      |
| 63.50 RHC                              |                     | 788471          | 788471     | .627431                        | .627431                           | .627431 63.50                   |
| 63.51 RHC II                           |                     | 2521305         | 2521305    | 1.303099                       | 1.303099                          | 1.303099 63.51                  |
| 63.60 FQHC                             |                     |                 |            |                                |                                   | 63.60                           |
| OTHER REIMBURSABLE COST CENTERS        |                     |                 |            |                                |                                   |                                 |
| 65 AMBULANCE SERVICES                  |                     | 912393          | 912393     | .984400                        | .984400                           | .984400 65                      |
| 101 SUBTOTAL                           | 2497377             | 21009922        | 23507299   |                                |                                   | 101                             |
| 102 LESS OBSERVATION BEDS              |                     |                 |            |                                |                                   | 102                             |
| 103 TOTAL                              | 2497377             | 21009922        | 23507299   |                                |                                   | 103                             |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1301) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

| COST CENTER DESCRIPTION                     | COST TO CHARGE RATIO FROM WORKSHEET C, |          |          | PROGRAM CHARGES |            |            |
|---|--|----------|----------|-----------------|------------|------------|
|   | PART II                                | PART I   | PART II  | OUTPATIENT      | OUTPATIENT | OTHER      |
|   | COL. 8                                 | COL. 9   | COL. 9   | AMBULATORY      | RADIOLOGY  | OUTPATIENT |
|   | 1                                      | 1.01     | 1.02     | SURGICAL        | CENTER     | DIAGNOSTIC |
|   |  |          |          | 2               | 3          | 4          |
| ANCILLARY SERVICE COST CENTERS              |  |          |          |                 |            |            |
| 37 OPERATING ROOM                           | .758744                                | .758744  | .758744  |                 |            | 37         |
| 40 ANESTHESIOLOGY                           | 1.385279                               | 1.385279 | 1.385279 |                 |            | 40         |
| 41 RADIOLOGY-DIAGNOSTIC                     | .406084                                | .406084  | .406084  |                 |            | 41         |
| 44 LABORATORY                               | .351744                                | .351744  | .351744  |                 |            | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO       |  |          |          |                 |            | 46.30      |
| 50 PHYSICAL THERAPY                         | .860590                                | .860590  | .860590  |                 |            | 50         |
| 51 OCCUPATIONAL THERAPY                     |  |          |          |                 |            | 51         |
| 52 SPEECH PATHOLOGY                         |  |          |          |                 |            | 52         |
| 53 ELECTROCARDIOLOGY                        | .123376                                | .123376  | .123376  |                 |            | 53         |
| 55 MEDICAL SUPPLIES CHARGED TO PAT          | .237662                                | .237662  | .237662  |                 |            | 55         |
| 55.30 IMPL. DEV. CHARGED TO PATIENT         |  |          |          |                 |            | 55.30      |
| 56 DRUGS CHARGED TO PATIENTS                | .566695                                | .566695  | .566695  |                 |            | 56         |
| 59 ULTRASOUND                               | .169044                                | .169044  | .169044  |                 |            | 59         |
| 59.97 CARDIAC REHABILITATION                |  |          |          |                 |            | 59.97      |
| 59.98 HYPERBARIC OXYGEN THERAPY             |  |          |          |                 |            | 59.98      |
| 59.99 LITHOTRIPSY                           |  |          |          |                 |            | 59.99      |
| OUTPATIENT SERVICE COST CENTERS             |  |          |          |                 |            |            |
| 61 EMERGENCY                                | .688777                                | .688777  | .688777  |                 |            | 61         |
| 62 OBSERVATION BEDS (NON-DISTINCT           | .799753                                | .799753  | .799753  |                 |            | 62         |
| 63.50 RHC                                   | .627431                                | .627431  | .627431  |                 |            | 63.50      |
| 63.51 RHC II                                | 1.303099                               | 1.303099 | 1.303099 |                 |            | 63.51      |
| 63.60 FQHC                                  |  |          |          |                 |            | 63.60      |
| OTHER REIMBURSABLE COST CENTERS             |  |          |          |                 |            |            |
| 65 AMBULANCE SERVICES                       | .984400                                | .984400  | .984400  |                 |            | 65         |
| 65.01 AMBULANCE SERVICES (2ND PERIOD)       | .984400                                | .984400  | .984400  |                 |            | 65.01      |
| 65.02 AMBULANCE SERVICES (3RD PERIOD)       | .984400                                | .984400  | .984400  |                 |            | 65.02      |
| 65.03 AMBULANCE SERVICES (4TH PERIOD)       | .984400                                | .984400  | .984400  |                 |            | 65.03      |
| 101 SUBTOTAL                                |  |          |          |                 |            | 101        |
| 102 CRNA CHARGES                            |  |          |          |                 |            | 102        |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS |  |          |          |                 |            | 103        |
| 104 NET CHARGES                             |  |          |          |                 |            | 104        |

PART VI - VACCINE COST APPORTIONMENT

|  |         |      |
|--|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | .566695 | 1    |
| 2 VACCINE CHARGES (OTHER THAN HEPATITIS B)             | 1846    | 2    |
| 2.01 VACCINE CHARGES - HEPATITIS B                     |         | 2.01 |
| 3 VACCINE COSTS (OTHER THAN HEPATITIS B)               | 1046    | 3    |
| 3.01 VACCINE COSTS - HEPATITIS B                       |         | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1301) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

| COST CENTER DESCRIPTION              | PROGRAM CHARGES |                |                         |                              |                              | PROGRAM COST                          |                      |                             |
|--------------------------------------|-----------------|----------------|-------------------------|------------------------------|------------------------------|---------------------------------------|----------------------|-----------------------------|
|                                      | ALL OTHER (1)   | PPS SER- VICES | ALL OTHER (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | OUTPATIENT AMBULATORY SURGICAL CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT OTHER DIAGNOSTIC |
|                                      | (SEE INSTRU.)   | (SEE INSTRU.)  | (SEE INSTRU.)           | (SEE INSTRU.)                | (SEE INSTRU.)                | 6                                     | 7                    | 8                           |
| 37 ANCILLARY SERVICE COST CENTERS    |                 |                |                         |                              |                              |                                       |                      |                             |
| 40 OPERATING ROOM                    | 375703          |                |                         |                              |                              |                                       |                      | 37                          |
| 41 ANESTHESIOLOGY                    | 17492           |                |                         |                              |                              |                                       |                      | 40                          |
| 44 RADIOLOGY-DIAGNOSTIC              | 1179522         |                |                         |                              |                              |                                       |                      | 41                          |
| 44 LABORATORY                        | 1637314         |                |                         |                              |                              |                                       |                      | 44                          |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C |                 |                |                         |                              |                              |                                       |                      | 46.30                       |
| 50 PHYSICAL THERAPY                  | 335300          |                |                         |                              |                              |                                       |                      | 50                          |
| 51 OCCUPATIONAL THERAPY              |                 |                |                         |                              |                              |                                       |                      | 51                          |
| 52 SPEECH PATHOLOGY                  |                 |                |                         |                              |                              |                                       |                      | 52                          |
| 53 ELECTROCARDIOLOGY                 | 152967          |                |                         |                              |                              |                                       |                      | 53                          |
| 55 MEDICAL SUPPLIES CHARGED TO PA    | 286907          |                |                         |                              |                              |                                       |                      | 55                          |
| 55.30 IMPL. DEV. CHARGED TO PATIENT  |                 |                |                         |                              |                              |                                       |                      | 55.30                       |
| 56 DRUGS CHARGED TO PATIENTS         | 320776          |                |                         |                              |                              |                                       |                      | 56                          |
| 59 ULTRASOUND                        | 45827           |                |                         |                              |                              |                                       |                      | 59                          |
| 59.97 CARDIAC REHABILITATION         |                 |                |                         |                              |                              |                                       |                      | 59.97                       |
| 59.98 HYPERBARIC OXYGEN THERAPY      |                 |                |                         |                              |                              |                                       |                      | 59.98                       |
| 59.99 LITHOTRIPSY                    |                 |                |                         |                              |                              |                                       |                      | 59.99                       |
| 61 OUTPATIENT SERVICE COST CENTERS   |                 |                |                         |                              |                              |                                       |                      |                             |
| 61 EMERGENCY                         | 761484          |                |                         |                              |                              |                                       |                      | 61                          |
| 62 OBSERVATION BEDS (NON-DISTINCT    | 258630          |                |                         |                              |                              |                                       |                      | 62                          |
| 63.50 RHC                            |                 |                |                         |                              |                              |                                       |                      | 63.50                       |
| 63.51 RHC II                         |                 |                |                         |                              |                              |                                       |                      | 63.51                       |
| 63.60 FQHC                           |                 |                |                         |                              |                              |                                       |                      | 63.60                       |
| 65 OTHER REIMBURSABLE COST CENTERS   |                 |                |                         |                              |                              |                                       |                      |                             |
| 65 AMBULANCE SERVICES                |                 |                |                         |                              |                              |                                       |                      | 65                          |
| 65.01 AMBULANCE SERVICES (2ND PERIOD |                 |                |                         |                              |                              |                                       |                      | 65.01                       |
| 65.02 AMBULANCE SERVICES (3RD PERIOD |                 |                |                         |                              |                              |                                       |                      | 65.02                       |
| 65.03 AMBULANCE SERVICES (4TH PERIOD |                 |                |                         |                              |                              |                                       |                      | 65.03                       |
| 101 SUBTOTAL                         | 5371922         |                |                         |                              |                              |                                       |                      | 101                         |
| 102 CRNA CHARGES                     |                 |                |                         |                              |                              |                                       |                      | 102                         |
| 103 PBP CLINIC LAB                   |                 |                |                         |                              |                              |                                       |                      | 103                         |
| 104 NET CHARGES                      | 5371922         |                |                         |                              |                              |                                       |                      | 104                         |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1301) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

| COST CENTER DESCRIPTION                     | PROGRAM COST                 |   |  |   | HOSPITAL                                    | HOSPITAL                                     |   |
|---|------------------------------|---|--|---|---|--|---|
|   | ALL OTHER<br>(COLS 1x5)<br>9 | PPS SERVICES<br>(COLUMNS 1.01x5.01)<br>9.01 | ALL OTHER<br>(COLUMNS 1.01x5.02)<br>9.02 | PPS SERVICES<br>(COLUMNS 1.01x5.03)<br>9.03 | PPS SERVICES<br>(COLUMNS 1.01x5.04)<br>9.04 | I/P PART B<br>CHARGES<br>(SEE INSTRU.)<br>10 | I/P PART B<br>COST<br>(COLUMNS 1.02x10)<br>11 |
| ANCILLARY SERVICE COST CENTERS              |                              |   |  |   |   |  |   |
| 37 OPERATING ROOM                           |                              | 285062                                      |  |   |   |  | 37  |
| 40 ANESTHESIOLOGY                           |                              | 24231                                       |  |   |   |  | 40  |
| 41 RADIOLOGY-DIAGNOSTIC                     |                              | 478985                                      |  |   |   |  | 41  |
| 44 LABORATORY                               |                              | 575915                                      |  |   |   |  | 44  |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO       |                              |   |  |   |   |  | 46.30   |
| 50 PHYSICAL THERAPY                         |                              | 288556                                      |  |   |   |  | 50  |
| 51 OCCUPATIONAL THERAPY                     |                              |   |  |   |   |  | 51  |
| 52 SPEECH PATHOLOGY                         |                              |   |  |   |   |  | 52  |
| 53 ELECTROCARDIOLOGY                        |                              | 18872                                       |  |   |   |  | 53  |
| 55 MEDICAL SUPPLIES CHARGED TO PAT          |                              | 68187                                       |  |   |   |  | 55  |
| 55.30 IMPL. DEV. CHARGED TO PATIENT         |                              |   |  |   |   |  | 55.30   |
| 56 DRUGS CHARGED TO PATIENTS                |                              | 181782                                      |  |   |   |  | 56  |
| 59 ULTRASOUND                               |                              | 7747  |  |   |   |  | 59  |
| 59.97 CARDIAC REHABILITATION                |                              |   |  |   |   |  | 59.97   |
| 59.98 HYPERBARIC OXYGEN THERAPY             |                              |   |  |   |   |  | 59.98   |
| 59.99 LITHOTRIPSY                           |                              |   |  |   |   |  | 59.99   |
| OUTPATIENT SERVICE COST CENTERS             |                              |   |  |   |   |  |   |
| 61 EMERGENCY                                |                              | 524493                                      |  |   |   |  | 61  |
| 62 OBSERVATION BEDS (NON-DISTINCT           |                              | 206840                                      |  |   |   |  | 62  |
| 63.50 RHC                                   |                              |   |  |   |   |  | 63.50   |
| 63.51 RHC II                                |                              |   |  |   |   |  | 63.51   |
| 63.60 FQHC                                  |                              |   |  |   |   |  | 63.60   |
| OTHER REIMBURSABLE COST CENTERS             |                              |   |  |   |   |  |   |
| 65 AMBULANCE SERVICES                       |                              |   |  |   |   |  | 65  |
| 65.01 AMBULANCE SERVICES (2ND PERIOD)       |                              |   |  |   |   |  | 65.01   |
| 65.02 AMBULANCE SERVICES (3RD PERIOD)       |                              |   |  |   |   |  | 65.02   |
| 65.03 AMBULANCE SERVICES (4TH PERIOD)       |                              |   |  |   |   |  | 65.03   |
| 101 SUBTOTAL                                |                              | 2660670                                     |  |   |   |  | 101   |
| 102 CRNA CHARGES                            |                              |   |  |   |   |  | 102   |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS |                              |   |  |   |   |  | 103   |
| 104 NET CHARGES                             |                              | 2660670                                     |  |   |   |  | 104   |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

