This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0011 Worksheet S Period: From 07/01/2022 Parts I-III AND SETTLEMENT SUMMARY 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am PART I - COST REPORT STATUS Provider 1.[X] Electronically prepared cost report Date: use only] Manually prepared cost report 2. Γ 3. $\begin{bmatrix} 0 \end{bmatrix}$ If this is an amended report enter the number of times the provider resubmitted this cost report 4. $\begin{bmatrix} F \end{bmatrix}$ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. 6. Date Received: Contractor 5. [1]Cost Report Status 10.NPR Date: (1) As Submitted
7. Contractor No.
(2) Settled without Audit
(3) Settled with Audit
(4) Final Report for this Provider CCN
(5) Il. Contractor's Vendor Code:
(6) Il. Contractor's Vendor Code:
(7) Il. Contractor's Vendor Code:
(8) Initial Report for this Provider CCN
(9) If line 5, column 1 is 4: Enter number of times reopened = 0-9.

number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

(3) Settled with Audit

(4) Reopened (5) Amended

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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MARION GENERAL HOSPITAL (15-0011) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC	
	1	2	SIGNATURE STATEMENT	
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

	·		Title	XVIII			
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	419,786	-115,021	0	-730,838	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	3,538	0		16,687	3.00
4.00	SUBPROVIDER (OTHER)						4.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	423,324	-115,021	0	-714,151	200.00
Tho ak	nove amounts represent "due to" or "due from"	the applicable	nrogram for t	he element of	the shows comp	lov indicated	

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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

use only

In Lieu of Form CMS-2552-10 Health Financial Systems MARION GENERAL HOSPITAL

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0011 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/28/2023 11:19 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: 1.00 Street:441 WABASH AVENUE PO Box: 1.00 2.00 City: MARION State: IN Zip Code: 46952-County: GRANT 2.00 Component Name CCN CBSA Provider Date Payment System (P. T, 0, or N) Number Number Туре Certified XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 MARION GENERAL HOSPITAL 150011 99915 1 07/01/1966 3.00 Hospital Ν Р 0 Subprovider - IPF 4.00 4.00 5.00 Subprovider - IRF MARION GENERAL HOSPITAL 15T011 99915 5 07/01/2005 Ν Р 0 5.00 6.00 Subprovider - (Other) 6.00 Swing Beds - SNF 7.00 7.00 8.00 Swing Beds - NF 8.00 9.00 Hospital-Based SNF 9.00 10.00 Hospital-Based NF 10.00 11.00 11.00 Hospital-Based OLTC 12.00 Hospital-Based HHA 12.00 13.00 Separately Certified ASC 13.00 14.00 Hospital-Based Hospice 14.00 15.00 Hospital-Based Health Clinic - RHC 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: 2.00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 07/01/2022 06/30/2023 20.00 21.00 Type of Control (see instructions) 21.00 1.00 2.00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for N 22.00 disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 22.01 Did this hospital receive interim UCPs, including supplemental UCPs, for 22.01 this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Is this a newly merged hospital that requires a final UCP to be 22.02 Ν Ν determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. 22.03 Did this hospital receive a geographic reclassification from urban to 22.03 rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 3 Ν 23.00 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.

										<u>:19 am</u>
		In-State Medicaid paid days	In-State Medicaid eligible unpaid	Out-of State Medicaid paid days	Out-of State Medicaid eligible	НМО	caid days	Medi	ner caid ys	
		1.00	days 2.00	3.00	unpaid 4.00	- 5	00	6	00	-
	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3,	644	<u>2.00</u> 591			5	3,125			24.00
25.00	out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid eligible unpaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid	12	25	0		5	109			25.00
	HMO paid and eligible but unpaid days in column 5.				Unhan	/Rural	C Dat	o of	Cooan	
						00	3 ματ	2.00		1
26.00	Enter your standard geographic classification (not w		at the be	ginning of	the		2			26.00
	cost reporting period. Enter "1" for urban or "2" fo Enter your standard geographic classification (not w reporting period. Enter in column 1, "1" for urban o enter the effective date of the geographic reclassif	age) status or "2" for r	ural. If a	nd of the co applicable,	ost		2			27.00
	If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			CH status i		nnina.	1	Fudi u	~.	35.00
						nning: 00		Endin 2.00		
	Enter applicable beginning and ending dates of SCH s of periods in excess of one and enter subsequent dat	es.	·		nber 07/0	1/2022	0	6/30/2		36.00
37.01	If this is a Medicare dependent hospital (MDH), ente is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for t	he MDH tran	sitional p	ayment in	us					37.00
	accordance with FY 2016 OPPS final rule? Enter "Y" finstructions) If line 37 is 1, enter the beginning and ending date	-								38.00
	greater than 1, subscript this line for the number o enter subsequent dates.				,	Y/N		Y/N		
						.00		2.00		1
	Does this facility qualify for the inpatient hospita hospitals in accordance with 42 CFR §412.101(b)(2)(i 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i or "N" for no. (see instructions)), (ii), or the mileage ii)? Enter	(iii)? En requireme in column	nter in coluents in 2 "Y" for y	umn ves	N		N		39.00
40.00	Is this hospital subject to the HAC program reductio "N" for no in column 1, for discharges prior to Octo no in column 2, for discharges on or after October 1	ber 1. Ente	r "Y" for			N		N		40.00
								VIII .00	XIX 3.00	
	Prospective Payment System (PPS)-Capital						00 2	.00	3.00	
	Does this facility qualify and receive Capital payme with 42 CFR Section §412.320? (see instructions)	·	•				N	N	N	45.00
	Is this facility eligible for additional payment exc pursuant to 42 CFR §412.348(f)? If yes, complete wks Pt. III.	t. L, Pt. I	II and Wks	t. L-1, Pt.	I throug	h	N	N	N	46.00
	Is this a new hospital under 42 CFR §412.300(b) PPS Is the facility electing full federal capital paymen Teaching Hospitals						N N	N N	N N	47.00 48.00
56.00	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.									56.00
	For cost reporting periods beginning prior to Decemb is this the first cost reporting period during which at this facility? Enter "Y" for yes or "N" for no i residents start training in the first month of this "N" for no in column 2. If column 2 is "Y", complet complete Wkst. D, Parts III & IV and D-2, Pt. II, if beginning on or after December 27, 2020, under 42 CF which month(s) of the cost report the residents were for yes, enter "Y" for yes in column 1, do not compl	er 27, 2020 residents n column 1. cost report e Worksheet applicable R 413.77(e	in approve If column ing period E-4. If c For cost (1)(iv) a f the resp	ed GME progr 1 1 is "Y", 1? Enter "Y column 2 is column 2 is reporting and (v), regonse to lir	rams train did /" for yes "N", periods gardless o	or f Y"				57.00

In Lieu of Form CMS-2552-10 Health Financial Systems MARION GENERAL HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0011 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/28/2023 11:19 am XVIII XIX 2.00 3.00 1.00 58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as 58.00 Ν defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5. 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2 59.00 NAHE 413.85 Worksheet A Pass-Through Y/N Line # Qualification Criterion Code 1.00 2.00 3.00 60.00 Are you claiming nursing and allied health education (NAHE) costs for 60.00 N any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2. IME Direct GME Direct GMF TMF 1.00 2.00 3.00 4.00 5.00 61.00 Did your hospital receive FTE slots under ACA 0.00 0.00 61.00 section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 61.01 Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 61.05 Enter the difference between the baseline primary 61.05 and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) 61.06 Enter the amount of ACA §5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Name Program Code Unweighted Unweighted IME FTE Count Direct GME FTE Count 1.00 2.00 3.00 4.00 61.10 Of the FTEs in line 61.05, specify each new program 0.00 61.10 0.00 specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings 63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 63.00 'Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)

In Lieu of Form CMS-2552-10 Health Financial Systems MARION GENERAL HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0011 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/28/2023 11:19 am Unweighted Unweighted Ratio (col. 1/(col. 1 +FTES FTEs in Nonprovider Hospital col. 2)) Site 1.00 2.00 3.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 64.00 Enter in column 1, if line 63 is yes, or your facility trained residents 0.00 0.00 0.000000 64.00 in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Program Code Unweighted Unweighted Ratio (col. **FTES** FTEs in 3/(col. 3 +Nonprovider Hospital col. 4)) Site 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 0.00 0.00 0.000000 65.00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unweighted Unweighted Ratio (col. 1/(col. 1 +**FTES** FTES in Nonprovider Hospital col. 2)) Site 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 66.00 Enter in column 1 the number of unweighted non-primary care resident 0.00 0.00 0.000000 66.00 FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Program Code Unweighted Unweighted Ratio (col. **FTES** FTES in 3/(col. 3 +Nonprovider Hospital col. 4)) Site 1.00 2.00 3.00 4.00 5.00 67.00 Enter in column 1, the program 0.00 0.00 0.000000 67.00 name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)

In Lieu of Form CMS-2552-10 Health Financial Systems MARION GENERAL HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0011 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/28/2023 11:19 am 1.00 Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) 68.00 68.00 For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)? 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS 70.00 Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most 0 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or $\bar{\ }$ N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF 75.00 subprovider? Enter "Y" for yes and "N" for no. 76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for 0 76.00 Ν Ν no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) 1.00 Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. 80.00 Ν 81.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 81.00 Ν 'Y" for yes and "N" for no. TEFRA Providers 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no. 85.00 Ν Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section 86.00 §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. 87.00 Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no. 87.00 Ν Approved for Number of Permanent Approved Adiustment Permanent (Y/N)Adjustments 1.00 2.00 88.00 88.00 Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments. Effective Wkst. A Line Approved Permanent No. Date Adiustment Amount Per Discharge 2.00 3.00 1.00 89.00 Column 1: If line 88, column 1 is Y, enter the Worksheet A line number 0.00 0 89.00 on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge. XIX 1.00 2.00 Title V and XIX Services 90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for 90.00 Ν yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column. 91.00 91.00 Ν Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column. 92.00 Ν 92.00 93.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column. Ν Ν 93.00 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the 94.00 Ν Ν applicable column. 95.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 0.00 0.00 95.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the 96.00 96.00 Ν Ν applicable column. 97.00 If line 96 is "Y", enter the reduction percentage in the applicable column. 0.00 0.00 97.00