| COST CENTER DESCRIPTION         | ----- OLD CAPITAL ----- |                      |                              | ----- NEW CAPITAL ----- |                      |                              |     |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-----|
|                                 | CAPITAL RELATED COST    | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST    | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST |     |
|                                 | 1                       | 2                    | 3                            | 4                       | 5                    | 6                            |     |
| INPAT ROUTINE SERV COST CTRS    |                         |                      |                              |                         |                      |                              |     |
| 25 ADULTS & PEDIATRICS          |                         |                      |                              | 146165                  | 60806                | 85359                        | 25  |
| 26 INTENSIVE CARE UNIT          |                         |                      |                              |                         |                      |                              | 26  |
| 27 CORONARY CARE UNIT           |                         |                      |                              |                         |                      |                              | 27  |
| 28 BURN INTENSIVE CARE UNIT     |                         |                      |                              |                         |                      |                              | 28  |
| 29 SURGICAL INTENSIVE CARE UNIT |                         |                      |                              |                         |                      |                              | 29  |
| 30 OTHER SPECIAL CARE (SPECIFY) |                         |                      |                              |                         |                      |                              | 30  |
| 31 SUBPROVIDER I                |                         |                      |                              |                         |                      |                              | 31  |
| 33 NURSERY                      |                         |                      |                              |                         |                      |                              | 33  |
| 101 TOTAL                       |                         |                      |                              | 146165                  |                      | 85359                        | 101 |

| COST CENTER DESCRIPTION         | ---- OLD CAPITAL ---- |                        |          | ---- NEW CAPITAL ----          |          |                                |     |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-----|
|                                 | TOTAL PATIENT DAYS    | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST |     |
|                                 | 7                     | 8                      | 9        | 10                             | 11       | 12                             |     |
| INPAT ROUTINE SERV COST CTRS    |                       |                        |          |                                |          |                                |     |
| 25 ADULTS & PEDIATRICS          | 717                   | 3                      |          |                                | 119.05   | 357                            | 25  |
| 26 INTENSIVE CARE UNIT          |                       |                        |          |                                |          |                                | 26  |
| 27 CORONARY CARE UNIT           |                       |                        |          |                                |          |                                | 27  |
| 28 BURN INTENSIVE CARE UNIT     |                       |                        |          |                                |          |                                | 28  |
| 29 SURGICAL INTENSIVE CARE UNIT |                       |                        |          |                                |          |                                | 29  |
| 30 OTHER SPECIAL CARE (SPECIFY) |                       |                        |          |                                |          |                                | 30  |
| 31 SUBPROVIDER I                |                       |                        |          |                                |          |                                | 31  |
| 33 NURSERY                      |                       |                        |          |                                |          |                                | 33  |
| 101 TOTAL                       | 717                   | 3                      |          |                                |          | 357                            | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-1301) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

| COST CENTER DESCRIPTION             | OLD                        | NEW                        | TOTAL    | INPATIENT<br>PROGRAM<br>CHARGES | ---- OLD CAPITAL ----          |                  | ---- NEW CAPITAL ----          |                  |
|-------------------------------------|----------------------------|----------------------------|----------|---------------------------------|--------------------------------|------------------|--------------------------------|------------------|
|                                     | CAPITAL<br>RELATED<br>COST | CAPITAL<br>RELATED<br>COST |          |                                 | RATIO OF<br>COST TO<br>CHARGES | CAPITAL<br>COSTS | RATIO OF<br>COST TO<br>CHARGES | CAPITAL<br>COSTS |
|                                     | 1                          | 2                          | 3        | 4                               | 5                              | 6                | 7                              | 8                |
| ANCILLARY SERVICE COST CENTERS      |                            |                            |          |                                 |                                |                  |                                |                  |
| 37 OPERATING ROOM                   |                            | 83496                      | 1150808  |                                 |                                |                  | .072554                        | 37               |
| 40 ANESTHESIOLOGY                   |                            | 642                        | 38136    |                                 |                                |                  | .016834                        | 40               |
| 41 RADIOLOGY-DIAGNOSTIC             |                            | 297676                     | 4389408  |                                 |                                |                  | .067817                        | 41               |
| 44 LABORATORY                       |                            | 48625                      | 4557588  |                                 |                                |                  | .010669                        | 44               |
| 46.30 BLOOD CLOTTING FACTORS ADMIN  |                            |                            |          |                                 |                                |                  |                                | 46.30            |
| 50 PHYSICAL THERAPY                 | 28027                      |                            | 1366083  |                                 |                                |                  | .020516                        | 50               |
| 51 OCCUPATIONAL THERAPY             |                            |                            |          |                                 |                                |                  |                                | 51               |
| 52 SPEECH PATHOLOGY                 |                            |                            |          |                                 |                                |                  |                                | 52               |
| 53 ELECTROCARDIOLOGY                |                            | 4533                       | 327155   |                                 |                                |                  | .013856                        | 53               |
| 55 MEDICAL SUPPLIES CHARGED TO P    |                            | 11682                      | 1240194  |                                 |                                |                  | .009419                        | 55               |
| 55.30 IMPL. DEV. CHARGED TO PATIENT |                            |                            |          |                                 |                                |                  |                                | 55.30            |
| 56 DRUGS CHARGED TO PATIENTS        |                            | 16352                      | 1451048  |                                 |                                |                  | .011269                        | 56               |
| 59 ULTRASOUND                       |                            | 2555                       | 428209   |                                 |                                |                  | .005967                        | 59               |
| 59.97 CARDIAC REHABILITATION        |                            |                            |          |                                 |                                |                  |                                | 59.97            |
| 59.98 HYPERBARIC OXYGEN THERAPY     |                            |                            |          |                                 |                                |                  |                                | 59.98            |
| 59.99 LITHOTRIPSY                   |                            |                            |          |                                 |                                |                  |                                | 59.99            |
| OUTPATIENT SERVICE COST CENTERS     |                            |                            |          |                                 |                                |                  |                                |                  |
| 61 EMERGENCY                        |                            | 77847                      | 2732771  |                                 |                                |                  | .028486                        | 61               |
| 62 OBSERVATION BEDS (NON-DISTINC    |                            |                            | 466495   |                                 |                                |                  |                                | 62               |
| 63.50 RHC                           |                            |                            | 788471   |                                 |                                |                  |                                | 63.50            |
| 63.51 RHC II                        |                            |                            | 2521305  |                                 |                                |                  |                                | 63.51            |
| 63.60 FOHC                          |                            |                            |          |                                 |                                |                  |                                | 63.60            |
| OTHER REIMBURSABLE COST CENTERS     |                            |                            |          |                                 |                                |                  |                                |                  |
| 65 AMBULANCE SERVICES               |                            |                            |          |                                 |                                |                  |                                | 65               |
| 101 TOTAL                           |                            | 571435                     | 18147895 |                                 |                                |                  |                                | 101              |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/24/2010 12:35

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

| COST CENTER DESCRIPTION         | NONPHYSICIAN     | MEDICAL        | SWING-BED         | TOTAL COSTS | TOTAL        | PER DIEM | INPATIENT    | INPATIENT       |
|---------------------------------|------------------|----------------|-------------------|-------------|--------------|----------|--------------|-----------------|
|                                 | ANESTHETIST COST | EDUCATION COST | ADJUSTMENT AMOUNT |             | PATIENT DAYS |          | PROGRAM DAYS | PASS THRU COSTS |
|                                 | 1                | 2              | 3                 | 4           | 5            | 6        | 7            | 8               |
| INPAT ROUTINE SERV COST CTRS    |                  |                |                   |             |              |          |              |                 |
| 25 ADULTS & PEDIATRICS          |                  |                |                   |             | 717          |          | 3            | 25              |
| 26 INTENSIVE CARE UNIT          |                  |                |                   |             |              |          |              | 26              |
| 27 CORONARY CARE UNIT           |                  |                |                   |             |              |          |              | 27              |
| 28 BURN INTENSIVE CARE UNIT     |                  |                |                   |             |              |          |              | 28              |
| 29 SURGICAL INTENSIVE CARE UNIT |                  |                |                   |             |              |          |              | 29              |
| 30 OTHER SPECIAL CARE (SPECIFY) |                  |                |                   |             |              |          |              | 30              |
| 31 SUBPROVIDER I                |                  |                |                   |             |              |          |              | 31              |
| 33 NURSERY                      |                  |                |                   |             |              |          |              | 33              |
| 34 SKILLED NURSING FACILITY     |                  |                |                   |             |              |          |              | 34              |
| 35 NURSING FACILITY             |                  |                |                   |             |              |          |              | 35              |
| 101 TOTAL                       |                  |                |                   |             | 717          |          | 3            | 101             |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09  
 11/24/2010 12:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-1301) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION             | OUTPATIENT                    |                               |                        | N/A  | N/A  | N/A  | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
|                                     | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST |      |      |      |             |
|                                     | 1                             | 1.01                          | 2                      | 2.01 | 2.02 | 2.03 | 3           |
| ANCILLARY SERVICE COST CENTERS      |                               |                               |                        |      |      |      |             |
| 37 OPERATING ROOM                   |                               |                               |                        |      |      |      | 37          |
| 40 ANESTHESIOLOGY                   |                               |                               |                        |      |      |      | 40          |
| 41 RADIOLOGY-DIAGNOSTIC             |                               |                               |                        |      |      |      | 41          |
| 44 LABORATORY                       |                               |                               |                        |      |      |      | 44          |
| 46.30 BLOOD CLOTTING FACTORS ADMIN  |                               |                               |                        |      |      |      | 46.30       |
| 50 PHYSICAL THERAPY                 |                               |                               |                        |      |      |      | 50          |
| 51 OCCUPATIONAL THERAPY             |                               |                               |                        |      |      |      | 51          |
| 52 SPEECH PATHOLOGY                 |                               |                               |                        |      |      |      | 52          |
| 53 ELECTROCARDIOLOGY                |                               |                               |                        |      |      |      | 53          |
| 55 MEDICAL SUPPLIES CHARGED TO P    |                               |                               |                        |      |      |      | 55          |
| 55.30 IMPL. DEV. CHARGED TO PATIENT |                               |                               |                        |      |      |      | 55.30       |
| 56 DRUGS CHARGED TO PATIENTS        |                               |                               |                        |      |      |      | 56          |
| 59 ULTRASOUND                       |                               |                               |                        |      |      |      | 59          |
| 59.97 CARDIAC REHABILITATION        |                               |                               |                        |      |      |      | 59.97       |
| 59.98 HYPERBARIC OXYGEN THERAPY     |                               |                               |                        |      |      |      | 59.98       |
| 59.99 LITHOTRIPSY                   |                               |                               |                        |      |      |      | 59.99       |
| OUTPATIENT SERVICE COST CENTERS     |                               |                               |                        |      |      |      |             |
| 61 EMERGENCY                        |                               |                               |                        |      |      |      | 61          |
| 62 OBSERVATION BEDS (NON-DISTINC    |                               |                               |                        |      |      |      | 62          |
| 63.50 RHC                           |                               |                               |                        |      |      |      | 63.50       |
| 63.51 RHC II                        |                               |                               |                        |      |      |      | 63.51       |
| 63.60 FQHC                          |                               |                               |                        |      |      |      | 63.60       |
| OTHER REIMBURSABLE COST CENTERS     |                               |                               |                        |      |      |      |             |
| 65 AMBULANCE SERVICES               |                               |                               |                        |      |      |      | 65          |
| 101 TOTAL                           |                               |                               |                        |      |      |      | 101         |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-1301) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

| COST CENTER DESCRIPTION             | OUTPATIENT   | TOTAL    | RATIO OF | OUTPATIENT    | INPATIENT | INPATIENT    | OUTPATIENT |
|-------------------------------------|--------------|----------|----------|---------------|-----------|--------------|------------|
|                                     | PASS THROUGH |          | COST TO  | RATIO OF COST | PROGRAM   | PROGRAM      |            |
|                                     | COSTS        | CHARGES  | CHARGES  | TO CHARGES    | CHARGES   | PASS THROUGH | CHARGES    |
|                                     | 3.01         | 4        | 5        | 5.01          | 6         | 7            | 8          |
| ANCILLARY SERVICE COST CENTERS      |              |          |          |               |           |              |            |
| 37 OPERATING ROOM                   |              | 1150808  |          |               |           |              | 37         |
| 40 ANESTHESIOLOGY                   |              | 38136    |          |               |           |              | 40         |
| 41 RADIOLOGY-DIAGNOSTIC             |              | 4389408  |          |               |           |              | 41         |
| 44 LABORATORY                       |              | 4557588  |          |               |           |              | 44         |
| 46.30 BLOOD CLOTTING FACTORS ADMIN  |              |          |          |               |           |              | 46.30      |
| 50 PHYSICAL THERAPY                 |              | 1366083  |          |               |           |              | 50         |
| 51 OCCUPATIONAL THERAPY             |              |          |          |               |           |              | 51         |
| 52 SPEECH PATHOLOGY                 |              |          |          |               |           |              | 52         |
| 53 ELECTROCARDIOLOGY                |              | 327155   |          |               |           |              | 53         |
| 55 MEDICAL SUPPLIES CHARGED TO P    |              | 1240194  |          |               |           |              | 55         |
| 55.30 IMPL. DEV. CHARGED TO PATIENT |              |          |          |               |           |              | 55.30      |
| 56 DRUGS CHARGED TO PATIENTS        |              | 1451048  |          |               |           |              | 56         |
| 59 ULTRASOUND                       |              | 428209   |          |               |           |              | 59         |
| 59.97 CARDIAC REHABILITATION        |              |          |          |               |           |              | 59.97      |
| 59.98 HYPERBARIC OXYGEN THERAPY     |              |          |          |               |           |              | 59.98      |
| 59.99 LITHOTRIPSY                   |              |          |          |               |           |              | 59.99      |
| OUTPATIENT SERVICE COST CENTERS     |              |          |          |               |           |              |            |
| 61 EMERGENCY                        |              | 2732771  |          |               |           |              | 61         |
| 62 OBSERVATION BEDS (NON-DISTINC    |              | 466495   |          |               |           |              | 62         |
| 63.50 RHC                           |              | 788471   |          |               |           |              | 63.50      |
| 63.51 RHC II                        |              | 2521305  |          |               |           |              | 63.51      |
| 63.60 FQHC                          |              |          |          |               |           |              | 63.60      |
| OTHER REIMBURSABLE COST CENTERS     |              |          |          |               |           |              |            |
| 65 AMBULANCE SERVICES               |              |          |          |               |           |              | 65         |
| 101 TOTAL                           |              | 18147895 |          |               |           |              | 101        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

|            |      |                  |      |                    |     |        |     |       |
|------------|------|------------------|------|--------------------|-----|--------|-----|-------|
| CHECK      | [ ]  | TITLE V          | [XX] | HOSPITAL (14-1301) | [ ] | SUB IV | [ ] | PPS   |
| APPLICABLE | [ ]  | TITLE XVIII-PT A | [ ]  | SUB I              | [ ] | SNF    | [ ] | TEFRA |
| BOXES      | [XX] | TITLE XIX        | [ ]  | SUB II             | [ ] | NF     | [ ] | OTHER |
|            |      |                  | [ ]  | SUB III            | [ ] | ICF/MR |     |       |