Health Financial Systems MARION GENER HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		F	reriod: from 07/01/2022 fo 06/30/2023	u of Form CMS- Worksheet S-2 Part I Date/Time Pro	2
				11/28/2023 1	
			1.00	2.00	+
Does title V or XIX follow Medicare (title XVIII) for the stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y"			Y	Y	98.00
column 1 for title V, and in column 2 for title XIX. 98.01 Does title V or XIX follow Medicare (title XVIII) for the C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title XIX.			. Y	Y	98.01
Does title V or XIX follow Medicare (title XVIII) for the bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes for title V, and in column 2 for title XIX.			Y	Y	98.02
98.03 Does title V or XIX follow Medicare (title XVIII) for a cr reimbursed 101% of inpatient services cost? Enter "Y" for for title V, and in column 2 for title XIX.			N	N	98.03
98.04 Does title V or XIX follow Medicare (title XVIII) for a CA outpatient services cost? Enter "Y" for yes or "N" for no in column 2 for title XIX.			N	N	98.04
98.05 Does title V or XIX follow Medicare (title XVIII) and add Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 2 for title XIX.	back the RCE d column 1 for	isallowance on title V, and in	Y	Y	98.05
98.06 Does title V or XIX follow Medicare (title XVIII) when cos Pts. I through IV? Enter "Y" for yes or "N" for no in colum column 2 for title XIX.	t reimbursed fom 1 for title	or Wkst. D, V, and in	Y	Y	98.06
Rural Providers 105.00 Does this hospital qualify as a CAH? 106.00 If this facility qualifies as a CAH, has it elected the al	l-inclusive me	thod of paymen	N N		105.00 106.00
for outpatient services? (see instructions) 107.00 Column 1: If line 105 is Y, is this facility eligible for training programs? Enter "Y" for yes or "N" for no in colum Column 2: If column 1 is Y and line 70 or line 75 is Y, desproyed medical education program in the CAH's excluded Enter "Y" for yes or "N" for no in column 2. (see instruc	mn 1. (see in o you train I& IPF and/or IRF	structions) Rs in an	N		107.00
108.00 Is this a rural hospital qualifying for an exception to th CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	e CRNA fee sch		N		108.00
	Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	-
109.00 If this hospital qualifies as a CAH or a cost provider, ar therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N N	N N	N N	109.00
				1.00	4
110.00 Did this hospital participate in the Rural Community Hospi Demonstration)for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable.	"Y" for yes o	r "N" for no. :	ɪf yes,	N N	110.00
арртгеавте.					
111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for	cost reporting column 1 is Y, articipating i	period? Enter enter the n column 2.	1.00 N	2.00	111.00
for tele-health services.					
ioi tele-mearth services.					
	-7.b ! 7	1.00	2.00	3.00	112 00
112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began partic demonstration. In column 3, enter the date the hospital c participation in the demonstration, if applicable.	reporting column 1 is ipating in the	N	2.00	3.00	112.00
112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began partic demonstration. In column 3, enter the date the hospital c	reporting column 1 is ipating in the eased or "N" for no B, or E only) "93" percent (includes	N	2.00		112.00 0 115.00

116.00

117.00 118.00

MCRIF32 - 21.2.177.0

116.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.

117.00 Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.

118.00 Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.

In Lieu of Form CMS-2552-10 Health Financial Systems MARION GENERAL HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0011 Period: Worksheet S-2 From 07/01/2022 Part I 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Premiums Losses Insurance 1.00 2.00 3.00 118.01 List amounts of malpractice premiums and paid losses: 1,201,652 0118.01 1.00 2.00 118.02 Are malpractice premiums and paid losses reported in a cost center other than the 118.02 Ν Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein. 119.00 119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA 120.00 N Ν §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no. 121.00|Did this facility incur and report costs for high cost implantable devices charged to 121.00 patients? Enter "Y" for yes or "N" for no. 122.00 Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 122.00 the Worksheet A line number where these taxes are included. 123.00 Did the facility and/or its subproviders (if applicable) purchase professional 123.00 services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no. Certified Transplant Center Information 125.00 Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes Ν 125.00 and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare-certified kidney transplant program, enter the certification date 126.00 in column 1 and termination date, if applicable, in column 2. 127.00 If this is a Medicare-certified heart transplant program, enter the certification date 127.00 in column 1 and termination date, if applicable, in column 2. 128.00|If this is a Medicare-certified liver transplant program, enter the certification date 128.00 in column 1 and termination date, if applicable, in column 2. 129.00 If this is a Medicare-certified lung transplant program, enter the certification date 129.00 in column 1 and termination date, if applicable, in column 2. 130.00|If this is a Medicare-certified pancreas transplant program, enter the certification 130.00 date in column 1 and termination date, if applicable, in column 2. 131.00 If this is a Medicare-certified intestinal transplant program, enter the certification 131.00 date in column 1 and termination date, if applicable, in column 2. 132.00 If this is a Medicare-certified islet transplant program, enter the certification date 132.00 in column 1 and termination date, if applicable, in column 2. 133.00 Removed and reserved 133.00 134.00 If this is a hospital-based organ procurement organization (OPO), enter the OPO number 134.00 in column 1 and termination date, if applicable, in column 2. All Providers 140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1, 140.00 Ν chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions) 1.00 3.00 2.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number. 141.00 Name: Contractor's Name: Contractor's Number: 141.00 142.00 Street: PO Box: 142.00 143.00 City: 143.00 State: zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144.00 Υ 1.00 2.00 145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is 145.00 no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00|Has the cost allocation methodology changed from the previously filed cost report? 146.00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLI	EX IDENTIFICATION DATA	F	Provider CC	CN: 15-0011		iod: m 07/01/2022 06/30/2023	Worksheet S Part I Date/Time P 11/28/2023	repared:
							1.00	
147.00 was there a change in the statist	ical hasis? Enter "Y" f	for ves	or "N" for	no			N 1.00	147.00
148.00 was there a change in the order o							N	148.00
149.00 was there a change to the simplif					for no).	N	149.00
			Part A	Part		Title V	Title XIX	
			1.00	2.00		3.00	4.00	
Does this facility contain a prov or charges? Enter "Y" for yes or								
155.00 Hospital	N 101 110 101 Each Col	пропенс	N	N N	ь. (зе	N N	N N	155.0
156.00 Subprovider - IPF			N	N N		N	N	156.0
157.00 Subprovider - IRF			N	N N		N	N	157.0
158.00 SUBPROVIDER								158.0
159.00 SNF			N	N		N	N	159.0
160.00 HOME HEALTH AGENCY			N	N		N	N	160.0
L61.00 CMHC				N		N	N	161.0
							1.00	\dashv
Multicampus						'		
L65.00 Is this hospital part of a Multic Enter "Y" for yes or "N" for no.	ampus hospital that has	s one or	more camp	uses in d	ifferen	it CBSAs?	N	165.0
	Name	Co	ounty	State	Zip Co	ode CBSA	FTE/Campus	
	0	1	1.00	2.00	3.00	4.00	5.00	
L66.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.	00 166.0
							1.00	\dashv
Health Information Technology (HI	T) incentive in the Ame	erican R	Recovery an	d Reinves	tment A	Act		
167.00 Is this provider a meaningful use 168.00 If this provider is a CAH (line 1 reasonable cost incurred for the	05 is "Y") and is a mea	aningful				enter the	Y	167.0 168.0
.68.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii)	not a meaningful user, ? Enter "Y" for yes or	does th "N" for	no. (see	instruction	ons)			168.0
L69.00 If this provider is a meaningful transition factor. (see instructi		and is	not a CAH	(Ine 105	1S "N"), enter the	0.	00169.0
						Beginning	Ending	
						1.00	2.00	
270.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)	beginning date and endi	ing date	e for the r	eporting				170.0
						1.00	2.00	
71.00 If line 167 is "Y", does this pro	vider have any days for	r indivi	duals enro	lled in		N		0171.0
section 1876 Medicare cost plans "Y" for yes and "N" for no in col 1876 Medicare days in column 2. (reported on Wkst. S-3, umn 1. If column 1 is y	Pt. I,	line 2, co	1. 6? Ente				

In Lieu of Form CMS-2552-10 Health Financial Systems MARION GENERAL HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0011 Period: Worksheet S-2 From 07/01/2022 Part II 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Y/N Date 1.00 2.00 PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation 1.00 Has the provider changed ownership immediately prior to the beginning of the cost Ν 1.00 reporting period? If yes, enter the date of the change in column 2. (see instructions) Y/N Date V/I 1.00 2.00 3.00 2.00 Has the provider terminated participation in the Medicare Program? If Ν 2.00 yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary. 3.00 Is the provider involved in business transactions, including management 3.00 contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) Y/N Date Type 1.00 2.00 3.00 Financial Data and Reports Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, 4.00 4.00 Α or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. 5.00 Are the cost report total expenses and total revenues different from 5.00 Ν those on the filed financial statements? If yes, submit reconciliation Legal Oper. Y/N 1.00 2.00 Approved Educational Activities 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider 6.00 the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see instructions. 7.00 7.00 Ν 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the Ν 8.00 cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education 9.00 Ν 9.00 program in the current cost report? If yes, see instructions. Was an approved Intern and Resident GME program initiated or renewed in the current 10.00 10.00 Ν cost reporting period? If yes, see instructions. 11.00 Are GME cost directly assigned to cost centers other than I & R in an Approved 11.00 Ν Teaching Program on Worksheet A? If yes, see instructions. Y/N 1.00 **Bad Debts** Is the provider seeking reimbursement for bad debts? If yes, see instructions. 12.00 12.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting 13.00 Ν 13.00 period? If yes, submit copy. 14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see Ν 14.00 instructions. Bed Complement 15.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. Υ 15.00 Part B Part A Y/N Y/N Date Date 1.00 3.00 2.00 4.00 PS&R Data 16.00 Was the cost report prepared using the PS&R Report only? Ν Ν 16.00 If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) 17.00 Was the cost report prepared using the PS&R Report for 07/18/2023 07/18/2023 17.00 Υ ٧ totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R 18.00 18.00 Ν Ν Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R 19.00 Ν Ν Report data for corrections of other PS&R Report information? If yes, see instructions.

SPIT	Financial Systems MARION GENERA FAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider Co	CN: 15-0011	Period: From 07/01/2022 To 06/30/2023	w of Form CM Worksheet S Part II Date/Time F 11/28/2023	-2 repared	
		Descri	ption	Y/N	Y/N		
		C)	1.00	3.00		
0.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.	
	report data for deficit. Describe the deficit dayastiments:	Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.	
					1.00		
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	PT CHILDRENS H	OSPITALS)				
00	Capital Related Cost Have assets been relifed for Medicare purposes? If yes, see	instructions				22.	
.00			sals made du	ıring the cost		23.	
.00		ed into during	this cost r	reporting period?		24.	
.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						
.00	Were assets subject to Sec.2314 of DEFRA acquired during th instructions.	If yes, see		26			
.00	copy.	If yes, submit		27			
.00	Interest Expense Were new loans, mortgage agreements or letters of credit entered into during the cost reporting						
.00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						
.00	· · · · · · · · · · · · · · · · · · ·		debt? If ye	es, see		30	
.00	Has debt been recalled before scheduled maturity without is instructions.	suance of new	debt? If ye	es, see		31	
.00	Purchased Services Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instru		ed through o	contractual		32	
.00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		ng to compet	citive bidding? If	:	33	
00	Provider-Based Physicians	unangamant wild	مام مام	based physicians	,		
	Were services furnished at the provider facility under an a If yes, see instructions.					34	
.00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		nts with the	e provider-based		35	
				Y/N 1.00	Date 2.00		
	Home Office Costs						
	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pr	anamad by the	hama office			36	
	If yes, see instructions.					37	
	If line 36 is yes , was the fiscal year end of the home off the provider? If yes, enter in column 2 the fiscal year end	d of the home of	office.			38	
	If line 36 is yes, did the provider render services to othe see instructions.	•	•			39	
.00	If line 36 is yes, did the provider render services to the instructions.	nome office?	ir yes, see	2		40	
		1.	00	2.	00		
.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	TINA		SEVERS		41	
.00	respectively. Enter the employer/company name of the cost report	BLUE AND CO.,	LLC			42	
	preparer.			1			

Health	Financial Systems MAR	ION GENERA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPIT	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION	NNAIRE	Provider		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
						11/28/2023 11	:19 am
				3.00			
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/pos held by the cost report preparer in columns 1, 2, respectively.		MANAGER				41.00
42.00	Enter the employer/company name of the cost repor	rt					42.00
43.00	preparer. Enter the telephone number and email address of t report preparer in columns 1 and 2, respectively.						43.00

		GENERAL HOSPITAL		Non-CMS HFS Wo	rksheet
HFS St	upplemental Information		Period: From 07/01/2022 To 06/30/2023		epared:
			Title V	Title XIX	
			1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the stepdown adjustments on W/S B, Part I, column 25? Enter and Y/N in column 2 for Title XIX. (see S-2, Part I,	er Y/N in column 1 for Title V	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the Part I (e.g. net of Physician's component)? Enter Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.0		Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	ne calculation of Observation Be		Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from warm of lines 2, 3, and 4 to Worksheet E-4, column 2, 7			Y	3.02
	, , , , , , , , , , , , , , , , , , , ,		Inpatient	Outpatient	
			1.00	2.00	
	CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical reimbursed 101% of cost? Enter Y or N in column 1 for for outpatient. (see S-2, Part I, lines 98.03 and 98.03)	2 N	N	4.00	
5.00	Does Title XIX follow Medicare (Title XVIII) for Critreimbursed 101% of cost? Enter Y or N in column 1 for for outpatient. (see S-2, Part I, lines 98.03 and 98.03)	ical Access Hospitals (CAH) bein inpatient and Y or N in column		N	5.00
		,	Title V	Title XIX	
			1.00	2.00	
	RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCI column 4? Enter Y/N in column 1 for Title V and Y/N in S-2, Part I, line 98.05)		Y	Y	6.00
7 00	PASS THROUGH COST	d Comment of the Hell Comment	1		7.00
7.00	Do Title V or XIX follow Medicare when cost reimbursed worksheets D, parts I through IV? Enter Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	1 for Title V and Y/N in column	Y	Y	7.00
	RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.0 Title V and Y/N in column 2 for Title XIX.	O4)? Enter Y/N in column 1 for	N	N	8.00
9.00	FOHC For fiscal year beginning on/after 10/01/2014, use M-S XIX? Enter Y/N in column 1 for Title V and Y/N in colu	series for Title V and/or Title	N	N	9.00
	TATAL ELICET 1/N TH COTAMIN I TOT TICLE V AND 1/N TH COTA	MIIII L TOT TICLE AIA.	C+	ate	
				00	
	STATE MEDICAID FORMS			00	
10.00	Select the state when using state Medicaid forms.				10.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet S-3 | From 07/01/2022 | Part I | To 06/30/2023 | Date/Time Prepared: Provider CCN: 15-0011

				Т	o 06/30/2023	Date/Time Pre 11/28/2023 11	
						I/P Days /	125 (4
						O/P Visits /	
						Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	Title V	
		Line No.		Available			
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	87	31,755	0.00	0	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF			24 755	0.00	0	6.00
7.00	Total Adults and Peds. (exclude observation		87	31,755	0.00	0	7.00
0 00	beds) (see instructions)	21 00	10	6 035	0.00	0	0 00
8.00	INTENSIVE CARE UNIT	31.00	19	6,935	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)	42.00				0	12.00
13.00	NURSERY	43.00	100	30,000	0.00	-	13.00
14.00	Total (see instructions)		106	38,690	0.00	0	14.00 15.00
15.00	CAH visits					U	
15.10 16.00	REH hours and visits SUBPROVIDER - IPF	40.00	0	0		0	15.10 16.00
17.00		41.00	18			0	17.00
18.00	SUBPROVIDER - IRF SUBPROVIDER	42.00	10	6,370		0	18.00
19.00	SKILLED NURSING FACILITY	42.00	U	0		U	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.00
25.00	CMHC - CMHC	30.00					25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)	03.00	124			O	27.00
28.00	Observation Bed Days		127			0	28.00
29.00	Ambulance Trips					O	29.00
30.00	Employee discount days (see instruction)						30.00
31.00							31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room						32.01
	outpatient days (see instructions)						
33.00							33.00
	LTCH site neutral days and discharges						33.01
	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	
					1		

Period: Worksheet S-3
From 07/01/2022 Part I
TO 06/30/2023 Date/Time Prepared:

					00,50,2025	11/28/2023 11	:19 am
	·	I/P Days	/ O/P Visits	/ Trips	Full Time E	Equivalents	
		, ,	, ,				
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
				Patients	& Residents	Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA	0.00	7.00	0.00	3.00	20.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	3,799	644	9,546			1.00
	8 exclude Swing Bed, Observation Bed and	,,,,,,	*				
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	3,930	3,741				2.00
3.00	HMO IPF Subprovider	0,550	0,7.12				3.00
4.00	HMO IRF Subprovider	133	139				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0				5.00
6.00	Hospital Adults & Peds. Swing Bed NF	Ĭ	0	1			6.00
7.00	Total Adults and Peds. (exclude observation	3,799	644	1			7.00
7.00	beds) (see instructions)	3,733	044	3,340			7.00
8.00	INTENSIVE CARE UNIT	589	0	4,101			8.00
9.00	CORONARY CARE UNIT	303	O	7,101			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	1,455			13.00
14.00	Total (see instructions)	4,388	644	15,102	0.00	670.77	
15.00	CAH visits	7,300	0	0	0.00	070.77	15.00
15.10	REH hours and visits	٩	O	Ĭ			15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	
17.00	SUBPROVIDER - IRF	1,086	12	1	0.00	10.83	
18.00	SUBPROVIDER	1,000	12	1,701	0.00	0.00	l
19.00	SKILLED NURSING FACILITY		O		0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			80			24.10
25.00	CMHC - CMHC			00			25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25		0	0	0	0.00	0.00	
27.00	,	١	U	U	0.00	681.60	ł
28.00	Observation Bed Days		1,077	4,272	0.00	001.00	28.00
29.00	Ambulance Trips	1,016	1,077	4,272			29.00
30.00	Employee discount days (see instruction)	1,010		120			30.00
	Employee discount days (see Histruction)			0			31.00
32.00		0	0	0			32.00
32.00	Total ancillary labor & delivery room	١	0	0			32.00
32.01	outpatient days (see instructions)			١			32.01
33 00	LTCH non-covered days	0					33.00
	LTCH non-covered days LTCH site neutral days and discharges	0					33.00
	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00
34.00	Transporary Expansion Covid-13 FRE Acute Care	١	U	١		I	1 34.00

Health Financial SystemsMARIONHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0011

				ТС	06/30/2023	Date/Time Pre 11/28/2023 11	
		Full Time		Disch	arges	11/20/2023 11	1 I J UIII
		Equivalents					
	Component	Nonpaid	Title V	Title XVIII	Title XIX	Total All	
		Workers	12.00	12.00	14.00	Patients	
	DART T. CTATTCTTCAL DATA	11.00	12.00	13.00	14.00	15.00	
1.00	PART I - STATISTICAL DATA Hospital Adults & Peds. (columns 5, 6, 7 and		0	1,138	106	3,688	1.00
1.00	8 exclude Swing Bed, Observation Bed and		U	1,130	100	3,000	1.00
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			831	869		2.00
3.00	HMO IPF Subprovider			031	0		3.00
4.00	HMO IRF Subprovider				11		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation						7.00
7.00	beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,138	106	3,688	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	105	1	181	
18.00		0.00	0		0	0	
19.00							19.00
20.00							20.00
21.00							21.00
	HOME HEALTH AGENCY						22.00
23.00							23.00
24.00							24.00
24.10							24.10
25.00							25.00
26.00		0.00					26.00
26.25	1	0.00					26.25
	Total (sum of lines 14-26)	0.00					27.00
	Observation Bed Days Ambulance Trips						28.00
	Employee discount days (see instruction)						30.00
	Employee discount days (see Instruction)						31.00
32.00							32.00
32.00							32.00
32.UI	outpatient days (see instructions)						32.01
33 00	LTCH non-covered days			0			33.00
	LTCH site neutral days and discharges			o o			33.01
	Temporary Expansion COVID-19 PHE Acute Care						34.00
300	- Important of the following t	ı		1	'		30