| COST CENTER DESCRIPTION             | OUTPATIENT<br>PROGRAM<br>CHARGES | OUTPATIENT<br>PROGRAM<br>CHARGES | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS | OUTPATIENT<br>PROGRAM<br>PASS THROUGH<br>COSTS |
|-------------------------------------|----------------------------------|----------------------------------|--|--|--|
|                                     | 8.01                             | 8.02                             | 9  | 9.01   | 9.02   |
| ANCILLARY SERVICE COST CENTERS      |                                  |                                  |  |  |  |
| 37 OPERATING ROOM                   |                                  |                                  |  |  | 37   |
| 40 ANESTHESIOLOGY                   |                                  |                                  |  |  | 40   |
| 41 RADIOLOGY-DIAGNOSTIC             |                                  |                                  |  |  | 41   |
| 44 LABORATORY                       |                                  |                                  |  |  | 44   |
| 46.30 BLOOD CLOTTING FACTORS ADMIN  |                                  |                                  |  |  | 46.30  |
| 50 PHYSICAL THERAPY                 |                                  |                                  |  |  | 50   |
| 51 OCCUPATIONAL THERAPY             |                                  |                                  |  |  | 51   |
| 52 SPEECH PATHOLOGY                 |                                  |                                  |  |  | 52   |
| 53 ELECTROCARDIOLOGY                |                                  |                                  |  |  | 53   |
| 55 MEDICAL SUPPLIES CHARGED TO P    |                                  |                                  |  |  | 55   |
| 55.30 IMPL. DEV. CHARGED TO PATIENT |                                  |                                  |  |  | 55.30  |
| 56 DRUGS CHARGED TO PATIENTS        |                                  |                                  |  |  | 56   |
| 59 ULTRASOUND                       |                                  |                                  |  |  | 59   |
| 59.97 CARDIAC REHABILITATION        |                                  |                                  |  |  | 59.97  |
| 59.98 HYPERBARIC OXYGEN THERAPY     |                                  |                                  |  |  | 59.98  |
| 59.99 LITHOTRIPSY                   |                                  |                                  |  |  | 59.99  |
| OUTPATIENT SERVICE COST CENTERS     |                                  |                                  |  |  |  |
| 61 EMERGENCY                        |                                  |                                  |  |  | 61   |
| 62 OBSERVATION BEDS (NON-DISTINC    |                                  |                                  |  |  | 62   |
| 63.50 RHC                           |                                  |                                  |  |  | 63.50  |
| 63.51 RHC II                        |                                  |                                  |  |  | 63.51  |
| 63.60 FQHC                          |                                  |                                  |  |  | 63.60  |
| OTHER REIMBURSABLE COST CENTERS     |                                  |                                  |  |  |  |
| 65 AMBULANCE SERVICES               |                                  |                                  |  |  | 65   |
| 101 TOTAL                           |                                  |                                  |  |  | 101  |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT                      [XX] TITLE XVIII-PART A                      [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

|   | HOSPITAL<br>(OTHER)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV | SNF |    |
|---|----------------------------------|-------|--------|---------|--------|-----|----|
| INPATIENT DAYS  | 1                                | 1     | 1      | 1       | 1      | 1   |    |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)   | 1543                             |       |        |         |        |     | 1  |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)  | 717                              |       |        |         |        |     | 2  |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)   |                                  |       |        |         |        |     | 3  |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)  | 717                              |       |        |         |        |     | 4  |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                              | 246                              |       |        |         |        |     | 5  |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                                | 247                              |       |        |         |        |     | 6  |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                                    | 167                              |       |        |         |        |     | 7  |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                                      | 166                              |       |        |         |        |     | 8  |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)   | 432                              |       |        |         |        |     | 9  |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD    | 246                              |       |        |         |        |     | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD      | 247                              |       |        |         |        |     | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |                                  |       |        |         |        |     | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD   |                                  |       |        |         |        |     | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)   |                                  |       |        |         |        |     | 14 |
| 15 TOTAL NURSERY DAYS   |                                  |       |        |         |        |     | 15 |
| 16 TITLE V OR XIX NURSERY DAYS  |                                  |       |        |         |        |     | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT                      [XX] TITLE XVIII-PART A                      [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

|   | HOSPITAL<br>(OTHER)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV | SNF |    |
|---|----------------------------------|-------|--------|---------|--------|-----|----|
| SWING-BED ADJUSTMENT  |                                  |       |        |         |        |     |    |
|   | 1                                | 1     | 1      | 1       | 1      | 1   |    |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |                                  |       |        |         |        |     | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD   |                                  |       |        |         |        |     | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  | 107.32                           |       |        |         |        |     | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD    | 116.26                           |       |        |         |        |     | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST   | 2573334                          |       |        |         |        |     | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                  |                                  |       |        |         |        |     | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                    |                                  |       |        |         |        |     | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                   | 17922                            |       |        |         |        |     | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                     | 19299                            |       |        |         |        |     | 25 |
| 26 TOTAL SWING-BED COST   | 1070529                          |       |        |         |        |     | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST   | 1502805                          |       |        |         |        |     | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  |                                  |       |        |         |        |     |    |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)  | 1137235                          |       |        |         |        |     | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)   |                                  |       |        |         |        |     | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)  | 1137235                          |       |        |         |        |     | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO  | 1.321455                         |       |        |         |        |     | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE   |                                  |       |        |         |        |     | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE  | 1586.10                          |       |        |         |        |     | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL  |                                  |       |        |         |        |     | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL  |                                  |       |        |         |        |     | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT  |                                  |       |        |         |        |     | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL                  | 1502805                          |       |        |         |        |     | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

|  | HOSPITAL<br>(OTHER)<br>(14-1301) | SUB I                  | SUB II                   | SUB III              | SUB IV               |    |
|--|----------------------------------|------------------------|--------------------------|----------------------|----------------------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE<br>PASS THROUGH COST ADJUSTMENTS   | 1                                | 1                      | 1                        | 1                    | 1                    |    |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  | 2095.96                          |                        |                          |                      |                      | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  | 905455                           |                        |                          |                      |                      | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM   |                                  |                        |                          |                      |                      | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  | 905455                           |                        |                          |                      |                      | 41 |
|  | TOTAL<br>I/P COST<br>1           | TOTAL<br>I/P DAYS<br>2 | AVERAGE<br>PER DIEM<br>3 | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |    |
| 42 NURSERY (TITLES V AND XIX ONLY)   |                                  |                        |                          |                      |                      | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS  |                                  |                        |                          |                      |                      | 43 |
| 44 INTENSIVE CARE UNIT   |                                  |                        |                          |                      |                      | 44 |
| 45 CORONARY CARE UNIT  |                                  |                        |                          |                      |                      | 45 |
| 46 BURN INTENSIVE CARE UNIT  |                                  |                        |                          |                      |                      | 46 |
| 47 SURGICAL INTENSIVE CARE UNIT  |                                  |                        |                          |                      |                      | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY)  |                                  |                        |                          |                      |                      | 47 |
|  | HOSPITAL<br>(OTHER)<br>(14-1301) | SUB I                  | SUB II                   | SUB III              | SUB IV               |    |
|  | 1                                | 1                      | 1                        | 1                    | 1                    |    |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST  | 223361                           |                        |                          |                      |                      | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS   | 1128816                          |                        |                          |                      |                      | 49 |
| PASS THROUGH COST ADJUSTMENTS  |                                  |                        |                          |                      |                      |    |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE<br>SERVICES  |                                  |                        |                          |                      |                      | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT<br>ANCILLARY SERVICES  |                                  |                        |                          |                      |                      | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST   |                                  |                        |                          |                      |                      | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL<br>RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS |                                  |                        |                          |                      |                      | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

|  | HOSPITAL<br>(OTHER)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV |  |
|--|----------------------------------|-------|--------|---------|--------|--|
| TARGET AMOUNT AND LIMITATION COMPUTATION |                                  |       |        |         |        |  |
| 54                                       | 1                                | 1     | 1      | 1       | 1      | 54   |
| 54                                       |                                  |       |        |         |        | PROGRAM DISCHARGES   |
| 55                                       |                                  |       |        |         |        | TARGET AMOUNT PER DISCHARGE  |
| 56                                       |                                  |       |        |         |        | TARGET AMOUNT  |
| 57                                       |                                  |       |        |         |        | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT   |
| 58                                       |                                  |       |        |         |        | BONUS PAYMENT  |
| 58.01                                    |                                  |       |        |         |        | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET   |
| 58.02                                    |                                  |       |        |         |        | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET  |
| 58.03                                    |                                  |       |        |         |        | IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT |
| 58.04                                    |                                  |       |        |         |        | RELIEF PAYMENT   |
| 59                                       |                                  |       |        |         |        | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  |
| 59.01                                    |                                  |       |        |         |        | ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)   |
| 59.02                                    |                                  |       |        |         |        | PROGRAM DISCHARGES PRIOR TO JULY 1   |
| 59.03                                    |                                  |       |        |         |        | PROGRAM DISCHARGES AFTER JULY 1  |
| 59.04                                    |                                  |       |        |         |        | PROGRAM DISCHARGES (SEE INSTRUCTIONS)  |
| 59.05                                    |                                  |       |        |         |        | REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1   |
| 59.06                                    |                                  |       |        |         |        | REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1   |
| 59.07                                    |                                  |       |        |         |        | REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)  |
| 59.08                                    |                                  |       |        |         |        | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)   |
| PROGRAM INPATIENT ROUTINE SWING BED COST |                                  |       |        |         |        |  |
| 60                                       | 515606                           |       |        |         |        | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  |
| 61                                       | 517702                           |       |        |         |        | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  |
| 62                                       | 1033308                          |       |        |         |        | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS   |
| 63                                       |                                  |       |        |         |        | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD   |
| 64                                       |                                  |       |        |         |        | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD   |
| 65                                       |                                  |       |        |         |        | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS  |

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PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

|   |    |
|---|----|
| 66 SNF/NF/ICF/MR ROUTINE SERVICE COST                             | 66 |
| 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM       | 67 |
| 68 PROGRAM ROUTINE SERVICE COST                                   | 68 |
| 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM    | 69 |
| 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS          | 70 |
| 71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS | 71 |
| 72 PER DIEM CAPITAL RELATED COSTS                                 | 72 |
| 73 PROGRAM CAPITAL RELATED COSTS                                  | 73 |
| 74 INPATIENT ROUTINE SERVICE COST                                 | 74 |
| 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS            | 75 |
| 76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT   | 76 |
| 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION             | 77 |
| 78 INPATIENT ROUTINE SERVICE COST LIMITATION                      | 78 |
| 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS                     | 79 |
| 80 PROGRAM INPATIENT ANCILLARY SERVICES                           | 80 |
| 81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION                     | 81 |
| 82 TOTAL PROGRAM INPATIENT OPERATING COSTS                        | 82 |

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

| HOSPITAL<br>(OTHER)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV |
|----------------------------------|-------|--------|---------|--------|
| 1                                | 1     | 1      | 1       | 1      |

PART IV - COMPUTATION OF OBSERVATION BED COST

|   |         |    |
|---|---------|----|
| 83 TOTAL OBSERVATION BEDS                           | 178     | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 2095.96 | 84 |
| 85 OBSERVATION BED COST                             | 373081  | 85 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT                      [ ] TITLE XVIII-PART A                      [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

|   | HOSPITAL<br>(PPS)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV | NF |
|---|--------------------------------|-------|--------|---------|--------|----|
| INPATIENT DAYS  | 1                              | 1     | 1      | 1       | 1      | 1  |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)   | 1543                           |       |        |         |        | 1  |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)  | 717                            |       |        |         |        | 2  |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)   |                                |       |        |         |        | 3  |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)  | 717                            |       |        |         |        | 4  |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                              | 246                            |       |        |         |        | 5  |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                                | 247                            |       |        |         |        | 6  |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                                    | 167                            |       |        |         |        | 7  |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                                      | 166                            |       |        |         |        | 8  |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)   | 3                              |       |        |         |        | 9  |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD    |                                |       |        |         |        | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD      |                                |       |        |         |        | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |                                |       |        |         |        | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD   |                                |       |        |         |        | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)   |                                |       |        |         |        | 14 |
| 15 TOTAL NURSERY DAYS   |                                |       |        |         |        | 15 |
| 16 TITLE V OR XIX NURSERY DAYS  |                                |       |        |         |        | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

|   | HOSPITAL<br>(PPS)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV | NF |    |
|---|--------------------------------|-------|--------|---------|--------|----|----|
| SWING-BED ADJUSTMENT  | 1                              | 1     | 1      | 1       | 1      | 1  |    |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |                                |       |        |         |        |    | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD   |                                |       |        |         |        |    | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  | 107.32                         |       |        |         |        |    | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD    | 116.26                         |       |        |         |        |    | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST   | 2573334                        |       |        |         |        |    | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                  |                                |       |        |         |        |    | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                    |                                |       |        |         |        |    | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD                   | 17922                          |       |        |         |        |    | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD                     | 19299                          |       |        |         |        |    | 25 |
| 26 TOTAL SWING-BED COST   | 1070529                        |       |        |         |        |    | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST   | 1502805                        |       |        |         |        |    | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  |                                |       |        |         |        |    |    |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)  | 1137235                        |       |        |         |        |    | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)   |                                |       |        |         |        |    | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)  | 1137235                        |       |        |         |        |    | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO  | 1.321455                       |       |        |         |        |    | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE   |                                |       |        |         |        |    | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE  | 1586.10                        |       |        |         |        |    | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL  |                                |       |        |         |        |    | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL  |                                |       |        |         |        |    | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT  |                                |       |        |         |        |    | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL                  | 1502805                        |       |        |         |        |    | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