In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared: Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0011

						o 06/30/2023	Date/Time Pre 11/28/2023 11	
		Wkst. A Line	Amount	Reclassificat	Adjusted	Paid Hours	Average	. 19 aiii
		Number	Reported	ion of	Salaries	Related to	Hourly Wage	
				Salaries (from Wkst.	(col.2 ± col. 3)	Salaries in col. 4	(col. 4 ÷ col. 5)	
				A-6)	3)	CO1. 4	CO1. 3)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	ART II - WAGE DATA ALARIES							
	otal salaries (see	200.00	56,564,955	23,163,152	79,728,107	1,760,182.90	45.30	1.00
	nstructions)		0	0	0	0.00	0.00	2 00
2.00 NC	on-physician anesthetist Part		U	U	0	0.00	0.00	2.00
3.00 No	on-physician anesthetist Part		0	0	0	0.00	0.00	3.00
4.00 Ph	hysician-Part A -		661,539	0	661,539	2,868.99	230.58	4.00
Ac	dministrative		,					
	hysicians - Part A - Teaching hysician and Non		0 4,966,366	0	0 4,966,366	0.00 24,997.08	0.00 198.68	
	hysician-Part B		4,900,300	0	4,900,300	24,997.08	190.00	3.00
	on-physician-Part B for		0	0	0	0.00	0.00	6.00
	ospital-based RHC and FQHC ervices							
	nterns & residents (in an	21.00	0	0	0	0.00	0.00	7.00
	pproved program) ontracted interns and		0	0	0	0.00	0.00	7.01
	esidents (in an approved		0			0.00	0.00	7.01
	rograms)		0	0	0	0.00	0.00	8.00
	ome office and/or related rganization personnel		U	0	0	0.00	0.00	8.00
	NF .	44.00	0	0	0	0.00	0.00	
	xcluded area salaries (see nstructions)		10,119,051	15,973,944	26,092,995	434,353.50	60.07	10.00
ОТ	THER WAGES & RELATED COSTS							
	ontract labor: Direct Patient are		8,253,385	0	8,253,385	73,509.18	112.28	11.00
	ontract labor: Top level		0	0	0	0.00	0.00	12.00
	anagement and other							
	anagement and administrative ervices							
	ontract labor: Physician-Part		133,613	0	133,613	734.75	181.85	13.00
4	- Administrative ome office and/or related		0	0	0	0.00	0 00	14.00
or	rganization salaries and		· ·		Ĭ		0.00	
	age-related costs ome office salaries		0	0	0	0.00	0.00	14.01
	elated organization salaries		0	Ö	ő	l .		14.02
	ome office: Physician Part A		0	0	0	0.00	0.00	15.00
	Administrative ome office and Contract		0	0	0	0.00	0.00	16.00
	hysicians Part A - Teaching		•					46.04
	ome office Physicians Part A Teaching		0	0	0	0.00	0.00	16.01
16.02 Ho	ome office contract		0	0	0	0.00	0.00	16.02
	hysicians Part A - Teaching AGE-RELATED COSTS							
17.00 Wa	age-related costs (core) (see		16,094,582	0	16,094,582			17.00
	nstructions) age-related costs (other)							18.00
(s	see instructions)							
	xcluded areas		6,208,376	0	6,208,376			19.00
20.00 NC	on-physician anesthetist Part		0	0	0			20.00
21.00 No	on-physician anesthetist Part		0	0	0			21.00
22.00 Ph	hysician Part A -		82,841	0	82,841			22.00
Ac	dministrative		02,011		02,011			
	hysician Part A - Teaching hysician Part B		0 662,682	0	0 662,682			22.01 23.00
	age-related costs (RHC/FQHC)		002,082	0	002,082			24.00
25.00 Ir	nterns & residents (in an		0	0	0			25.00
	pproved program) ome office wage-related		0	n	n			25.50
(0	core)		J					
	elated organization age-related (core)		0	0	0			25.51
25.52 Hc	ome office: Physician Part A		0	0	0			25.52
	Administrative - age-related (core)							
[Wa	age related (COTE)				1	ı l		I

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION In Lieu of Form CMS-2552-10
Period: Worksheet S-3
From 07/01/2022 Part II Provider CCN: 15-0011

						o 06/30/2023	Date/Time Pre 11/28/2023 11	
		Wkst. A Line	Amount	Reclassificat	Adjusted	Paid Hours	Average	:19 alli
		Number	Reported	ion of	Salaries	Related to	Hourly Wage	
		Number	Reported	Salaries	(col.2 ± col.	Salaries in	(col. 4 ÷	
				(from Wkst.	3)	col. 4	col. 5)	
				A-6)	3)	CO11 4	201. 3)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0	0	0.00	7.77	25.53
	- Teaching - wage-related				_			
	(core)							
	OVERHEAD COSTS - DIRECT SALARI	ES						
26.00	Employee Benefits Department	4.00	1,200,032	7,966	1,207,998	30,448.00	39.67	26.00
27.00	Administrative & General	5.00	10,255,649	2,767,679	13,023,328	324,233.03	40.17	27.00
28.00	Administrative & General under		1,541,183	0	1,541,183	11,741.19	131.26	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	893,974	3,030	897,004	37,861.40	23.69	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract		1,472,127	0	1,472,127	104,951.00	14.03	33.00
	(see instructions)							
34.00		10.00	21,664	0	21,664	313.00	69.21	34.00
35.00	Dietary under contract (see		404,107	0	404,107	23,399.38	17.27	35.00
	instructions)							
36.00		11.00	0	0	0	0.00		36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,446,937	-487,008	959,929	18,334.80	52.36	38.00
39.00	Central Services and Supply	14.00	144,707	13,532	158,239	7,671.00	20.63	39.00
40.00	Pharmacy	15.00	2,695,370	1,384	2,696,754	62,315.70	43.28	40.00
41.00	Medical Records & Medical	16.00	0	0	0	0.00	0.00	41.00
	Records Library							
42.00	Social Service	17.00	0	0	0	0.00		42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 15-0011	Period:	Worksheet S-3

HOSPITAL WAGE INDEX INFORMATION						From 07/01/2022 To 06/30/2023	Part III Date/Time Pre 11/28/2023 11	
		Worksheet A	Amount	Reclassificat	Adjusted	Paid Hours	Average	
		Line Number	Reported	ion of	Salaries	Related to	Hourly Wage	
				Salaries	(col.2 ± col	. Salaries in	(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
				A-6)				
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		55,016,006	23,163,152	78,179,15	8 1,875,277.39	41.69	1.00
	instructions)							
2.00	Excluded area salaries (see		10,119,051	15,973,944	26,092,99	5 434,353.50	60.07	2.00
	instructions)							
3.00	Subtotal salaries (line 1		44,896,955	7,189,208	52,086,16	3 1,440,923.89	36.15	3.00
	minus line 2)							
4.00	Subtotal other wages & related		8,386,998	0	8,386,99	8 74,243.93	112.97	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		16,177,423	0	16,177,42	3 0.00	31.06	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		69,461,376	7,189,208	76,650,58	4 1,515,167.82	50.59	6.00
7.00	Total overhead cost (see		20,075,750	2,306,583	22,382,33	3 621,268.50	36.03	7.00
	instructions)							

Health Financial Systems	MARION GENERAL HOSPITAL	In Lieu of	Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0011	Period: Working Period: Period	rksheet S-3
			te/Time Prepared:

	To 06/30/2023	Date/Time Pre 11/28/2023 11	
		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,610,058	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,000,000	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	1,949,422	
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,387,817	
8.03	Health Insurance (Purchased)	0	
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	33,941	
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	314,298	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	
15.00		546,356	
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Noncumulative portion)		
	TAXES		
	FICA-Employers Portion Only	5,079,121	
18.00	Medicare Taxes - Employers Portion Only	0	
19.00		·	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see	0	21.00
	instructions))	_	
	Day Care Cost and Allowances	0	
23.00	Tuition Reimbursement	126,430	
24.00	Total wage Related cost (Sum of lines 1 -23)	23,048,481	24.00
25 00	Part B - Other than Core Related Cost		25 00
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lieu	of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0011	From 07/01/2022 To 06/30/2023	Worksheet S-3 Part V Date/Time Prepared:

		То	06/30/2023	Date/Time Pre 11/28/2023 11	
	Cost Center Description		Contract	Benefit Cost	
			Labor		
			1.00	2.00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		8,253,385	23,048,481	1.00
2.00	Hospital		8,253,385	23,048,481	2.00
3.00	SUBPROVIDER - IPF		0	0	3.00
4.00	SUBPROVIDER - IRF		0	0	4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	SKILLED NURSING FACILITY				8.00
9.00	NURSING FACILITY				9.00
10.00	OTHER LONG TERM CARE I				10.00
11.00	Hospital-Based HHA				11.00
	AMBULATORY SURGICAL CENTER (D.P.) I				12.00
	Hospital-Based Hospice				13.00
	Hospital-Based Health Clinic RHC				14.00
	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
17.00	RENAL DIALYSIS I				17.00
18.00	Other		0	0	18.00