|  | HOSPITAL<br>(PPS)<br>(14-1301) | SUB I                  | SUB II                   | SUB III              | SUB IV               |    |
|--|--------------------------------|------------------------|--------------------------|----------------------|----------------------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE<br>PASS THROUGH COST ADJUSTMENTS   | 1                              | 1                      | 1                        | 1                    | 1                    |    |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  | 2095.96                        |                        |                          |                      |                      | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  | 6288                           |                        |                          |                      |                      | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM   |                                |                        |                          |                      |                      | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  | 6288                           |                        |                          |                      |                      | 41 |
|  | TOTAL<br>I/P COST<br>1         | TOTAL<br>I/P DAYS<br>2 | AVERAGE<br>PER DIEM<br>3 | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |    |
| 42 NURSERY (TITLES V AND XIX ONLY)   |                                |                        |                          |                      |                      | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS  |                                |                        |                          |                      |                      | 43 |
| 44 INTENSIVE CARE UNIT   |                                |                        |                          |                      |                      | 44 |
| 45 CORONARY CARE UNIT  |                                |                        |                          |                      |                      | 45 |
| 46 BURN INTENSIVE CARE UNIT  |                                |                        |                          |                      |                      | 46 |
| 47 SURGICAL INTENSIVE CARE UNIT  |                                |                        |                          |                      |                      | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY)  |                                |                        |                          |                      |                      | 47 |
|  | HOSPITAL<br>(PPS)<br>(14-1301) | SUB I                  | SUB II                   | SUB III              | SUB IV               |    |
|  | 1                              | 1                      | 1                        | 1                    | 1                    |    |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST  |                                |                        |                          |                      |                      | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS   | 6288                           |                        |                          |                      |                      | 49 |
|  | PASS THROUGH COST ADJUSTMENTS  |                        |                          |                      |                      |    |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE<br>SERVICES  | 357                            |                        |                          |                      |                      | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT<br>ANCILLARY SERVICES  |                                |                        |                          |                      |                      | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST   | 357                            |                        |                          |                      |                      | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL<br>RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 5931                           |                        |                          |                      |                      | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

|  | HOSPITAL<br>(PPS)<br>(14-1301) | SUB I | SUB II | SUB III | SUB IV |       |
|--|--------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION   | 1                              | 1     | 1      | 1       | 1      |       |
| 54 PROGRAM DISCHARGES  |                                |       |        |         |        | 54    |
| 55 TARGET AMOUNT PER DISCHARGE   |                                |       |        |         |        | 55    |
| 56 TARGET AMOUNT   |                                |       |        |         |        | 56    |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND<br>TARGET AMOUNT   |                                |       |        |         |        | 57    |
| 58 BONUS PAYMENT   |                                |       |        |         |        | 58    |
| 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING<br>PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET  |                                |       |        |         |        | 58.01 |
| 58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST<br>REPORT UPDATED BY THE MARKET BASKET   |                                |       |        |         |        | 58.02 |
| 58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01<br>OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING<br>COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT |                                |       |        |         |        | 58.03 |
| 58.04 RELIEF PAYMENT   |                                |       |        |         |        | 58.04 |
| 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT   |                                |       |        |         |        | 59    |
| 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)   |                                |       |        |         |        | 59.01 |
| 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1   |                                |       |        |         |        | 59.02 |
| 59.03 PROGRAM DISCHARGES AFTER JULY 1  |                                |       |        |         |        | 59.03 |
| 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  |                                |       |        |         |        | 59.04 |
| 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1   |                                |       |        |         |        | 59.05 |
| 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1   |                                |       |        |         |        | 59.06 |
| 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)  |                                |       |        |         |        | 59.07 |
| 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)   |                                |       |        |         |        | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST   |                                |       |        |         |        |       |
| 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH<br>DECEMBER 31 OF THE COST REPORTING PERIOD  |                                |       |        |         |        | 60    |
| 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER<br>DECEMBER 31 OF THE COST REPORTING PERIOD  |                                |       |        |         |        | 61    |
| 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  |                                |       |        |         |        | 62    |
| 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH<br>DECEMBER 31 OF THE COST REPORTING PERIOD   |                                |       |        |         |        | 63    |
| 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER<br>DECEMBER 31 OF THE COST REPORTING PERIOD   |                                |       |        |         |        | 64    |
| 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS   |                                |       |        |         |        | 65    |

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

|   |   |    |
|---|---|----|
|   | 1 |    |
| 66 SNF/NF/ICF/MR ROUTINE SERVICE COST                             |   | 66 |
| 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM       |   | 67 |
| 68 PROGRAM ROUTINE SERVICE COST                                   |   | 68 |
| 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM    |   | 69 |
| 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS          |   | 70 |
| 71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS |   | 71 |
| 72 PER DIEM CAPITAL RELATED COSTS                                 |   | 72 |
| 73 PROGRAM CAPITAL RELATED COSTS                                  |   | 73 |
| 74 INPATIENT ROUTINE SERVICE COST                                 |   | 74 |
| 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS            |   | 75 |
| 76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT   |   | 76 |
| 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION             |   | 77 |
| 78 INPATIENT ROUTINE SERVICE COST LIMITATION                      |   | 78 |
| 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS                     |   | 79 |
| 80 PROGRAM INPATIENT ANCILLARY SERVICES                           |   | 80 |
| 81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION                     |   | 81 |
| 82 TOTAL PROGRAM INPATIENT OPERATING COSTS                        |   | 82 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (14-1301)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

|   |         |    |
|---|---------|----|
| 83 TOTAL OBSERVATION BEDS                           | 178     | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 2095.96 | 84 |
| 85 OBSERVATION BED COST                             | 373081  | 85 |

|   |                |            |                |                   |                   |
|---|----------------|------------|----------------|-------------------|-------------------|
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL |                |            |                |                   |                   |
|   | ROUTINE        | COLUMN 1   | TOTAL          | OBSERVATION       | OBSERVATION BED   |
|   | COST           | DIVIDED BY | OBSERVATION    | BED COST          | PASS-THROUGH COST |
|   | (FROM LINE 27) | COLUMN 2   | (FROM LINE 85) | COL 3 TIMES COL 4 |                   |
|   | 1              | 2          | 3              | 4                 | 5                 |

|                              |         |        |    |
|------------------------------|---------|--------|----|
| 86 OLD CAPITAL-RELATED COST  | 1502805 | 373081 | 86 |
| 87 NEW CAPITAL-RELATED COST  | 1502805 | 373081 | 87 |
| 88 NON PHYSICIAN ANESTHETIST | 1502805 | 373081 | 88 |
| 89 MEDICAL EDUCATION         | 1502805 | 373081 | 89 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-1301) [ ] SNF [ ] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [XX] OTHER  
 [ ] SUB III  
 [ ] SUB IV [ ] ICF/MR

| COST CENTER DESCRIPTION  | RATIO OF COST | INPATIENT       | INPATIENT     |       |
|--|---------------|-----------------|---------------|-------|
|  | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |       |
|  | 1             | 2               | 3             |       |
| INPATIENT ROUTINE SERVICE COST CENTERS                               |               |                 |               |       |
| 25 ADULTS & PEDIATRICS   |               | 439373          |               | 25    |
| ANCILLARY SERVICE COST CENTERS                                       |               |                 |               |       |
| 37 OPERATING ROOM  | .758744       |                 |               | 37    |
| 40 ANESTHESIOLOGY  | 1.385279      |                 |               | 40    |
| 41 RADIOLOGY-DIAGNOSTIC  | .406084       | 53575           | 21756         | 41    |
| 44 LABORATORY  | .351744       | 144649          | 50879         | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO                                |               |                 |               | 46.30 |
| 50 PHYSICAL THERAPY  | .860590       | 21071           | 18133         | 50    |
| 51 OCCUPATIONAL THERAPY  |               |                 |               | 51    |
| 52 SPEECH PATHOLOGY  |               |                 |               | 52    |
| 53 ELECTROCARDIOLOGY   | .123376       | 17567           | 2167          | 53    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT                                   | .237662       | 142190          | 33793         | 55    |
| 55.30 IMPL. DEV. CHARGED TO PATIENT                                  |               |                 |               | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS   | .566695       | 161280          | 91397         | 56    |
| 59 ULTRASOUND  | .169044       |                 |               | 59    |
| 59.97 CARDIAC REHABILITATION   |               |                 |               | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY                                      |               |                 |               | 59.98 |
| 59.99 LITHOTRIPSY  |               |                 |               | 59.99 |
| OUTPATIENT SERVICE COST CENTERS                                      |               |                 |               |       |
| 61 EMERGENCY   | .688777       | 7602            | 5236          | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT<br>OTHER REIMBURSABLE COST CENTERS | .799753       |                 |               | 62    |
| 63.50 RHC  | .627431       |                 |               | 63.50 |
| 63.51 RHC II   | 1.303099      |                 |               | 63.51 |
| 63.60 FQHC   |               |                 |               | 63.60 |
| 65 AMBULANCE SERVICES  |               |                 |               | 65    |
| 101 TOTAL  |               | 547934          | 223361        | 101   |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES                        |               |                 |               | 102   |
| 103 NET CHARGES  |               | 547934          |               | 103   |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> TITLE V                     | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> SNF                          | <input type="checkbox"/> PPS              |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I    | <input type="checkbox"/> NF                           | <input type="checkbox"/> TEFRA            |
| <input type="checkbox"/> TITLE XIX                   | <input type="checkbox"/> SUB II   | <input checked="" type="checkbox"/> S/B-SNF (14-Z301) | <input checked="" type="checkbox"/> OTHER |
|  | <input type="checkbox"/> SUB III  | <input type="checkbox"/> S/B-NF                       |   |
|  | <input type="checkbox"/> SUB IV   | <input type="checkbox"/> ICF/MR                       |   |

| COST CENTER DESCRIPTION  | RATIO OF COST | INPATIENT       | INPATIENT     |       |
|--|---------------|-----------------|---------------|-------|
|  | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |       |
|  | 1             | 2               | 3             |       |
| INPATIENT ROUTINE SERVICE COST CENTERS                               |               |                 |               |       |
| 25 ADULTS & PEDIATRICS   |               |                 |               | 25    |
| ANCILLARY SERVICE COST CENTERS                                       |               |                 |               |       |
| 37 OPERATING ROOM  | .758744       |                 |               | 37    |
| 40 ANESTHESIOLOGY  | 1.385279      |                 |               | 40    |
| 41 RADIOLOGY-DIAGNOSTIC  | .406084       | 15887           | 6451          | 41    |
| 44 LABORATORY  | .351744       | 60154           | 21159         | 44    |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO                                |               |                 |               | 46.30 |
| 50 PHYSICAL THERAPY  | .860590       | 67245           | 57870         | 50    |
| 51 OCCUPATIONAL THERAPY  |               |                 |               | 51    |
| 52 SPEECH PATHOLOGY  |               |                 |               | 52    |
| 53 ELECTROCARDIOLOGY   | .123376       | 3933            | 485           | 53    |
| 55 MEDICAL SUPPLIES CHARGED TO PAT                                   | .237662       | 87905           | 20892         | 55    |
| 55.30 IMPL. DEV. CHARGED TO PATIENT                                  |               |                 |               | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS   | .566695       | 145887          | 82673         | 56    |
| 59 ULTRASOUND  | .169044       |                 |               | 59    |
| 59.97 CARDIAC REHABILITATION   |               |                 |               | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY                                      |               |                 |               | 59.98 |
| 59.99 LITHOTRIPSY  |               |                 |               | 59.99 |
| OUTPATIENT SERVICE COST CENTERS                                      |               |                 |               |       |
| 61 EMERGENCY   | .688777       | 1692            | 1165          | 61    |
| 62 OBSERVATION BEDS (NON-DISTINCT<br>OTHER REIMBURSABLE COST CENTERS | .799753       |                 |               | 62    |
| 63.50 RHC  | .627431       |                 |               | 63.50 |
| 63.51 RHC II   | 1.303099      |                 |               | 63.51 |
| 63.60 FQHC   |               |                 |               | 63.60 |
| 65 AMBULANCE SERVICES  |               |                 |               | 65    |
| 101 TOTAL  |               | 382703          | 190695        | 101   |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES                        |               |                 |               | 102   |
| 103 NET CHARGES  |               | 382703          |               | 103   |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

|   |  |                                  |   |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V              | <input checked="" type="checkbox"/> HOSPITAL (14-1301) | <input type="checkbox"/> SNF     | <input checked="" type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A     | <input type="checkbox"/> SUB I                         | <input type="checkbox"/> NF      | <input type="checkbox"/> TEFRA          |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II                        | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER          |
|   | <input type="checkbox"/> SUB III                       | <input type="checkbox"/> S/B-NF  |   |
|   | <input type="checkbox"/> SUB IV                        | <input type="checkbox"/> ICF/MR  |   |

| COST CENTER DESCRIPTION  | RATIO OF COST | INPATIENT       | INPATIENT     |
|--|---------------|-----------------|---------------|
|  | TO CHARGES    | PROGRAM CHARGES | PROGRAM COSTS |
|  | 1             | 2               | 3             |
| INPATIENT ROUTINE SERVICE COST CENTERS                               |               |                 |               |
| 25 ADULTS & PEDIATRICS   |               |                 | 25            |
| ANCILLARY SERVICE COST CENTERS                                       |               |                 |               |
| 37 OPERATING ROOM  | .758744       |                 | 37            |
| 40 ANESTHESIOLOGY  | 1.385279      |                 | 40            |
| 41 RADIOLOGY-DIAGNOSTIC  | .406084       |                 | 41            |
| 44 LABORATORY  | .351744       |                 | 44            |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO                                |               |                 | 46.30         |
| 50 PHYSICAL THERAPY  | .860590       |                 | 50            |
| 51 OCCUPATIONAL THERAPY  |               |                 | 51            |
| 52 SPEECH PATHOLOGY  |               |                 | 52            |
| 53 ELECTROCARDIOLOGY   | .123376       |                 | 53            |
| 55 MEDICAL SUPPLIES CHARGED TO PAT                                   | .237662       |                 | 55            |
| 55.30 IMPL. DEV. CHARGED TO PATIENT                                  |               |                 | 55.30         |
| 56 DRUGS CHARGED TO PATIENTS   | .566695       |                 | 56            |
| 59 ULTRASOUND  | .169044       |                 | 59            |
| 59.97 CARDIAC REHABILITATION   |               |                 | 59.97         |
| 59.98 HYPERBARIC OXYGEN THERAPY                                      |               |                 | 59.98         |
| 59.99 LITHOTRIPSY  |               |                 | 59.99         |
| OUTPATIENT SERVICE COST CENTERS                                      |               |                 |               |
| 61 EMERGENCY   | .688777       |                 | 61            |
| 62 OBSERVATION BEDS (NON-DISTINCT<br>OTHER REIMBURSABLE COST CENTERS | .799753       |                 | 62            |
| 63.50 RHC  | .627431       |                 | 63.50         |
| 63.51 RHC II   | 1.303099      |                 | 63.51         |
| 63.60 FQHC   |               |                 | 63.60         |
| 65 AMBULANCE SERVICES  | .984400       |                 | 65            |
| 101 TOTAL  |               |                 | 101           |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES                        |               |                 | 102           |
| 103 NET CHARGES  |               |                 | 103           |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|  | HOSPITAL<br>(14-1301)<br>1 | HOSPITAL<br>(14-1301)<br>1.01 | HOSPITAL<br>(14-1301)<br>1.02 |       |
|--|----------------------------|-------------------------------|-------------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES   | 2661716                    |                               |                               | 1     |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR<br>AFTER AUGUST 1, 2000   |                            |                               |                               | 1.01  |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS  |                            |                               |                               | 1.02  |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST<br>RATIO   |                            |                               |                               | 1.03  |
| 1.04 LINE 1.01 TIMES LINE 1.03   |                            |                               |                               | 1.04  |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04  |                            |                               |                               | 1.05  |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT   |                            |                               |                               | 1.06  |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV,<br>COLUMN 9, LINE 101   |                            |                               |                               | 1.07  |
| 2 INTERNS AND RESIDENTS  |                            |                               |                               | 2     |
| 3 ORGAN ACQUISITIONS   |                            |                               |                               | 3     |
| 4 COST OF TEACHING PHYSICIANS  |                            |                               |                               | 4     |
| 5 TOTAL COST   | 2661716                    |                               |                               | 5     |
| COMPUTATION OF LESSER OF COST OR CHARGES<br>REASONABLE CHARGES   |                            |                               |                               |       |
| 6 ANCILLARY SERVICE CHARGES  |                            |                               |                               | 6     |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES  |                            |                               |                               | 7     |
| 8 ORGAN ACQUISITION CHARGES  |                            |                               |                               | 8     |
| 9 CHARGES OF PROFESSIONAL SERVICES OF<br>TEACHING PHYSICIANS   |                            |                               |                               | 9     |
| 10 TOTAL REASONABLE CHARGES  |                            |                               |                               | 10    |
| CUSTOMARY CHARGES  |                            |                               |                               |       |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON<br>A CHARGE BASIS   |                            |                               |                               | 11    |
| 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A<br>CHARGE BASIS HAD SUCH PAYMENT BEEN MADE<br>IN ACCORDANCE WITH 42 CFR 413.13(E) |                            |                               |                               | 12    |
| 13 RATIO OF LINE 11 TO LINE 12   |                            |                               |                               | 13    |
| 14 TOTAL CUSTOMARY CHARGES   |                            |                               |                               | 14    |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE<br>COST   |                            |                               |                               | 15    |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY<br>CHARGES   |                            |                               |                               | 16    |
| 17 LESSER OF COST OR CHARGES   | 2688333                    |                               |                               | 17    |
| 17.01 TOTAL PPS PAYMENTS   |                            |                               |                               | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

|   | HOSPITAL<br>(14-1301) | HOSPITAL<br>(14-1301) | HOSPITAL<br>(14-1301) |
|---|-----------------------|-----------------------|-----------------------|
|   | 1                     | 1.01                  | 1.02                  |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT   |                       |                       |                       |
| 18 DEDUCTIBLES  | 31109                 |                       | 18                    |
| 18.01 COINSURANCE   | 755373                |                       | 18.01                 |
| 19 SUBTOTAL   | 1901851               |                       | 19                    |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E  |                       |                       | 20                    |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |                       |                       | 21                    |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS  |                       |                       | 22                    |
| 23 SUBTOTAL   | 1901851               |                       | 23                    |
| 24 PRIMARY PAYER PAYMENTS   | 1018                  |                       | 24                    |
| 25 SUBTOTAL   | 1900833               |                       | 25                    |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  |                       |                       |                       |
| 26 COMPOSITE RATE ESRD  |                       |                       | 26                    |
| 27 BAD DEBTS  | 114960                |                       | 27                    |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS  | 114960                |                       | 27.01                 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)                             | 101272                |                       | 27.02                 |
| 28 SUBTOTAL   | 2015793               |                       | 28                    |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION |                       |                       | 29                    |
| OTHER ADJUSTMENTS   |                       |                       |                       |
| 30 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  |                       |                       | 30                    |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)   |                       |                       | 30.99                 |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS      |                       |                       | 31                    |
| 32 SUBTOTAL   | 2015793               |                       | 32                    |
| 33 SEQUESTRATION ADJUSTMENT   |                       |                       | 33                    |
| 34 INTERIM PAYMENTS   | 2266104               |                       | 34                    |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)  |                       |                       | 34.01                 |
| 35 BALANCE DUE PROVIDER/PROGRAM   | -250311               |                       | 35                    |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2       | 42419                 |                       | 36                    |
| TO BE COMPLETED BY CONTRACTOR   |                       |                       |                       |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)   |                       |                       | 50                    |
| 51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT   |                       |                       | 51                    |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE  |                       |                       | 52                    |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)   |                       |                       | 53                    |
| 54 TOTAL (SUM OF LINES 51 AND 53)   |                       |                       | 54                    |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-1301)

WORKSHEET E-1

| DESCRIPTION  | INPATIENT  |                     | PART B          |             |  |
|--|--|---------------------|-----------------|-------------|--|
|  | PART A   |                     |                 |             |  |
|  | MM/DD/YYYY<br>1  | AMOUNT<br>2         | MM/DD/YYYY<br>3 | AMOUNT<br>4 |  |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |  | 901116              |                 | 2266104     | 1  |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.                   |  | NONE                |                 | NONE        | 2  |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01<br>PROGRAM .02<br>TO .03<br>PROVIDER .04<br>.05<br>.50<br>PROVIDER .51<br>TO .52<br>PROGRAM .53<br>.54 | 01/31/2010<br>34700 |                 |             | 3.01<br>3.02<br>3.03<br>3.04<br>3.05<br>3.50<br>3.51<br>3.52<br>3.53<br>3.54 |
| SUBTOTAL   | .99  | 34700               |                 |             | 3.99   |
| 4 TOTAL INTERIM PAYMENTS   |  | 935816              |                 | 2266104     | 4  |
| TO BE COMPLETED BY INTERMEDIARY  |  |                     |                 |             |  |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.  | PROGRAM .01<br>TO .02<br>PROVIDER .03<br>PROVIDER .50<br>TO .51<br>PROGRAM .52                             |                     |                 |             | 5.01<br>5.02<br>5.03<br>5.50<br>5.51<br>5.52                                 |
| SUBTOTAL   | .99  |                     |                 |             | 5.99   |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.   | PROGRAM TO .01<br>PROVIDER TO .02<br>PROGRAM   | 107655              |                 | -250311     | 6.01<br>6.02   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |  | 1043471             |                 | 2015793     | 7  |

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SWING BED SKILLED NURSING FACILITY (14-Z301)

WORKSHEET E-1

| DESCRIPTION  | INPATIENT  |                     | PART B               |  |
|--|--|---------------------|----------------------|--|
|  | PART A   |                     |                      |  |
|  | MM/DD/YYYY<br>1  | AMOUNT<br>2         | MM/DD/YYYY<br>3      | AMOUNT<br>4  |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |  | 1042405             |                      | 1  |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.                   |  | NONE                | NONE                 | 2  |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01<br>PROGRAM .02<br>TO .03<br>PROVIDER .04<br>.05<br>.50<br>PROVIDER .51<br>TO .52<br>PROGRAM .53<br>.54 | 01/31/2010<br>75200 |                      | 3.01<br>3.02<br>3.03<br>3.04<br>3.05<br>3.50<br>3.51<br>3.52<br>3.53<br>3.54 |
| SUBTOTAL   | .99  | 75200               |                      | 3.99   |
| 4 TOTAL INTERIM PAYMENTS   |  | 1117605             |                      | 4  |
| TO BE COMPLETED BY INTERMEDIARY  |  |                     |                      |  |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.  | PROGRAM .01<br>TO .02<br>PROVIDER .03<br>PROVIDER .50<br>TO .51<br>PROGRAM .52                             |                     | NONE<br>NONE<br>NONE | 5.01<br>5.02<br>5.03<br>5.50<br>5.51<br>5.52                                 |
| SUBTOTAL   | .99  |                     |                      | 5.99   |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.   | PROGRAM TO .01<br>PROVIDER TO .02<br>PROGRAM   | 108404              |                      | 6.01<br>6.02   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |  | 1226009             |                      | 7  |

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 SWING BEDS

SUPPLEMENTAL  
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

|       | TITLE V  | --- TITLE XVIII --- |           | --- TITLE XIX --- |           |       |
|-------|--|---------------------|-----------|-------------------|-----------|-------|
|       | S/B NF   | S/B SNF             | S/B SNF   | S/B SNF           | S/B NF    |       |
|       | 1  | 1                   | 2         | 1                 | 1         |       |
|       |  | PART A              | PART B    | (14-Z301)         | (14-Z301) |       |
|       |  | (14-Z301)           | (14-Z301) | (14-Z301)         | (14-Z301) |       |
| 1     | INPATIENT ROUTINE SERVICES - SWING BED - SNF   | 1043641             |           |                   |           | 1     |
| 2     | INPATIENT ROUTINE SERVICES - SWING BED - NF  |                     |           |                   |           | 2     |
| 3     | ANCILLARY SERVICES   | 192602              |           |                   |           | 3     |
| 4     | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM                               |                     |           |                   |           | 4     |
| 5     | PROGRAM DAYS   | 493                 |           |                   |           | 5     |
| 6     | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM   |                     |           |                   |           | 6     |
| 7     | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY                                 |                     |           |                   |           | 7     |
| 8     | SUBTOTAL   | 1236243             |           |                   |           | 8     |
| 9     | PRIMARY PAYER PAYMENTS   |                     |           |                   |           | 9     |
| 10    | SUBTOTAL   | 1236243             |           |                   |           | 10    |
| 11    | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) |                     |           |                   |           | 11    |
| 12    | SUBTOTAL   | 1236243             |           |                   |           | 12    |
| 13    | COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)       | 10234               |           |                   |           | 13    |
| 14    | 80% OF PART B COSTS  |                     |           |                   |           | 14    |
| 15    | SUBTOTAL   | 1226009             |           |                   |           | 15    |
| 16    | OTHER ADJUSTMENTS  |                     |           |                   |           | 16    |
| 17    | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)                         |                     |           |                   |           | 17    |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   |                     |           |                   |           | 17.01 |
| 18    | TOTAL  | 1226009             |           |                   |           | 18    |
| 19    | SEQUESTRATION ADJUSTMENT   |                     |           |                   |           | 19    |
| 20    | INTERIM PAYMENTS   | 1117605             |           |                   |           | 20    |
| 20.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY)   |                     |           |                   |           | 20.01 |
| 21    | BALANCE DUE PROVIDER/PROGRAM   | 108404              |           |                   |           | 21    |
| 22    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2     |                     |           |                   |           | 22    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

|  | HOSPITAL<br>(14-1301)  | SUB I   | SUB II | SUB III | SUB IV | SNF I |
|--|--|---------|--------|---------|--------|-------|
| 1  | INPATIENT SERVICES   | 1128816 |        |         |        | 1     |
| 1.01                                     | NURSING AND ALLIED HEALTH MANAGED CARE<br>PAYMENT (SEE INSTRUCTIONS)   |         |        |         |        | 1.01  |
| 2  | ORGAN ACQUISITION  |         |        |         |        | 2     |
| 3  | COST OF TEACHING PHYSICIANS  |         |        |         |        | 3     |
| 4  | SUBTOTAL   | 1128816 |        |         |        | 4     |
| 5  | PRIMARY PAYER PAYMENTS   |         |        |         |        | 5     |
| 6  | TOTAL COST   | 1140104 |        |         |        | 6     |
| COMPUTATION OF LESSER OF COST OR CHARGES |  |         |        |         |        |       |
| REASONABLE CHARGES                       |  |         |        |         |        |       |
| 7  | ROUTINE SERVICE CHARGES  |         |        |         |        | 7     |
| 8  | ANCILLARY SERVICE CHARGES  |         |        |         |        | 8     |
| 9  | ORGAN ACQUISITION CHARGES, NET OF REVENUE  |         |        |         |        | 9     |
| 10                                       | TEACHING PHYSICIANS  |         |        |         |        | 10    |
| 11                                       | TOTAL REASONABLE CHARGES   |         |        |         |        | 11    |
| 12                                       | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT<br>LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS  |         |        |         |        | 12    |
| 13                                       | AMOUNT THAT WOULD HAVE BEEN REALIZED FROM<br>PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A<br>CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN<br>ACCORDANCE WITH 42 CFR 413.13(E) |         |        |         |        | 13    |
| 14                                       | RATIO OF LINE 12 TO LINE 13  |         |        |         |        | 14    |
| 15                                       | TOTAL CUSTOMARY CHARGES  |         |        |         |        | 15    |
| 16                                       | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST   |         |        |         |        | 16    |
| 17                                       | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES   |         |        |         |        | 17    |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

|   | HOSPITAL<br>(14-1301)  | SUB I   | SUB II | SUB III | SUB IV | SNF I |
|---|--|---------|--------|---------|--------|-------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT |  |         |        |         |        |       |
| 18                                      | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |         |        |         |        | 18    |
| 19                                      | COST OF COVERED SERVICES   | 1140104 |        |         |        | 19    |
| 20                                      | DEDUCTIBLES  | 110826  |        |         |        | 20    |
| 21                                      | EXCESS REASONABLE COST   |         |        |         |        | 21    |
| 22                                      | SUBTOTAL   | 1029278 |        |         |        | 22    |
| 23                                      | COINSURANCE  |         |        |         |        | 23    |
| 24                                      | SUBTOTAL   | 1029278 |        |         |        | 24    |
| 25                                      | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS<br>FOR PROFESSIONAL SERVICES)  | 14193   |        |         |        | 25    |
| 25.01                                   | REDUCED REIMBURSABLE BAD DEBTS   | 14193   |        |         |        | 25.01 |
| 25.02                                   | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE<br>BENEFICIARIES (SEE INSTRUCTIONS)                                   | 13169   |        |         |        | 25.02 |
| 26                                      | SUBTOTAL   | 1043471 |        |         |        | 26    |
| 27                                      | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM<br>PROVIDER TERMINATION OR A DECREASE IN PROGRAM<br>UTILIZATION |         |        |         |        | 27    |
| 28                                      | OTHER ADJUSTMENTS  |         |        |         |        | 28    |
| 29                                      | AMOUNTS APPLICABLE TO PRIOR COST REPORTING<br>PERIODS RESULTING FROM DISPOSITION OF<br>DEPRECIABLE ASSETS      |         |        |         |        | 29    |
| 30                                      | SUBTOTAL   | 1043471 |        |         |        | 30    |
| 31                                      | SEQUESTRATION ADJUSTMENT   |         |        |         |        | 31    |
| 32                                      | INTERIM PAYMENTS   | 935816  |        |         |        | 32    |
| 32.01                                   | TENTATIVE SETTLEMENT (FOR FI USE ONLY)   |         |        |         |        | 32.01 |
| 33                                      | BALANCE DUE PROVIDER/PROGRAM   | 107655  |        |         |        | 33    |
| 34                                      | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT<br>ITEMS) IN ACCORDANCE WITH CMS PUB 15-II,<br>SECTION 115.2       |         |        |         |        | 34    |