IIOSFII	· · · · · · · · · · · · · · · · · · ·	PITAL ovider CCN: 15	5_0011	eriod:	u of Form CMS-2 Worksheet S-1	
	AL UNCOMPENSATED AND INDIGENT CARE DATA	ovider CCN: 13		rom 07/01/2022	worksneet S-1	U
				го 06/30/2023	Date/Time Pre 11/28/2023 11	pared: :19 am
					1.00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided Medicaid (see instructions for each line)	ded by line 2	202 column	8)	0.261865	1.00
2.00	Net revenue from Medicaid				13,030,994	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental		rom Medica	id?	N	4.00
5.00 6.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid charges	т меатсата			0 118,682,739	5.00
7.00	Medicaid cost (line 1 times line 6)				31,078,855	
8.00	Difference between net revenue and costs for Medicaid program (1)	ine 7 minus s	sum of lir	es 2 and 5; if	18,047,861	
	< zero then enter zero)					
	Children's Health Insurance Program (CHIP) (see instructions for	each line)				
9.00	Net revenue from stand-alone CHIP				0	
11.00	Stand-alone CHIP charges Stand-alone CHIP cost (line 1 times line 10)				0	
12.00		ine 11 minus	line 9: i	f < zero then	0	
	enter zero)	11	5, .			
	Other state or local government indigent care program (see instru					
13.00						13.00
14.00	10)		included	in lines 6 or	0	
15.00			(7.1	45 ' 3'	0	
16.00	Difference between net revenue and costs for state or local indig 13; if < zero then enter zero)	gent care pro	ogram (lir	ie 15 minus line	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line)	and state/lo	ocal indig	ent care progra	ams (see	
17 00	Private grants, donations, or endowment income restricted to fund	ما كان ما ما ما كان				
17.00	printage granes, admicrons, or endominent income reserved to rand	ding charity	care		0	17.00
18.00	Government grants, appropriations or transfers for support of hos	spital operat	tions		0	18.00
	Government grants, appropriations or transfers for support of hos	spital operat	tions	(sum of lines		18.00
18.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local	spital operatindigent care	tions e programs ninsured	Insured	0 18,047,861 Total (col. 1	18.00
18.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local	spital operatindigent care	tions e programs ninsured atients	Insured patients	0 18,047,861 Total (col. 1 + col. 2)	18.00
18.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 1 8, 12 and 16)	spital operatindigent care	tions e programs ninsured	Insured	0 18,047,861 Total (col. 1	18.00
18.00 19.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facili	ospital operatindigent care	tions e programs ninsured atients	Insured patients 2.00	0 18,047,861 Total (col. 1 + col. 2) 3.00	18.00 19.00
18.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discounts	spital operatindigent care Un pa	tions e programs ninsured atients 1.00	Insured patients 2.00 1,903,917	0 18,047,861 Total (col. 1 + col. 2) 3.00	18.00 19.00 20.00
18.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilicate instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of	ospital operatindigent care Un pa lity tts (see	tions programs insured atients 1.00 9,877,638	Insured patients 2.00 1,903,917 1,903,917	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525	18.00 19.00 20.00 21.00
18.00 19.00 20.00 21.00 22.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discount instructions)	ospital operatindigent care Un pa lity tts (see	tions e programs ninsured atients 1.00 9,877,638 2,586,608	Insured patients 2.00 3 1,903,917 3 1,903,917	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525	18.00 19.00 20.00 21.00 22.00
18.00 19.00 20.00 21.00 22.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilic (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care	ospital operatindigent care Un pa lity tts (see	tions e programs ninsured atients 1.00 9,877,638 2,586,608	Insured patients 2.00 3 1,903,917 3 1,903,917	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425	18.00 19.00 20.00 21.00 22.00
18.00 19.00 20.00 21.00 22.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilicate instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient	lity ts (see off as	tions e programs ninsured atients 1.00 9,877,638 2,586,608	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525	18.00 19.00 20.00 21.00 22.00
18.00 19.00 20.00 21.00 22.00 23.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)	lity Its (see Idays beyond program?	tions e programs ninsured atients 1.00 9,877,633 2,586,600 (2,586,600 a length	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817 of stay limit	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425	18.00 19.00 20.00 21.00 22.00 23.00
18.00 19.00 20.00 21.00 22.00 23.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 18, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care put in line 24 is yes, enter the charges for patient days beyond the stay limit	lity ts (see days beyond program? e indigent care	tions e programs ninsured atients 1.00 9,877,633 2,586,600 (2,586,600 a length	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817 of stay limit	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425	20.00 21.00 22.00 23.00 24.00 25.00
18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care put in line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructions)	lity ts (see days beyond rogram? indigent care	tions e programs ninsured atients 1.00 9,877,638 2,586,608 2,586,608 a length re program	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817 of stay limit	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425 1.00 N 0 8,008,463 259,533	20.00 21.00 23.00 24.00 25.00 26.00 27.00
18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 27.00 27.01	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 18, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care put filine 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructions) Medicare reimbursable bad debts for the entire hospital complex (see	lity Idays beyond rogram? indigent care un pa lity ts (see	tions e programs ninsured atients 1.00 9,877,638 2,586,608 2,586,608 a length re program	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817 of stay limit	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425 1.00 N 0 8,008,463 259,533 399,282	20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 27.01
18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 27.01 28.00	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 18, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilic (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care put if line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructioare reimbursable bad debts for the entire hospital complex (see Medicare allowable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	lity Idays beyond brogram? Indigent care days beyond brogram? indigent care cructions) (see instruction	ations e programs ninsured atients 1.00 9,877,633 2,586,600 2,586,600 a length re program	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817 of stay limit of stay limit	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425 1.00 N 0 8,008,463 259,533 399,282 7,609,181	20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.01 28.00
18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 27.00 27.01	Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local 18, 12 and 16) Uncompensated Care (see instructions for each line)	lity Idays beyond brogram? Indigent care days beyond brogram? indigent care cructions) (see instruction	ations e programs ninsured atients 1.00 9,877,633 2,586,600 2,586,600 a length re program	Insured patients 2.00 3 1,903,917 1,903,917 100 1,903,817 of stay limit of stay limit	0 18,047,861 Total (col. 1 + col. 2) 3.00 11,781,555 4,490,525 100 4,490,425 1.00 N 0 8,008,463 259,533 399,282	20.00 21.00 22.00 23.00 24.00 25.00 27.00 27.01 28.00 29.00

iica i cii	Financial Systems	MARION GENERAL	_ HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	OF EXPENSES	Provider CO		eriod:	Worksheet A	
					rom 07/01/2022		
				Τ	o 06/30/2023	Date/Time Pre	
				7 . 7 . 4	- 7 '6' .	11/28/2023 11	:19 am
	Cost Center Description	Salaries	Other		Reclassificat	Reclassified	
				+ col. 2)	ions (See	Trial Balance	
					A-6)	(col. 3 +-	
						col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		13,105,306	13,105,306	-1,152,081	11,953,225	1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,200,032	21,495,412	22,695,444		22,703,410	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	10,255,649	29,601,230			39,700,755	5.00
6.00	00600 MAINTENANCE & REPAIRS	10,233,043	23,001,230	33,030,073	130,124	0	6.00
		0	0		1 702 061		
6.01	00601 CAFETERIA	0	O O	(1,793,961	1,793,961	6.01
6.02	00602 CAFETERIA	0			0	0	6.02
7.00	00700 OPERATION OF PLANT	893,974	5,396,726	6,290,700		6,643,050	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	C	311,742	311,742	8.00
9.00	00900 HOUSEKEEPING	0	3,300,837	3,300,837	-303,470	2,997,367	9.00
10.00	01000 DIETARY	21,664	2,486,565	2,508,229		648,784	10.00
13.00	01300 NURSING ADMINISTRATION	1,446,937	83,244	1,530,181	-487,008	1,043,173	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	144,707	437,748	582,455		595,987	
	01500 PHARMACY	2,695,370	13,011,663			4,164,340	
	INPATIENT ROUTINE SERVICE COST CENTERS	2,055,5.0	23,022,003	23,.0.,030		.,20.,5.0	
30.00	03000 ADULTS & PEDIATRICS	7,449,507	2,538,011	9,987,518	-1,464,539	8,522,979	30.00
31.00							
	03100 INTENSIVE CARE UNIT	2,299,745	2,243,976	4,543,721	-38,851	4,504,870	
40.00	04000 SUBPROVIDER - IPF	0	0	([]	0	40.00
41.00	04100 SUBPROVIDER - IRF	794,963	1,140,281	1,935,244	1,930	1,937,174	
42.00	04200 SUBPROVIDER	0	0	C	0	0	42.00
43.00	04300 NURSERY	0	0		1,706,164	1,706,164	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3,430,306	8,855,306	12,285,612	285,014	12,570,626	50.00
51.00	05100 RECOVERY ROOM	0	0	, ,	ol ol	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,471,243	2,641,314	6,112,557	-1,129,579	4,982,978	
57.00	05700 CT SCAN	3,471,243	2,041,314	0,112,337		940,051	
		0	0				
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4 004 040	2 626 24	573,630	573,630	
59.00	05900 CARDIAC CATHETERIZATION	835,098	1,861,849	2,696,947		2,727,686	
60.00	06000 LABORATORY	2,379,969	7,409,096	9,789,065		9,818,076	
60.01	06001 ONCOLOGY	1,047,038	626,107	1,673,145	3,994	1,677,139	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	(0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	C	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,305,025	2,215,219	3,520,244	62,256	3,582,500	65.00
66.00	06600 PHYSICAL THERAPY	1,806,678	750,398	2,557,076		2,616,071	
69.00	06900 ELECTROCARDIOLOGY	760,978	341,437	1,102,415		1,181,626	
69.01	06901 CARDIAC REHAB	174,900	41,728	216,628		245,630	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	174,500	71,720	210,020	23,002	243,030	71.00
72.00		0	0			0	72.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	O O	(11 544 077	11 544 077	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	U	(11,544,077	11,544,077	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	U	C) 0	0	77.00
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	276,517	654,495			984,519	
	09100 EMERGENCY	4,550,567	8,317,263	12,867,830	-64,197	12,803,633	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1,332,501	277,854	1,610,355	30,235	1,640,590	95.00
	10200 OPIOID TREATMENT PROGRAM	0	,	, ,,,,,,)		102.00
	SPECIAL PURPOSE COST CENTERS	,	•		, o _l		1
113 00	11300 INTEREST EXPENSE		n	(ار	0	113.00
118.00		48,573,368	128,833,065	177,406,433	-290,620	177,115,813	
110.00		40,3/3,300	120,033,003	111,400,433	-230,020	111,113,013	110.00
100 00	NONREIMBURSABLE COST CENTERS		0.055	2 2 - 2	22 55-1	34 050	100 00
T90.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,358	8,358	23,521	31,879	
	19200 PHYSICIANS' PRIVATE OFFICES	0	0	C	0		192.00
102 01	19201 PACT REV PHYSICIANS	142,610	875,062	1,017,672	-226,679	790,993	
		,				0	192.02
192.02	19202 VISITOR MEALS	0	0	C	이		
192.02	19202 VISITOR MEALS	0	0	(192.03
192.02 192.03	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL	0 0	0 0 0	() ()		0	
192.02 192.03 192.04	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE	0 0	0 0 0 1.720.641	(((1.720.641	0 0 0 0 -1.144.600	0	192.03 192.04
192.02 192.03 192.04 192.05	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES	0 0 0 0	0 0 0 1,720,641 1,112,352			0 0 576,041	192.03 192.04 192.05
192.02 192.03 192.04 192.05 192.06	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY	0 0 0 0 0 388,697	0 0 0 1,720,641 1,112,352			0 0 576,041 1,542,222	192.03 192.04 192.05 192.06
192.02 192.03 192.04 192.05 192.06 192.07	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES	0 0 0 0 0 388,697	1,112,352 0	1,501,049	41,173	0 0 576,041 1,542,222 0	192.03 192.04 192.05 192.06 192.07
192.02 192.03 192.04 192.05 192.06 192.07 192.08	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING	0 0 0 0			41,173	0 0 576,041 1,542,222 0 73,990	192.03 192.04 192.05 192.06 192.07 192.08
192.02 192.03 192.04 192.05 192.07 192.07 192.08	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT	0 0 0 0 0 388,697	1,112,352 0	1,501,049	41,173	0 0 576,041 1,542,222 0 73,990	192.03 192.04 192.05 192.06 192.07 192.08 192.09
192.02 192.03 192.04 192.05 192.06 192.07 192.08 192.09	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS	0 0 0 0 0 388,697	1,112,352 0	1,501,049	41,173 0 0 4,816 0 0	0 0 576,041 1,542,222 0 73,990 0	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10
192.02 192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS	0 0 0 0 388,697 0 57,818 0 0	1,112,352 0 11,356 0 0	1,501,049 69,174 0	41,173 0 4,816 0 0 0 3,888	0 0 576,041 1,542,222 0 73,990 0 0	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11
192.02 192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER	0 0 0 0 388,697 0 57,818 0 0 0	1,112,352 0 11,356 0 0 0 612,938	1,501,049 69,174 0 0 0 733,336	41,173 0 4,816 0 0 0 3,888 27,752	0 0 576,041 1,542,222 0 73,990 0 3,888 761,088	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11 192.12
192.02 192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS	0 0 0 0 388,697 0 57,818 0 0	1,112,352 0 11,356 0 0	1,501,049 69,174 0	41,173 0 4,816 0 0 0 3,888 27,752	0 0 576,041 1,542,222 0 73,990 0 0	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11 192.12
192.02 192.03 192.04 192.05 192.06 192.07 192.08 192.10 192.11 192.12	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER	0 0 0 0 388,697 0 57,818 0 0 0 120,398 659,245	1,112,352 0 11,356 0 0 0 612,938	1,501,049 69,174 0 0 733,336 1,870,972	41,173 0 4,816 0 0 0 3,888 27,752 47,469	0 0 576,041 1,542,222 0 73,990 0 3,888 761,088 1,918,441	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11 192.12
192.02 192.03 192.04 192.05 192.06 192.07 192.09 192.10 192.11 192.12 192.13	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER 19213 MGH EXPRESS 19210 MGH PHYS PRACT MGMT	0 0 0 388,697 0 57,818 0 0 120,398 659,245 1,734,155	1,112,352 0 11,356 0 0 612,938 1,211,727 858,730	1,501,049 69,174 0 0 733,336 1,870,972 2,592,885	41,173 0 4,816 0 0 3,888 27,752 47,469 56,094	0 576,041 1,542,222 0 73,990 0 0 3,888 761,088 1,918,441 2,648,979	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.10 192.11 192.12 192.13
192.02 192.03 192.04 192.05 192.06 192.07 192.08 192.10 192.11 192.12 192.13 192.14	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER 19213 MGH PHYS PRACT MGMT 19215 MGH MARION SURGEONS	0 0 0 388,697 0 57,818 0 0 120,398 659,245 1,734,155 398,489	1,112,352 0 11,356 0 0 612,938 1,211,727 858,730 1,640,814	1,501,049 69,174 0 733,336 1,870,972 2,592,885 2,039,303	41,173 0 4,816 0 0 3,888 5 27,752 47,469 56,094 108,171	0 576,041 1,542,222 0 73,990 0 3,888 761,088 1,918,441 2,648,979 2,147,474	192.03 192.04 192.05 192.06 192.07 192.08 192.09 192.11 192.11 192.12 192.13 192.14
192.02 192.03 192.04 192.05 192.06 192.09 192.10 192.11 192.12 192.13 192.14 192.15	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER 19213 MGH PHYS PRACT MGMT 19215 MGH MARION SURGEONS 19216 MGH MGH MED ONC	0 0 0 388,697 0 57,818 0 0 120,398 659,245 1,734,155 398,489 4,053	1,112,352 0 11,356 0 0 612,938 1,211,727 858,730 1,640,814 1,676,728	1,501,049 69,174 0 733,336 1,870,972 2,592,885 2,039,303 1,680,781	41,173 0 4,816 0 0 3,888 27,752 47,469 56,094 108,171	0 576,041 1,542,222 0 73,990 0 3,888 761,088 1,918,441 2,648,979 2,147,474 1,680,781	192.03 192.04 192.05 192.06 192.07 192.08 192.10 192.11 192.12 192.13 192.14 192.15 192.16
192.02 192.03 192.04 192.05 192.06 192.09 192.10 192.11 192.12 192.13 192.14 192.15 192.16	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL 19204 LIFELINE 19205 OWNED PROPERTIES 19206 UROLOGY 19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS 19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER 19213 MGH PHYS PRACT MGMT 19215 MGH MARION SURGEONS	0 0 0 388,697 0 57,818 0 0 120,398 659,245 1,734,155 398,489	1,112,352 0 11,356 0 0 612,938 1,211,727 858,730 1,640,814	1,501,049 69,174 6 733,336 1,870,972 2,592,885 2,039,303 1,680,781 1,661,727	41,173 0 4,816 0 0 3,888 27,752 47,469 56,094 108,171 0 315,356	0 576,041 1,542,222 0 73,990 0 3,888 761,088 1,918,441 2,648,979 2,147,474	192.03 192.04 192.05 192.06 192.07 192.09 192.10 192.11 192.12 192.13 192.14 192.15 192.16 192.17

Health Financial SystemsMARION GENRECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Period: Worksheet A From 07/01/2022 Provider CCN: 15-0011

				o 06/30/2023	Date/Time Pre 11/28/2023 11	
Cost Center Description	Salaries	Other	Total (col. 1	Reclassificat	Reclassified	. 19 alli
cost center beset the following	Sa rai res	ocher	+ col. 2)	ions (See	Trial Balance	
				A-6)	(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.19 19219 MGH FMC MARION	413,849	870,007	1,283,856	61,055	1,344,911	192.19
193.00 19300 NONPAID WORKERS	0	0		0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	367,932	883,279	1,251,211	25,732	1,276,943	193.01
193.02 19302 MGH FMC GAS CITY	281,002	775,962	1,056,964			1
193.03 19303 MGH HOSPITALISTS	6,078	3,773,205			3,787,410	1
193.04 19304 MGH MAR FAM PRACT	1,108,685	2,758,316				
193.05 19305 MGH FMC SWAYZEE	81,574	177,828				
193.06 19306 MGH PEDIATRIC CTR	229,044	720,799				
193.07 19307 MGH SPECIALTY PHYS	69,432	244,019				1
193.08 19308 MGH FMC CONVERSE	123,176	261,066			384,549	
193.09 19309 MGH UPLAND HEALTH	0	0	ĺ	0		193.09
193.10 19310 MGH MGH WOMENS CTR	o	0	ĺ	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	o	0	l c	0	0	193.11
193.12 19312 OB/GYN	360,639	1,894,806	2,255,445	192,057	2,447,502	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	, , , , , ,	0		193.15
193.16 19316 MGH NEONATOLOGY	o	888,000	888,000	0	888,000	ı
193.18 19318 MGH WOUND CARE	o	29,146			29,146	
194.00 07963 HEART FAILURE CLINIC	o	57,753	57,753		57,753	1
194.01 07950 MOW	o	0	l , c	0		194.01
194.02 07951 MENTAL HEALTH	o	0	ĺ	0		194.02
194.03 07952 ADVERTISING	o	0	ĺ	538,013	538,013	194.03
194.04 07953 MGH WORK SOLUTIONS	312,050	395,432	707,482		712,963	
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	ĺ	0		194.05
194.06 07955 OPIOID IMPL GRANT	o	43,497	43,497	6,635	50,132	194.06
194.07 07956 ASTHMA GRANT	o	0	ĺ	0		194.07
194.08 07957 MGH SMMP BLDG	0	0	l c	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	l c	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	o	0	l c	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	l c	0	0	194.11
194.12 07961 GAS CITY	0	0	l c	0	0	194.12
194.13 07969 LYONS	0	0	l c	0	0	194.13
194.14 07964 WABASH	0	0	l c	0	0	194.14
194.15 07965 TOBACCO GRANT	15,711	21,171	36,882	4,197	41,079	194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	l c	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	C	0	0	194.17
194.18 07962 ECHO GRANT	0	0	l c	0	0	194.18
194.19 07968 RURAL QI GRANT	75,714	91,128	166,842	0	166,842	194.19
194.20 07970 MGH DIABETES GRANT	0	0	[c	0	0	194.20
194.21 07971 MGH MGH ORTHO	0	0	[c	0	0	194.21
194.22 07972 MGH BELLA BLDG	0	0	[c	0	0	194.22
194.23 07973 DIABETES GRANT	0	0	[c	0	0	194.23
194.24 07974 HEALTH SYS GRANT	o	0	c	0	0	194.24
194.25 07975 MGH MGH ORTHO	330,711	1,526,350	1,857,061	-105,586	1,751,475	194.25
200.00 TOTAL (SUM OF LINES 118 through 199)	56,564,955	155,424,374	211,989,329	0	211,989,329	200.00

Provider CCN: 15-0011

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/78/2023 11:19 am

				10 06/30/2023 Bate/11me Pro	
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8)	For		
		6.00	Allocation	_	
	CENTERAL CERVICES COST CENTERS	6.00	7.00		
1.00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT	-608,917	11,344,308	b	1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-3,867,059	18,836,351	1	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-13,192,695	26,508,060	1	5.00
6.00	00600 MAINTENANCE & REPAIRS	-13,132,033	20,300,000		6.00
6.01	00601 CAFETERIA	-3,872	1,790,089		6.01
6.02	00602 CAFETERIA	0,072	1,750,000		6.02
7.00	00700 OPERATION OF PLANT	-212,486	6,430,564	1	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-4,089	307,653		8.00
9.00	00900 HOUSEKEEPING	-86	2,997,281	l .	9.00
10.00	01000 DIETARY	-255	648,529		10.00
13.00	01300 NURSING ADMINISTRATION	-3	1,043,170		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-772	595,215	5	14.00
15.00	01500 PHARMACY	-22,060	4,142,280		15.00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-12,116	8,510,863	3	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,213	4,503,657	7	31.00
40.00	04000 SUBPROVIDER - IPF	0	0		40.00
41.00	04100 SUBPROVIDER - IRF	-79,135	1,858,039		41.00
42.00	04200 SUBPROVIDER	0	0		42.00
43.00	04300 NURSERY	0	1,706,164	1	43.00
	ANCILLARY SERVICE COST CENTERS			N.	4
50.00	05000 OPERATING ROOM	-3,241,953	9,328,673	3	50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
	05400 RADIOLOGY-DIAGNOSTIC	-516,620	4,466,358		54.00
57.00	05700 CT SCAN	0	940,051	•	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	151 020	573,630		58.00
59.00	05900 CARDIAC CATHETERIZATION	-151,938	2,575,748	1	59.00
60.00 60.01	06000 LABORATORY 06001 ONCOLOGY	-102,643	9,715,433	l .	60.00
60.01	06002 RADIATION ONCOLOGY	-1,091	1,676,048		60.01
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	-2,028	3,580,472		65.00
66.00	06600 PHYSICAL THERAPY	-400	2,615,671	l .	66.00
69.00	06900 ELECTROCARDIOLOGY	-53,999	1,127,627		69.00
69.01	06901 CARDIAC REHAB	-11	245,619		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,544,077	7	73.00
	07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS	-1			1
90.00	09000 CLINIC	-1,282	983,237	7	90.00
91.00	09100 EMERGENCY	-4,940,473	7,863,160		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS				
	09500 AMBULANCE SERVICES	-51,799	1,588,791	L	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
	SPECIAL PURPOSE COST CENTERS				4
	11300 INTEREST EXPENSE	0	0	1	113.00
118.00		-27,068,995	150,046,818	5	118.00
100.00	NONREIMBURSABLE COST CENTERS		21 070	N	100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,879		190.00 192.00
	19200 PHYSICIANS' PRIVATE OFFICES	"	776 657	7	192.00
	19201 PACT REV PHYSICIANS 19202 VISITOR MEALS	-14,336	776,657		192.01
	19203 GREAT BEGINNINGS/MATERNAL	0	0		192.02
	19204 LIFELINE	0	0		192.03
	19205 OWNED PROPERTIES	0	576,041		192.04
	19206 UROLOGY	-68,421	1,473,801		192.03
	19200 DROLOGY 19207 PHYSICIANS' PRIVATE OFFICES	-00,421	1,4/3,601		192.00
	19211 PARISH NURSING	o o	73,990	1	192.08
	19212 BIOTERRORISM GRANT	0	73,390		192.09
	19214 BREAST PUMPS	0	0		192.10
	19208 MGH EMERGENCY PHYSICIANS	ام	3,888	3	192.11
	19209 LUNG CENTER	-55,733	705,355		192.11
	19213 MGH EXPRESS	0 0	1,918,441		192.13
	19210 MGH PHYS PRACT MGMT	-73,036			192.14
	19215 MGH MARION SURGEONS	-129,306			192.15
	19216 MGH MGH MED ONC	0	1,680,781		192.16
	19217 MGH FMC SOUTH	-390,181	1,586,902	l .	192.17
	19218 MGH FAIRM MED ASSOC	-31,159		l .	192.18
	19219 MGH FMC MARION	-116,707			192.19
	1	,	, -, -,	1	