BALANCE SHEET

WORKSHEET G

| ASSETS                        |   | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|---|--------------|-----------------------|----------------|------------|
|                               |   | 1            | 2                     | 3              | 4          |
| CURRENT ASSETS                |   |              |                       |                |            |
| 1                             | CASH ON HAND AND IN BANKS   | 958658       |                       |                | 1          |
| 2                             | TEMPORARY INVESTMENTS   | 460618       |                       |                | 2          |
| 3                             | NOTES RECEIVABLE  |              |                       |                | 3          |
| 4                             | ACCOUNTS RECEIVABLE   | 4749147      |                       |                | 4          |
| 5                             | OTHER RECEIVABLES   | 431622       |                       |                | 5          |
| 6                             | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE                       | -1006470     |                       |                | 6          |
| 7                             | INVENTORY   | 247990       |                       |                | 7          |
| 8                             | PREPAID EXPENSES  | 116986       |                       |                | 8          |
| 9                             | OTHER CURRENT ASSETS  |              |                       |                | 9          |
| 10                            | DUE FROM OTHER FUNDS  |              |                       |                | 10         |
| 11                            | TOTAL CURRENT ASSETS  | 5958551      |                       |                | 11         |
| FIXED ASSETS                  |   |              |                       |                |            |
| 12                            | LAND  |              |                       |                | 12         |
| 12.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 12.01      |
| 13                            | LAND IMPROVEMENTS   | 421641       |                       |                | 13         |
| 13.01                         | ACCUMULATED DEPRECIATION  | -252017      |                       |                | 13.01      |
| 14                            | BUILDINGS   | 9653038      |                       |                | 14         |
| 14.01                         | ACCUMULATED DEPRECIATION  | -3033739     |                       |                | 14.01      |
| 15                            | LEASEHOLD IMPROVEMENTS  |              |                       |                | 15         |
| 15.01                         | ACCUMULATED AMORTIZATION  |              |                       |                | 15.01      |
| 16                            | FIXED EQUIPMENT   | 7680909      |                       |                | 16         |
| 16.01                         | ACCUMULATED DEPRECIATION  | -6282565     |                       |                | 16.01      |
| 17                            | AUTOMOBILES AND TRUCKS  |              |                       |                | 17         |
| 17.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 17.01      |
| 18                            | MAJOR MOVABLE EQUIPMENT   |              |                       |                | 18         |
| 18.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 18.01      |
| 19                            | MINOR EQUIPMENT DEPRECIABLE   |              |                       |                | 19         |
| 19.01                         | ACCUMULATED DEPRECIATION  |              |                       |                | 19.01      |
| 20                            | MINOR EQUIPMENT-NONDEPRECIABLE  |              |                       |                | 20         |
| 21                            | TOTAL FIXED ASSETS  | 8187267      |                       |                | 21         |
| OTHER ASSETS                  |   |              |                       |                |            |
| 22                            | INVESTMENTS   |              |                       |                | 22         |
| 23                            | DEPOSITS ON LEASES  |              |                       |                | 23         |
| 24                            | DUE FROM OWNERS/OFFICERS  |              |                       |                | 24         |
| 25                            | OTHER ASSETS  | 12638143     |                       |                | 25         |
| 26                            | TOTAL OTHER ASSETS  | 12638143     |                       |                | 26         |
| 27                            | TOTAL ASSETS  | 26783961     |                       |                | 27         |
| LIABILITIES AND FUND BALANCES |   |              |                       |                |            |
|                               |   | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|                               |   | 1            | 2                     | 3              | 4          |
| CURRENT LIABILITIES           |   |              |                       |                |            |
| 28                            | ACCOUNTS PAYABLE  | 684229       |                       |                | 28         |
| 29                            | SALARIES, WAGES & FEES PAYABLE  | 1226381      |                       |                | 29         |
| 30                            | PAYROLL TAXES PAYABLE   |              |                       |                | 30         |
| 31                            | NOTES & LOANS PAYABLE (SHORT TERM)  | 368199       |                       |                | 31         |
| 32                            | DEFERRED INCOME   |              |                       |                | 32         |
| 33                            | ACCELERATED PAYMENTS  |              |                       |                | 33         |
| 34                            | DUE TO OTHER FUNDS  |              |                       |                | 34         |
| 35                            | OTHER CURRENT LIABILITIES   |              |                       |                | 35         |
| 36                            | TOTAL CURRENT LIABILITIES   | 2278809      |                       |                | 36         |
| LONG-TERM LIABILITIES         |   |              |                       |                |            |
| 37                            | MORTGAGE PAYABLE  | 716967       |                       |                | 37         |
| 38                            | NOTES PAYABLE   |              |                       |                | 38         |
| 39                            | UNSECURED LOANS   |              |                       |                | 39         |
| 40                            | LOANS FROM OWNERS .01 PRIOR TO 7/1/66<br>.02 ON OR AFTER 7/1/66               |              |                       |                | 40         |
| 41                            | OTHER LONG TERM LIABILITIES   | 2200506      |                       |                | 41         |
| 42                            | TOTAL LONG TERM LIABILITIES   | 2917473      |                       |                | 42         |
| 43                            | TOTAL LIABILITIES   | 5196282      |                       |                | 43         |
| CAPITAL ACCOUNTS              |   |              |                       |                |            |
| 44                            | GENERAL FUND BALANCE  | 21587679     |                       |                | 44         |
| 45                            | SPECIFIC PURPOSE FUND BALANCE   |              |                       |                | 45         |
| 46                            | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED                                   |              |                       |                | 46         |
| 47                            | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED                                 |              |                       |                | 47         |
| 48                            | GOVERNING BODY CREATED - ENDOWMENT FUND BAL                                   |              |                       |                | 48         |
| 49                            | PLANT FUND BALANCE - INVESTED IN PLANT  |              |                       |                | 49         |
| 50                            | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION |              |                       |                | 50         |
| 51                            | TOTAL FUND BALANCES   | 21587679     |                       |                | 51         |
| 52                            | TOTAL LIABILITIES AND FUND BALANCES   | 26783961     |                       |                | 52         |

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

|   | GENERAL FUND<br>1 | SPECIFIC PURPOSE FUND<br>2 | ENDOWMENT FUND<br>3 | PLANT FUND<br>4 |
|---|-------------------|----------------------------|---------------------|-----------------|
| 1 FUND BALANCES AT BEGINNING OF PERIOD                | 18337280          |                            |                     | 1               |
| 2 NET INCOME (LOSS)                                   | 210648            |                            |                     | 2               |
| 3 TOTAL   | 18547928          |                            |                     | 3               |
| 4 ADDITIONS (CREDIT ADJUSTMENTS)                      |                   |                            |                     | 4               |
| 5   |                   |                            |                     | 5               |
| 6   | 3412395           |                            |                     | 6               |
| 7   |                   |                            |                     | 7               |
| 8   |                   |                            |                     | 8               |
| 9   |                   |                            |                     | 9               |
| 10 TOTAL ADDITIONS                                    | 3412395           |                            |                     | 10              |
| 11 SUBTOTAL   | 21960323          |                            |                     | 11              |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS)                     |                   |                            |                     | 12              |
| 13 DECR IN RESTRICTED ASSETS                          | 68031             |                            |                     | 13              |
| 14 REDUCTION IN TRUST ASSETS                          | 304613            |                            |                     | 14              |
| 15  |                   |                            |                     | 15              |
| 16  |                   |                            |                     | 16              |
| 17  |                   |                            |                     | 17              |
| 18 TOTAL DEDUCTIONS                                   | 372644            |                            |                     | 18              |
| 19 FUND BALANCE AT END OF PERIOD<br>PER BALANCE SHEET | 21587679          |                            |                     | 19              |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER  | INPATIENT<br>1 | OUTPATIENT<br>2 | TOTAL<br>3 |       |
|---|----------------|-----------------|------------|-------|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES               |                |                 |            | 1     |
| 2 HOSPITAL  | 1137235        |                 | 1137235    | 2     |
| 4 SUBPROVIDER I   |                |                 |            | 4     |
| 5 SWING BED - SNF                                       |                |                 |            | 5     |
| 6 SWING BED - NF  |                |                 |            | 6     |
| 7 SKILLED NURSING FACILITY                              |                |                 |            | 7     |
| 8 NURSING FACILITY                                      |                |                 |            | 8     |
| 9 OTHER LONG TERM CARE                                  |                |                 |            | 9     |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES                | 1137235        |                 | 1137235    | 10    |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES      |                |                 |            | 11    |
| 12 INTENSIVE CARE UNIT                                  |                |                 |            | 12    |
| 13 CORONARY CARE UNIT                                   |                |                 |            | 13    |
| 14 BURN INTENSIVE CARE UNIT                             |                |                 |            | 14    |
| 15 SURGICAL INTENSIVE CARE UNIT                         |                |                 |            | 15    |
| 16 OTHER SPECIAL CARE (SPECIFY)                         |                |                 |            | 16    |
| 17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE |                |                 |            | 17    |
| 18 TOTAL INPATIENT ROUTINE CARE SERVICES                | 1137235        |                 | 1137235    | 18    |
| 19 ANCILLARY SERVICES                                   | 1343489        | 16995865        | 18339354   | 19    |
| 20 OUTPATIENT SERVICES                                  |                |                 |            | 20    |
| 18.50 RHC   |                | 788471          | 788471     | 18.50 |
| 18.51 RHC II  |                | 2521305         | 2521305    | 18.51 |
| 18.60 FQHC  |                |                 |            | 18.60 |
| 19 HOME HEALTH AGENCY                                   |                |                 |            | 19    |
| 20 AMBULANCE  |                | 912393          | 912393     | 20    |
| 21 CORF   |                |                 |            | 21    |
| 22 ASC  |                |                 |            | 22    |
| 23 HOSPICE  |                |                 |            | 23    |
| 24  |                |                 |            | 24    |
| 24.03 PROFESSIONAL FEE REVENUE                          | 2291           | 1597980         | 1600271    | 24.03 |
| 25 TOTAL PATIENT REVENUES                               | 2483015        | 22816014        | 25299029   | 25    |

PART II - OPERATING EXPENSES

|                             | 1     | 2        |    |
|-----------------------------|-------|----------|----|
| 26 OPERATING EXPENSES       |       | 19607146 | 26 |
| 27 AUXILIARY EXPENSE        | 42972 |          | 27 |
| 28 ROUNDING                 |       |          | 28 |
| 29                          |       |          | 29 |
| 30                          |       |          | 30 |
| 31                          |       |          | 31 |
| 32                          |       |          | 32 |
| 33 TOTAL ADDITIONS          |       | 42972    | 33 |
| 34 DEDUCT (SPECIFY)         |       |          | 34 |
| 35                          |       |          | 35 |
| 36                          |       |          | 36 |
| 37                          |       |          | 37 |
| 38                          |       |          | 38 |
| 39 TOTAL DEDUCTIONS         |       |          | 39 |
| 40 TOTAL OPERATING EXPENSES |       | 19650118 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION |   |          |       |
|-------------|---|----------|-------|
| 1           | TOTAL PATIENT REVENUES  | 25299029 | 1     |
| 2           | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 7131619  | 2     |
| 3           | NET PATIENT REVENUES  | 18167410 | 3     |
| 4           | LESS - TOTAL OPERATING EXPENSES                                   | 19650118 | 4     |
| 5           | NET INCOME FROM SERVICE TO PATIENTS                               | -1482708 | 5     |
| 6           | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.                          |          | 6     |
| 7           | INCOME FROM INVESTMENTS   |          | 7     |
| 8           | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE                      |          | 8     |
| 9           | REVENUE FROM TELEVISION AND RADIO SERVICE                         |          | 9     |
| 10          | PURCHASE DISCOUNTS  |          | 10    |
| 11          | REBATES AND REFUNDS OF EXPENSES                                   |          | 11    |
| 12          | PARKING LOT RECEIPTS  |          | 12    |
| 13          | REVENUE FROM LAUNDRY AND LINEN SERVICE                            |          | 13    |
| 14          | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS                   |          | 14    |
| 15          | REVENUE FROM RENTAL OF LIVING QUARTERS                            |          | 15    |
| 16          | REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS           |          | 16    |
| 17          | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS                 |          | 17    |
| 18          | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS                |          | 18    |
| 19          | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)                 |          | 19    |
| 20          | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN                 |          | 20    |
| 21          | RENTAL OF VENDING MACHINES  |          | 21    |
| 22          | RENTAL OF HOSPITAL SPACE  |          | 22    |
| 23          | GOVERNMENTAL APPROPRIATIONS                                       |          | 23    |
| 24          | GRANT REVENUE   | 66611    | 24    |
| 24.01       | ASSETS RELEASED FROM RESTRICTION                                  | 395569   | 24.01 |
| 24.02       | GAIN ON SALE OF PROPERTY  | 29250    | 24.02 |
| 24.03       | OTHER REVENUE   | 812034   | 24.03 |
| 24.04       | INVESTMENT INCOME   | 389857   | 24.04 |
| 24.05       | CHANGE IN UNREALIZED GAINS/LOSSES                                 |          | 24.05 |
| 24.06       | ROUNDING  | 35       | 24.06 |
| 25          | TOTAL OTHER INCOME  | 1693356  | 25    |
| 26          | TOTAL   | 210648   | 26    |
| 27          |   |          | 27    |
| 28          |   |          | 28    |
| 29          |   |          | 29    |
| 29.25       | ROUNDING  |          | 29.25 |
| 30          | TOTAL OTHER EXPENSES  |          | 30    |
| 31          | NET INCOME (OR LOSS) FOR THE PERIOD                               | 210648   | 31    |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/24/2010 12:35