Health Financial Systems MARION GE RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL

Provider CCN: 15-0011 Period: Worksheet A From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			То	06/30/2023	Date/Time Prepared: 11/28/2023 11:19 am
Cost Center Description	Adjustments	Net Expenses			11/20/2023 11:13 am
	(See A-8)	For			
		Allocation			
	6.00	7.00			
193.00 19300 NONPAID WORKERS	0	0			193.00
193.01 19301 MGH FMC NORTHWOOD	-55,561	1,221,382	!		193.01
193.02 19302 MGH FMC GAS CITY	-166,471	969,223			193.02
193.03 19303 MGH HOSPITALISTS	0	3,787,410)		193.03
193.04 19304 MGH MAR FAM PRACT	-213,678	3,750,542	!		193.04
193.05 19305 MGH FMC SWAYZEE	-26,352	259,352	!		193.05
193.06 19306 MGH PEDIATRIC CTR	-76,555	932,021			193.06
193.07 19307 MGH SPECIALTY PHYS	-28,824	298,323			193.07
193.08 19308 MGH FMC CONVERSE	0	384,549)		193.08
193.09 19309 MGH UPLAND HEALTH	0	0)		193.09
193.10 19310 MGH MGH WOMENS CTR	0	0)		193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0)		193.11
193.12 19312 OB/GYN	-198,349	2,249,153			193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0)		193.15
193.16 19316 MGH NEONATOLOGY	0	888,000)		193.16
193.18 19318 MGH WOUND CARE	0	29,146			193.18
194.00 07963 HEART FAILURE CLINIC	0	57,753			194.00
194.01 07950 MOW	0	0			194.01
194.02 07951 MENTAL HEALTH	0	0)		194.02
194.03 07952 ADVERTISING	0	538,013			194.03
194.04 07953 MGH WORK SOLUTIONS	0	712,963			194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	1		194.05
194.06 07955 OPIOID IMPL GRANT	0	50,132	1		194.06
194.07 07956 ASTHMA GRANT	0	0)		194.07
194.08 07957 MGH SMMP BLDG	0	0)		194.08
194.09 07958 MGH AMBUCARE BLDG	0	0)		194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	1		194.10
194.11 07960 FAIRMOUNT	0	0	1		194.11
194.12 07961 GAS CITY	0	0	1		194.12
194.13 07969 LYONS	0	0	!		194.13
194.14 07964 WABASH	0	0	!		194.14
194.15 07965 TOBACCO GRANT	0	41,079	1		194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	1		194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	!		194.17
194.18 07962 ECHO GRANT	0	166 043	!		194.18
194.19 07968 RURAL QI GRANT	0	166,842			194.19
194.20 07970 MGH DIABETES GRANT	0	0			194.20
194.21 07971 MGH MGH ORTHO	0				194.21
194.22 07972 MGH BELLA BLDG	0	0			194.22
194.23 07973 DIABETES GRANT	0	0	!		194.23
194.24 07974 HEALTH SYS GRANT	0	0	!		194.24
194.25 07975 MGH MGH ORTHO	20 712 664	1,751,475	1		194.25
200.00 TOTAL (SUM OF LINES 118 through 199)	-28,713,664	183,275,665	1		200.00

Period: Worksheet Non-CMS W From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			10 06/30/2023 Date/Time F	
	Cost Center Description	CMS Code	Standard Label For	
			Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01 6.02	CAFETERIA CAFETERIA	00601 00602		6.01
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	02000		30.00
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00 40.00	INTENSIVE CARE UNIT SUBPROVIDER - IPF	03100 04000		31.00 40.00
41.00	SUBPROVIDER - IFF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00		04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00		05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	ONCOLOGY RADIATION ONCOLOGY	06001 06002		60.01
64.00	INTRAVENOUS THERAPY	06400		64.00
	RESPIRATORY THERAPY	06500		65.00
66.00		06600		66.00
69.00		06900		69.00
69.01	CARDIAC REHAB	06901		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
77.00		07700		77.00
00 00	OUTPATIENT SERVICE COST CENTERS	00000		00.00
90.00	CLINIC EMERGENCY	09000 09100		90.00
92.00		09200		92.00
92.01		09201		92.01
32.01	OTHER REIMBURSABLE COST CENTERS	03201		32.01
95.00	AMBULANCE SERVICES	09500		95.00
102.00	OPIOID TREATMENT PROGRAM	10200		102.00
	SPECIAL PURPOSE COST CENTERS			
	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
100 0	NONREIMBURSABLE COST CENTERS	10000		100 00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
	PHYSICIANS' PRIVATE OFFICES	19200		192.00 192.01
	PACT REV PHYSICIANS VISITOR MEALS	19201 19202		192.01
	GREAT BEGINNINGS/MATERNAL	19203		192.02
	LIFELINE	19204		192.04
	OWNED PROPERTIES	19205		192.05
	UROLOGY	19206		192.06
192.07	PHYSICIANS' PRIVATE OFFICES	19207		192.07
	PARISH NURSING	19211		192.08
	BIOTERRORISM GRANT	19212		192.09
	BREAST PUMPS	19214		192.10
	MGH EMERGENCY PHYSICIANS	19208		192.11
	LUNG CENTER	19209		192.12
	MGH EXPRESS MGH PHYS PRACT MGMT	19213		192.13 192.14
	MGH PHYS PRACT MGMT MGH MARION SURGEONS	19210 19215		192.14
	MGH MGH MED ONC	19216		192.15
	MGH FMC SOUTH	19217		192.17
	MGH FAIRM MED ASSOC	19218		192.18
	1	1	1	11 - 1-2

Health Financial Systems
COST CENTERS USED IN COST REPORT In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL Provider CCN: 15-0011

Period: Worksheet Non-CMS W From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			11/28/2023	
Cost Center Description		CMS Code	Standard Label For	
			Non-Standard Codes	
		1.00	2.00	
192.19 MGH FMC MARION		19219		192.19
193.00 NONPAID WORKERS		19300		193.00
193.01 MGH FMC NORTHWOOD		19301		193.01
193.02 MGH FMC GAS CITY		19302		193.02
193.03 MGH HOSPITALISTS		19303		193.03
193.04 MGH MAR FAM PRACT		19304		193.04
193.05 MGH FMC SWAYZEE		19305		193.05
193.06 MGH PEDIATRIC CTR		19306		193.06
193.07 MGH SPECIALTY PHYS		19307		193.07
193.08 MGH FMC CONVERSE		19308		193.08
193.09 MGH UPLAND HEALTH		19309		193.09
193.10 MGH MGH WOMENS CTR		19310		193.10
193.11 MGH MGH PSYCHIATRY		19311		193.11
193.12 OB/GYN		19312		193.12
193.15 MGH RIVER VIEW BLDG		19315		193.15
193.16 MGH NEONATOLOGY		19316		193.16
193.18 MGH WOUND CARE		19318		193.18
194.00 HEART FAILURE CLINIC		07963		194.00
194.01 MOW		07950		194.01
194.02 MENTAL HEALTH		07951		194.02
194.03 ADVERTISING		07952		194.03
194.04 MGH WORK SOLUTIONS		07953		194.04
194.05 MGH TAYLOR UNIVERSITY		07954		194.05
194.06 OPIOID IMPL GRANT		07955		194.06
194.07 ASTHMA GRANT		07956		194.07
194.08 MGH SMMP BLDG		07957		194.08
194.09 MGH AMBUCARE BLDG		07958		194.09
194.10 MGH 106 LYONS BLDG		07959		194.10
194.11 FAIRMOUNT		07960		194.11
194.12 GAS CITY		07961		194.12
194.13 LYONS		07969		194.13
194.14 WABASH		07964		194.14
194.15 TOBACCO GRANT		07965		194.15
194.16 HRSA NETWORK DEV PLANNING		07966		194.16
194.17 HRSA OPIOID PLANNING		07967		194.17
194.18 ECHO GRANT		07962		194.18
194.19 RURAL QI GRANT		07968		194.19
194.20 MGH DIABETES GRANT		07970		194.20
194.21 MGH MGH ORTHO		07971		194.21
194.22 MGH BELLA BLDG		07972		194.22
194.23 DIABETES GRANT		07973		194.23
194.24 HEALTH SYS GRANT		07974		194.24
194.25 MGH MGH ORTHO		07975		194.25
200.00 TOTAL (SUM OF LINES 118 through 199)		0.5.5		200.00
Toologi to the Cook of Lines in ough 1997	I			11200100

Health Financial Systems RECLASSIFICATIONS Period: Worksheet A-6 From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Provider CCN: 15-0011