RHC I  
 COMPONENT NO: 14-3438

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

|  | COMPEN-<br>SATION<br>1 | OTHER<br>COSTS<br>2 | TOTAL<br>3 | RECLASSIFI-<br>CATIONS<br>4 | RECLASSIFIED<br>TRIAL<br>BALANCE<br>5 | ADJUST-<br>MENTS<br>6 | NET EXPENSES<br>FOR<br>ALLOCATION<br>7 |    |
|--|------------------------|---------------------|------------|-----------------------------|---------------------------------------|-----------------------|--|----|
| FACILITY HEALTH CARE STAFF COSTS       |                        |                     |            |                             |                                       |                       |  |    |
| 1                                      | 31787                  |                     | 31787      |                             | 31787                                 |                       | 31787                                  | 1  |
| 2                                      | 113373                 |                     | 113373     |                             | 113373                                |                       | 113373                                 | 2  |
| 3                                      |                        |                     |            |                             |                                       |                       |  | 3  |
| 4                                      |                        |                     |            |                             |                                       |                       |  | 4  |
| 5                                      | 55238                  |                     | 55238      |                             | 55238                                 |                       | 55238                                  | 5  |
| 6                                      |                        |                     |            |                             |                                       |                       |  | 6  |
| 7                                      |                        |                     |            |                             |                                       |                       |  | 7  |
| 8                                      |                        |                     |            |                             |                                       |                       |  | 8  |
| 9                                      |                        |                     |            |                             |                                       |                       |  | 9  |
| 10                                     | 200398                 |                     | 200398     |                             | 200398                                |                       | 200398                                 | 10 |
| OTHER FACILITY HEALTH CARE STAFF COSTS |                        |                     |            |                             |                                       |                       |  |    |
| 11                                     |                        |                     |            |                             |                                       |                       |  | 11 |
| 12                                     |                        |                     |            |                             |                                       |                       |  | 12 |
| 13                                     |                        |                     |            |                             |                                       |                       |  | 13 |
| 14                                     |                        |                     |            |                             |                                       |                       |  | 14 |
| OTHER HEALTH CARE COSTS                |                        |                     |            |                             |                                       |                       |  |    |
| 15                                     |                        | 35532               | 35532      |                             | 35532                                 |                       | 35532                                  | 15 |
| 16                                     |                        |                     |            |                             |                                       |                       |  | 16 |
| 17                                     |                        |                     |            |                             |                                       |                       |  | 17 |
| 18                                     |                        |                     |            |                             |                                       |                       |  | 18 |
| 19                                     |                        |                     |            |                             |                                       |                       |  | 19 |
| 20                                     |                        |                     |            |                             |                                       |                       |  | 20 |
| 21                                     |                        | 35532               | 35532      |                             | 35532                                 |                       | 35532                                  | 21 |
| 22                                     | 200398                 | 35532               | 235930     |                             | 235930                                |                       | 235930                                 | 22 |
| TOTAL COSTS OF HEALTH CARE SERVICES    |                        |                     |            |                             |                                       |                       |  |    |
| 23                                     |                        |                     |            |                             |                                       |                       |  | 23 |
| 24                                     |                        |                     |            |                             |                                       |                       |  | 24 |
| 25                                     |                        |                     |            |                             |                                       |                       |  | 25 |
| 26                                     |                        |                     |            |                             |                                       |                       |  | 26 |
| 27                                     |                        |                     |            |                             |                                       |                       |  | 27 |
| 28                                     |                        |                     |            |                             |                                       |                       |  | 28 |
| FACILITY OVERHEAD                      |                        |                     |            |                             |                                       |                       |  |    |
| 29                                     | 6752                   | 42038               | 48790      |                             | 48790                                 |                       | 48790                                  | 29 |
| 30                                     | 26236                  | 61535               | 87771      |                             | 87771                                 |                       | 87771                                  | 30 |
| 31                                     | 32988                  | 103573              | 136561     |                             | 136561                                |                       | 136561                                 | 31 |
| 32                                     | 233386                 | 139105              | 372491     |                             | 372491                                |                       | 372491                                 | 32 |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09  
 11/24/2010 12:35

RHC I  
 COMPONENT NO: 14-3438

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

VISITS AND PRODUCTIVITY

|                                       | NUMBER<br>OF FTE<br>PERSONNEL | TOTAL<br>VISITS | PRODUCTIVITY<br>STANDARD | MINIMUM<br>VISITS | GREATER OF<br>COL. 2 OR<br>COL. 4 |   |
|---------------------------------------|-------------------------------|-----------------|--------------------------|-------------------|-----------------------------------|---|
|                                       | 1                             | 2               | 3                        | 4                 | 5                                 |   |
| 1 PHYSICIANS                          | 0.18                          | 229             | 4200                     | 756               |                                   | 1 |
| 2 PHYSICIAN ASSISTANTS                | 1.04                          | 4841            | 2100                     | 2184              |                                   | 2 |
| 3 NURSE PRACTITIONERS                 |                               | 35              | 2100                     |                   |                                   | 3 |
| 4 SUBTOTAL                            | 1.22                          | 5105            |                          | 2940              | 5105                              | 4 |
| 5 VISITING NURSE                      |                               |                 |                          |                   |                                   | 5 |
| 6 CLINICAL PSYCHOLOGIST               |                               |                 |                          |                   |                                   | 6 |
| 7 CLINICAL SOCIAL WORKER              |                               |                 |                          |                   |                                   | 7 |
| 8 TOTAL FTEs AND VISITS               | 1.22                          | 5105            |                          |                   | 5105                              | 8 |
| 9 PHYSICIAN SERVICES UNDER AGREEMENTS |                               |                 |                          |                   |                                   | 9 |

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

|   |  |  |  |  |          |    |
|---|--|--|--|--|----------|----|
| 10 TOTAL COSTS OF HEALTH CARE SERVICES            |  |  |  |  | 235930   | 10 |
| 11 TOTAL NONREIMBURSABLE COSTS                    |  |  |  |  |          | 11 |
| 12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)      |  |  |  |  | 235930   | 12 |
| 13 RATIO OF RHC/FQHC SERVICES                     |  |  |  |  | 1.000000 | 13 |
| 14 TOTAL FACILITY OVERHEAD                        |  |  |  |  | 136561   | 14 |
| 15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY |  |  |  |  | 122220   | 15 |
| 16 TOTAL OVERHEAD                                 |  |  |  |  | 258781   | 16 |
| 17 ALLOWABLE GME OVERHEAD                         |  |  |  |  |          | 17 |
| 18 SUBTRACT LINE 17 FROM LINE 16                  |  |  |  |  | 258781   | 18 |
| 19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES       |  |  |  |  | 258781   | 19 |
| 20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES      |  |  |  |  | 494711   | 20 |

RHC I  
 COMPONENT NO: 14-3438

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

CHECK [ XX ] RHC [ ] TITLE V  
 APPLICABLE BOX: [ ] FQHC [ XX ] TITLE XVIII  
 [ ] TITLE XIX

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

|   |   |        |   |
|---|---|--------|---|
| 1 | TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES | 494711 | 1 |
| 2 | COST OF VACCINES AND THEIR ADMINISTRATION | 32231  | 2 |
| 3 | TOTAL ALLOWABLE COST EXCLUDING VACCINE    | 462480 | 3 |
| 4 | TOTAL VISITS                              | 5105   | 4 |
| 5 | PHYSICIANS VISITS UNDER AGREEMENT         |        | 5 |
| 6 | TOTAL ADJUSTED VISITS                     | 5105   | 6 |
| 7 | ADJUSTED COST PER VISIT                   | 90.59  | 7 |

CALCULATION OF LIMIT(1)  
 PRIOR TO ON OR AFTER  
 JANUARY 1 JANUARY 1 (SEE INSTR.)  
 1 2 3

|   |                                 |       |       |   |
|---|---------------------------------|-------|-------|---|
| 8 | PER VISIT PAYMENT LIMIT         | 66.72 | 66.72 | 8 |
| 9 | RATE FOR PROGRAM COVERED VISITS | 90.59 | 90.59 | 9 |

CALCULATION OF SETTLEMENT

|       |  |       |       |       |
|-------|--|-------|-------|-------|
| 10    | PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES  | 298   | 298   | 10    |
| 11    | PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES  | 26996 | 26996 | 11    |
| 12    | PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES  |       |       | 12    |
| 13    | PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES   |       |       | 13    |
| 14    | LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES  |       |       | 14    |
| 15    | GRADUATE MEDICAL EDUCATION PASS THROUGH COST   |       |       | 15    |
| 16    | TOTAL PROGRAM COST   |       | 53992 | 16    |
| 16.01 | PRIMARY PAYOR PAYMENTS   |       |       | 16.01 |
| 17    | LESS: BENEFICIARY DEDUCTIBLE   |       | 6906  | 17    |
| 18    | NET PROGRAM COST EXCLUDING VACCINES  |       | 47086 | 18    |
| 19    | REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE  |       | 37669 | 19    |
| 20    | PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION  |       | 8998  | 20    |
| 21    | TOTAL REIMBURSABLE PROGRAM COST  |       | 46667 | 21    |
| 22    | REIMBURSABLE BAD DEBTS   |       |       | 22    |
| 22.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   |       |       | 22.01 |
| 23    | OTHER ADJUSTMENTS  |       |       | 23    |
| 24    | NET REIMBURSABLE AMOUNT  |       | 46667 | 24    |
| 25    | INTERIM PAYMENTS   |       | 51146 | 25    |
| 25.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |       |       | 25.01 |
| 26    | BALANCE DUE COMPONENT/PROGRAM  |       | -4479 | 26    |
| 27    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2 |       |       | 27    |

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC I  
 COMPONENT NO: 14-3438

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

CHECK [ XX ] RHC [ ] TITLE V  
 APPLICABLE BOX: [ ] FQHC [ XX ] TITLE XVIII  
 [ ] TITLE XIX

|  | PNEUMOCOCCAL<br>1 | SEASONAL<br>INFLUENZA<br>2 | H1N1 VACCINE<br>(SERVICES<br>ON/AFTER<br>10/1/2009)<br>2.01 | COMBINATION<br>INFLUENZA &<br>H1N1 IN SAME<br>VISIT<br>2.02 |    |
|--|-------------------|----------------------------|---|---|----|
| 1 HEALTH CARE STAFF COSTS  | 200398            | 200398                     | 200398  | 200398  | 1  |
| 2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME<br>TO TOTAL HEALTH CARE STAFF TIME           | 0.008700          | 0.012100                   |   |   | 2  |
| 3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST   | 1743              | 2425                       |   |   | 3  |
| 4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE  | 7900              | 3303                       |   |   | 4  |
| 5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE  | 9643              | 5728                       |   |   | 5  |
| 6 TOTAL DIRECT COST OF THE FACILITY  | 235930            | 235930                     | 235930  | 235930  | 6  |
| 7 TOTAL OVERHEAD   | 258781            | 258781                     | 258781  | 258781  | 7  |
| 8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO<br>TOTAL DIECT COST                      | 0.040872          | 0.024278                   |   |   | 8  |
| 9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE   | 10577             | 6283                       |   |   | 9  |
| 10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND<br>ITS (THEIR) ADMINISTRATION                   | 20220             | 12011                      |   |   | 10 |
| 11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE<br>INJECTIONS                                  | 198               | 273                        |   |   | 11 |
| 12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION   | 102.12            | 44.00                      |   |   | 12 |
| 13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS<br>ADMINISTERED TO MEDICARE BENEFICIARIES | 67                | 49                         |   |   | 13 |
| 14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND<br>ITS (THEIR) ADMINISTRATION             | 6842              | 2156                       |   |   | 14 |
| 15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND<br>ITS (THEIR) ADMINISTRATION                |                   | 32231                      |   |   | 15 |
| 16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA<br>VACCINE AND ITS (THEIR) ADMINISTRATION       |                   | 8998                       |   |   | 16 |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/24/2010 12:35

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I  
 COMPONENT NO: 14-3438

WORKSHEET M-5

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

| DESCRIPTION   | PART B                     |            | AMOUNT |
|---|----------------------------|------------|--------|
|   | 1<br>MM/DD/YYYY            | 2          |        |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER   |                            | 51146      | 1      |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER<br>SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR<br>SERVICES RENDERED IN THE COST REPORTING PERIOD. IF<br>NONE, WRITE 'NONE', OR ENTER A ZERO. |                            | NONE       | 2      |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM   | PROGRAM .01                |            | 3.01   |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT   | TO .02                     |            | 3.02   |
| REVISION OF THE INTERIM RATE FOR THE COST   | PROVIDER .03               | NONE       | 3.03   |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH  | PROGRAM .04                |            | 3.04   |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.   | TO .05                     |            | 3.05   |
|   | PROVIDER .50               |            | 3.50   |
|   | PROGRAM .51                |            | 3.51   |
|   | TO .52                     | NONE       | 3.52   |
|   | PROGRAM .53                |            | 3.53   |
|   | TO .54                     |            | 3.54   |
| SUBTOTAL  | .99                        |            | 3.99   |
| 4 TOTAL INTERIM PAYMENTS  |                            | 51146      | 4      |
| TO BE COMPLETED BY INTERMEDIARY   |                            |            |        |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-<br>MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH<br>PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.   | PROGRAM .01                | 02/04/2010 | 5.01   |
|   | TO .02                     |            | 5.02   |
|   | PROVIDER .03               | NONE       | 5.03   |
|   | PROGRAM .50                |            | 5.50   |
|   | TO .51                     | NONE       | 5.51   |
|   | PROGRAM .52                |            | 5.52   |
| SUBTOTAL  | .99                        |            | 5.99   |
| 6 DETERMINED NET SETTLEMENT AMOUNT<br>(BALANCE DUE) BASED ON THE COST<br>REPORT.  | PROGRAM TO .01             |            | 6.01   |
|   | PROVIDER TO .02            | -4479      | 6.02   |
|   | PROGRAM                    |            |        |
| 7 TOTAL MEDICARE PROGRAM LIABILITY  |                            | 46667      | 7      |
| NAME OF INTERMEDIARY: _____   | INTERMEDIARY NUMBER: _____ |            |        |
| SIGNATURE OF AUTHORIZED PERSON: _____   | DATE (MO/DAY/YR): _____    |            |        |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/24/2010 12:35

RHC II  
 COMPONENT NO: 14-3495

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

|  | COMPEN-<br>SATION<br>1 | OTHER<br>COSTS<br>2 | TOTAL<br>3 | RECLASSIFI-<br>CATIONS<br>4 | RECLASSIFIED<br>TRIAL<br>BALANCE<br>5 | ADJUST-<br>MENTS<br>6 | NET EXPENSES<br>FOR<br>ALLOCATION<br>7 |    |
|--|------------------------|---------------------|------------|-----------------------------|---------------------------------------|-----------------------|--|----|
| FACILITY HEALTH CARE STAFF COSTS       |                        |                     |            |                             |                                       |                       |  |    |
| 1                                      | 606546                 |                     | 606546     |                             | 606546                                |                       | 606546                                 | 1  |
| 2                                      | 1554                   |                     | 1554       |                             | 1554                                  |                       | 1554                                   | 2  |
| 3                                      | 206157                 |                     | 206157     |                             | 206157                                |                       | 206157                                 | 3  |
| 4                                      |                        |                     |            |                             |                                       |                       |  | 4  |
| 5                                      | 333182                 |                     | 333182     |                             | 333182                                |                       | 333182                                 | 5  |
| 6                                      |                        |                     |            |                             |                                       |                       |  | 6  |
| 7                                      |                        |                     |            |                             |                                       |                       |  | 7  |
| 8                                      |                        |                     |            |                             |                                       |                       |  | 8  |
| 9                                      |                        |                     |            |                             |                                       |                       |  | 9  |
| 10                                     | 1147439                |                     | 1147439    |                             | 1147439                               |                       | 1147439                                | 10 |
| OTHER FACILITY HEALTH CARE STAFF COSTS |                        |                     |            |                             |                                       |                       |  |    |
| 11                                     |                        |                     |            |                             |                                       |                       |  | 11 |
| 12                                     |                        |                     |            |                             |                                       |                       |  | 12 |
| 13                                     |                        |                     |            |                             |                                       |                       |  | 13 |
| 14                                     |                        |                     |            |                             |                                       |                       |  | 14 |
| OTHER HEALTH CARE COSTS                |                        |                     |            |                             |                                       |                       |  |    |
| 15                                     |                        | 175470              | 175470     |                             | 175470                                |                       | 175470                                 | 15 |
| 16                                     |                        |                     |            |                             |                                       |                       |  | 16 |
| 17                                     |                        | 33246               | 33246      |                             | 33246                                 |                       | 33246                                  | 17 |
| 18                                     |                        |                     |            |                             |                                       |                       |  | 18 |
| 19                                     |                        |                     |            |                             |                                       |                       |  | 19 |
| 20                                     |                        |                     |            |                             |                                       |                       |  | 20 |
| 21                                     |                        | 208716              | 208716     |                             | 208716                                |                       | 208716                                 | 21 |
| 22                                     | 1147439                | 208716              | 1356155    |                             | 1356155                               |                       | 1356155                                | 22 |
| TOTAL COSTS OF HEALTH CARE SERVICES    |                        |                     |            |                             |                                       |                       |  |    |
| 23                                     |                        |                     |            |                             |                                       |                       |  | 23 |
| 24                                     |                        |                     |            |                             |                                       |                       |  | 24 |
| 25                                     |                        |                     |            |                             |                                       |                       |  | 25 |
| 26                                     |                        |                     |            |                             |                                       |                       |  | 26 |
| 27                                     |                        |                     |            |                             |                                       |                       |  | 27 |
| 28                                     |                        |                     |            |                             |                                       |                       |  | 28 |
| FACILITY OVERHEAD                      |                        |                     |            |                             |                                       |                       |  |    |
| 29                                     |                        | 185901              | 185901     |                             | 185901                                |                       | 185901                                 | 29 |
| 30                                     | 280254                 | 416257              | 696511     |                             | 696511                                |                       | 696511                                 | 30 |
| 31                                     | 280254                 | 602158              | 882412     |                             | 882412                                |                       | 882412                                 | 31 |
| 32                                     | 1427693                | 810874              | 2238567    |                             | 2238567                               |                       | 2238567                                | 32 |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09  
 11/24/2010 12:35

RHC II  
 COMPONENT NO: 14-3495

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

VISITS AND PRODUCTIVITY

|                                       | NUMBER<br>OF FTE<br>PERSONNEL | TOTAL<br>VISITS | PRODUCTIVITY<br>STANDARD | MINIMUM<br>VISITS | GREATER OF<br>COL. 2 OR<br>COL. 4 |   |
|---------------------------------------|-------------------------------|-----------------|--------------------------|-------------------|-----------------------------------|---|
|                                       | 1                             | 2               | 3                        | 4                 | 5                                 |   |
| 1 PHYSICIANS                          | 2.71                          | 8916            | 4200                     | 11382             |                                   | 1 |
| 2 PHYSICIAN ASSISTANTS                | 0.15                          |                 | 2100                     | 315               |                                   | 2 |
| 3 NURSE PRACTITIONERS                 | 2.17                          | 4664            | 2100                     | 4557              |                                   | 3 |
| 4 SUBTOTAL                            | 5.03                          | 13580           |                          | 16254             | 16254                             | 4 |
| 5 VISITING NURSE                      |                               |                 |                          |                   |                                   | 5 |
| 6 CLINICAL PSYCHOLOGIST               |                               |                 |                          |                   |                                   | 6 |
| 7 CLINICAL SOCIAL WORKER              |                               |                 |                          |                   |                                   | 7 |
| 8 TOTAL FTEs AND VISITS               | 5.03                          | 13580           |                          |                   | 16254                             | 8 |
| 9 PHYSICIAN SERVICES UNDER AGREEMENTS |                               |                 |                          |                   |                                   | 9 |

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

|   |  |  |  |  |          |    |
|---|--|--|--|--|----------|----|
| 10 TOTAL COSTS OF HEALTH CARE SERVICES            |  |  |  |  | 1356155  | 10 |
| 11 TOTAL NONREIMBURSABLE COSTS                    |  |  |  |  |          | 11 |
| 12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)      |  |  |  |  | 1356155  | 12 |
| 13 RATIO OF RHC/FQHC SERVICES                     |  |  |  |  | 1.000000 | 13 |
| 14 TOTAL FACILITY OVERHEAD                        |  |  |  |  | 882412   | 14 |
| 15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY |  |  |  |  | 1046942  | 15 |
| 16 TOTAL OVERHEAD                                 |  |  |  |  | 1929354  | 16 |
| 17 ALLOWABLE GME OVERHEAD                         |  |  |  |  |          | 17 |
| 18 SUBTRACT LINE 17 FROM LINE 16                  |  |  |  |  | 1929354  | 18 |
| 19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES       |  |  |  |  | 1929354  | 19 |
| 20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES      |  |  |  |  | 3285509  | 20 |

RHC II  
 COMPONENT NO: 14-3495

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

CHECK [ XX ] RHC [ ] TITLE V  
 APPLICABLE BOX: [ ] FQHC [ XX ] TITLE XVIII  
 [ ] TITLE XIX

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

|   |   |         |   |
|---|---|---------|---|
| 1 | TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES | 3285509 | 1 |
| 2 | COST OF VACCINES AND THEIR ADMINISTRATION | 79099   | 2 |
| 3 | TOTAL ALLOWABLE COST EXCLUDING VACCINE    | 3206410 | 3 |
| 4 | TOTAL VISITS                              | 16254   | 4 |
| 5 | PHYSICIANS VISITS UNDER AGREEMENT         |         | 5 |
| 6 | TOTAL ADJUSTED VISITS                     | 16254   | 6 |
| 7 | ADJUSTED COST PER VISIT                   | 197.27  | 7 |

CALCULATION OF LIMIT(1)  
 PRIOR TO ON OR AFTER  
 JANUARY 1 JANUARY 1 (SEE INSTR.)  
 1 2 3

|   |                                 |        |        |   |
|---|---------------------------------|--------|--------|---|
| 8 | PER VISIT PAYMENT LIMIT         | 66.72  | 66.72  | 8 |
| 9 | RATE FOR PROGRAM COVERED VISITS | 197.27 | 197.27 | 9 |

CALCULATION OF SETTLEMENT

|       |  |        |        |       |
|-------|--|--------|--------|-------|
| 10    | PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES  | 1761   | 1761   | 10    |
| 11    | PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES  | 347392 | 347392 | 11    |
| 12    | PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES  |        |        | 12    |
| 13    | PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES   |        |        | 13    |
| 14    | LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES  |        |        | 14    |
| 15    | GRADUATE MEDICAL EDUCATION PASS THROUGH COST   |        |        | 15    |
| 16    | TOTAL PROGRAM COST   |        | 694784 | 16    |
| 16.01 | PRIMARY PAYOR PAYMENTS   |        | 24     | 16.01 |
| 17    | LESS: BENEFICIARY DEDUCTIBLE   |        | 53378  | 17    |
| 18    | NET PROGRAM COST EXCLUDING VACCINES  |        | 641382 | 18    |
| 19    | REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE  |        | 513106 | 19    |
| 20    | PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION  |        | 32347  | 20    |
| 21    | TOTAL REIMBURSABLE PROGRAM COST  |        | 545453 | 21    |
| 22    | REIMBURSABLE BAD DEBTS   |        |        | 22    |
| 22.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   |        |        | 22.01 |
| 23    | OTHER ADJUSTMENTS  |        |        | 23    |
| 24    | NET REIMBURSABLE AMOUNT  |        | 545453 | 24    |
| 25    | INTERIM PAYMENTS   |        | 428445 | 25    |
| 25.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |        |        | 25.01 |
| 26    | BALANCE DUE COMPONENT/PROGRAM  |        | 117008 | 26    |
| 27    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2 |        |        | 27    |

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC II  
 COMPONENT NO: 14-3495

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

CHECK [ XX ] RHC [ ] TITLE V  
 APPLICABLE BOX: [ ] FQHC [ XX ] TITLE XVIII  
 [ ] TITLE XIX

|  | PNEUMOCOCCAL<br>1 | SEASONAL<br>INFLUENZA<br>2 | H1N1 VACCINE<br>(SERVICES<br>ON/AFTER<br>10/1/2009)<br>2.01 | COMBINATION<br>INFLUENZA &<br>H1N1 IN SAME<br>VISIT<br>2.02 |    |
|--|-------------------|----------------------------|---|---|----|
| 1 HEALTH CARE STAFF COSTS  | 1147439           | 1147439                    | 1147439   | 1147439   | 1  |
| 2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME<br>TO TOTAL HEALTH CARE STAFF TIME           | 0.002300          | 0.008700                   |   |   | 2  |
| 3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST   | 2639              | 9983                       |   |   | 3  |
| 4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE  | 9416              | 10612                      |   |   | 4  |
| 5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE  | 12055             | 20595                      |   |   | 5  |
| 6 TOTAL DIRECT COST OF THE FACILITY  | 1356155           | 1356155                    | 1356155   | 1356155   | 6  |
| 7 TOTAL OVERHEAD   | 1929354           | 1929354                    | 1929354   | 1929354   | 7  |
| 8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO<br>TOTAL DIECT COST                      | 0.008889          | 0.015186                   |   |   | 8  |
| 9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE   | 17150             | 29299                      |   |   | 9  |
| 10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND<br>ITS (THEIR) ADMINISTRATION                   | 29205             | 49894                      |   |   | 10 |
| 11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE<br>INJECTIONS                                  | 236               | 877                        |   |   | 11 |
| 12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION   | 123.75            | 56.89                      |   |   | 12 |
| 13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS<br>ADMINISTERED TO MEDICARE BENEFICIARIES | 106               | 338                        |   |   | 13 |
| 14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND<br>ITS (THEIR) ADMINISTRATION             | 13118             | 19229                      |   |   | 14 |
| 15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND<br>ITS (THEIR) ADMINISTRATION                |                   | 79099                      |   |   | 15 |
| 16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA<br>VACCINE AND ITS (THEIR) ADMINISTRATION       |                   | 32347                      |   |   | 16 |

PROVIDER NO. 14-1301 KIRBY HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
 11/24/2010 12:35

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC II  
 COMPONENT NO: 14-3495

WORKSHEET M-5

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

| DESCRIPTION  | PART B   |            | AMOUNT               |  |
|--|--|------------|----------------------|--|
|  | 1<br>MM/DD/YYYY  | 2          |                      |  |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |  |            | 329045               | 1  |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER<br>SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR<br>SERVICES RENDERED IN THE COST REPORTING PERIOD. IF<br>NONE, WRITE 'NONE', OR ENTER A ZERO.                      |  |            | NONE                 | 2  |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM<br>ADJUSTMENT AMOUNT BASED ON SUBSEQUENT<br>REVISION OF THE INTERIM RATE FOR THE COST<br>REPORTING PERIOD. ALSO SHOW DATE OF EACH<br>PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01<br>TO .02<br>PROVIDER .03<br>PROVIDER .04<br>TO .05<br>PROVIDER .50<br>TO .51<br>PROGRAM .52<br>PROGRAM .53<br>PROGRAM .54 | 01/31/2010 | 99400                | 3.01<br>3.02<br>3.03<br>3.04<br>3.05<br>3.50<br>3.51<br>3.52<br>3.53<br>3.54 |
| SUBTOTAL   | .99  |            | 99400                | 3.99   |
| 4 TOTAL INTERIM PAYMENTS   |  |            | 428445               | 4  |
| TO BE COMPLETED BY INTERMEDIARY  |  |            |                      |  |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-<br>MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH<br>PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.  | PROGRAM .01<br>TO .02<br>PROVIDER .03<br>PROVIDER .50<br>TO .51<br>PROGRAM .52   |            |                      | 5.01<br>5.02<br>5.03<br>5.50<br>5.51<br>5.52                                 |
| SUBTOTAL   | .99  |            |                      | 5.99   |
| 6 DETERMINED NET SETTLEMENT AMOUNT<br>(BALANCE DUE) BASED ON THE COST<br>REPORT.   | PROGRAM TO<br>PROVIDER .01<br>PROVIDER TO .02<br>PROGRAM   |            | 117008               | 6.01<br>6.02   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |  |            | 545453               | 7  |
| NAME OF INTERMEDIARY:  | _____  |            | INTERMEDIARY NUMBER: | _____  |
| SIGNATURE OF AUTHORIZED PERSON:  | _____  |            | DATE (MO/DAY/YR):    | _____  |