						11/28/2023 11:19
	Saat Saataa	Increases	Calam.	Other		
	Cost Center 2.00	1.00 Line #	Salary 4.00	Other 5.00		
	A - SATELLITE OFFICE RECLASS	3.00	4.00	3.00		
	RADIOLOGY-DIAGNOSTIC	54.00	48,793	9,238		1
2.00	ELECTROCARDIOLOGY	69.00	3,339	841		2
	TOTALS		52,132	10,079		
	B - CAFETERIA RECLASS					
	ADMINISTRATIVE & GENERAL	5.00		91,922		1
	CAFETERIA	6.01		1,793,961		2
	TOTALS C - ADMIN DIRECTOR RECLASS		U	1,885,883		
	CENTRAL SERVICES & SUPPLY	14.00	12,632	0		1
	ADULTS & PEDIATRICS	30.00	236,840	ő		2
	OPERATING ROOM	50.00	116,746	0		3
.00	CARDIAC CATHETERIZATION	59.00	29,673	0		4
	RESPIRATORY THERAPY	65.00	41,922	0		5
	ELECTROCARDIOLOGY	69.00	59,345	0		6
	CARDIAC REHAB	69.01	14,836	0		7
	AMBULANCE SERVICES	95.00	28,255	0		8
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	23,521	0		9
	PARISH NURSING	192.08	1,078	0		10
	MGH EXPRESS	192.13	42,383	0		11
	MGH MARION SURGEONS	192.15	35,792	ő		12
	OB/GYN	193.12	56,234	0		13
į	TOTALS		699,257		 	
	D - ADVERTISING RECLASS					
	ADVERTISING	194.03	24 <u>2,0</u> 92	29 <u>5,9</u> 21		1
	TOTALS		242,092	295,921		
	E - LEASED PROPERTY RECLASS	F 00	٥	107 521		
	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5.00 7.00	0	107,521 347,635		1 2
	HOUSEKEEPING	9.00	0	7,902		3
1	DIETARY	10.00	0	25,813		4
1	OPERATING ROOM	50.00	ő	166,029		5
	RADIOLOGY-DIAGNOSTIC	54.00	0	253,004		6
	CT SCAN	57.00	0	17,839		7
3.00	MAGNETIC RESONANCE IMAGING	58.00	0	20,117		8
	(MRI)					
	LABORATORY	60.00	0	86,677		9
	RESPIRATORY THERAPY	65.00 66.00	0	20,334		10
1	PHYSICAL THERAPY ELECTROCARDIOLOGY	69.00	0	55,338 15,686		12
	CARDIAC REHAB	69.01	0	14,166		13
	CLINIC	90.00	Ö	53,507		14
	PACT REV PHYSICIANS	192.01	0	8,493		15
6.00	UROLOGY	192.06	0	41,173		16
	PARISH NURSING	192.08	0	3,738		17
	LUNG CENTER	192.12	0	27,752		18
	MGH EXPRESS	192.13	0	5,086		19
	MGH PHYS PRACT MGMT	192.14	0	45,450		20
	MGH MARION SURGEONS	192.15 192.17	0	72,379 289,333		21
	MGH FMC SOUTH MGH FAIRM MED ASSOC	192.17	0	289,333		22
	MGH FMC MARION	192.18	0	61,055		24
	MGH FMC NORTHWOOD	193.01	o	25,732		25
	MGH FMC GAS CITY	193.02	o	78,730		26
	MGH MAR FAM PRACT	193.04	ő	97,219		27
	MGH FMC SWAYZEE	193.05	Ö	26,302		28
	MGH PEDIATRIC CTR	193.06	0	58,733		29
	MGH SPECIALTY PHYS	193.07	0	13,696		30
	MGH_FMC_CONVERSE	193.08	0	307		31
	OB/GYN	193.12	0	135,823		32
	MGH WORK SOLUTIONS	194.04	0	5,481		33
1	OPIOID IMPL GRANT	194.06	0	6,635		34
	TOBACCO GRANT TOTALS	194.15	0	<u>4,1</u> 97 2,221,843		35
	F - PHARMACY RECLASS		U	2,221,043		
	DRUGS CHARGED TO PATIENTS	73.00		11,544,077		1
	TOTALS			11,544,077		1
	G - CT/MRI RECLASS		<u> </u>	, ,	 	
1	CT SCAN	57.00	523,331	397,255		1
	MAGNETIC RESONANCE IMAGING	58.00	313,617	238,063		2
	(MRI)					
	TOTALS		836,948	635,318		

Provider CCN: 15-0011

Period: Worksnee ...
From 07/01/2022
To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am

COST_CRITERY						11/28/2023 11:3	<u>19 am</u>
H - SIMPL THAN DISABILITY RECASS			Increases				
N - SHORT TERM DISABLITY RECLASS 1.00 1.330 1.							
1.00				4.00	5.00		
ADULTS & PEDIATRICS 30.00 6.495 3.00							
3.00 OPERATING BOOM 50.00 11,659 3.00							
A.000 ALGORATORY G0.00 11,385 5.00 6.00 6.00 6.00 7.367 5.00 6.00 6.00 6.00 7.367 5.00 6.00 7.367 7.367 5.00 6.00 7.367 7		•					
Decology		•					
Mode Express 192.13		•					
Totals		•					
TOTALS							
T	7.00		192.14		6,352		7.00
				0	63,992		
TOTALS	4 00		42.00	4 202 205	222 770		4 00
1- SWP HOUSEKEPTING RECLAS 1.00	1.00		43.00				1.00
1.00				1,382,385	323,779		
2.00 DEFATTON OF PLANT 7.00 1,685 2.00 3.00 DEFARY 10.00 6.25 4.00 3.00 DEFARY 10.00 6.25 4.00 3.00 ADDICACY-DIAGNOSTIC 54.00 2.3,109 5.00 6.00 7.00 7.0	4 00				46 426		4 00
ADDITION ADDITION		•					
1.00 CATERARY 10.00 6.25 5.00 5.00 6.00 5.00 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 6.00 7.50 7.50 6.00 7.50 7.50 6.00 7.50 7.50 6.00 7.50 7.							
S.00 RADIOLOGY-DIAGNOSTIC S4.00 23,309 5.00 6.00 7.00 1.626 6.00 6.00 7.00 1.626 6.00 7.00 1.626 6.00 7.00 1.626 6.00 7.00 1.626 6.00 7.00		1					
CT SCAN							
MAGNETTC RESONANCE TMAGTING S.0.0							
CORET CORE							
ABORATORY	7.00	1	58.00		1,833		7.00
Minimar Mini		1 '					
TOTALS							
No.	9.00		192.17				9.00
				0	74,838		
TOTALS		K - LAUNDRY RECLASS					
C - PHYSICIAM SCIENT S - S - S - S - S - S - S - S - S - S	1.00	LAUNDRY & LINEN SERVICE	8.00				1.00
1.00		TOTALS		0	311,742		
N - PHYSICIAN SALARY RECLASS		L - PHYSICIAN MEDICAL DIRECTO	OR RECLASS				
N - PHYSICIAN SALARY RECLASS 1.00 2.916,844 0 0 0 0 0 0 0 0 0	1.00	ADMINISTRATIVE & GENERAL	5.00	235,172	0		1.00
1.00 ADMINISTRATIVE & GENERAL 5.00 2,916,844 0 2.00 3.00 RESPIRATORY THERAPY 65.00 6.052 0 3.00 4.00 9.00 8ESPIRATORY THERAPY 65.00 6.052 0 3.00 4.00 9.00 9.00 4.00 9.00		TOTALS		235,172			
2.00		M - PHYSICIAN SALARY RECLASS					
3.00	1.00	ADMINISTRATIVE & GENERAL	5.00	2,916,844	0		1.00
3.00 RESPIRATORY THERAPY	2.00	SUBPROVIDER - IRF	41.00	70,428	0		2.00
4.00 PHYSICAL THERAPY 66.00 4.180 0 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 5.00 6.00 6.00 5.00 6.		•			0		
5.00 CARDIAC REHAB 69.01 19.110 0 6.00		•			0		
6.00 EMERCENCY		•					
7.00		•			0		
8.00		•			0		
9.00							
10.00 MGH EXPRESS 192.13 580,547 0 11.00 11.00 MGH MARTON SURGEONS 192.15 1,303,696 0 11.00 12.00 MGH MAGH MED ONC 192.16 1,480,585 0 12.00 13.00 MGH FMC SOUTH 192.17 473,968 0 13.00 15.00 MGH FATRM MED ASSOC 192.18 230,258 0 14.00 15.00 MGH FMC MARTON 192.19 564,237 0 16.00 16.00 MGH FMC MARTON 193.01 587,378 0 16.00 17.00 MGH FMC NORTHWOOD 193.01 587,378 0 16.00 17.00 MGH FMC NORTHWOOD 193.01 587,378 0 16.00 17.00 MGH FMC SACTIY 193.02 360,425 0 18.00 19.00 MGH MART FAM PRACT 193.03 3,309,486 0 18.00 19.00 MGH MART FAM PRACT 193.04 1,700,040 0 19.00 19.00 MGH PEDIATRIC CTR 193.05 112,654 0 20.00 20.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00 22.00 MGH SPECIALTY PHYS 193.07 171,769 0 23.00 24.00 08/GVN 193.12 1,140,639 0 22.00 24.00 08/GVN 193.12 1,140,639 0 22.00 25.00 MGH WOUND CARE 193.18 25,571 0 25.00 26.00 HEART FAILURE CLINIC 194.00 37,821 0 26.00 27.00 MGH WOUND CARE 193.18 25,571 0 26.00 28.00 MGH WORN SOLUTIONS 194.04 110,052 0 28.00 MGH MGH ORTHO 194.25 1,092,276 0 TOTALS 23,227,144 0 27.00 MGH MGH SPECIASS 23,227,144 0 28.00 MGH MGH ORTHO 194.25 1,092,276 0 28.00 MG		•			0		
11.00 MGH MARTON SURGEONS 192.15 1,303,696 0 12.00 MGH MGH MED ONC 192.16 1,480,585 0 12.00 13.00 MGH FMC SOUTH 192.17 473,968 0 13.00 14.00 MGH FMC SOUTH 192.17 473,968 0 13.00 14.00 MGH FMC MARTON 192.18 230,258 0 14.00 15.00 MGH FMC MARTON 192.19 564,237 0 15.00 16.00 MGH FMC NORTHWOOD 193.01 587,378 0 16.00 MGH FMC MAS CITY 193.02 360,425 0 17.00 18.00 MGH					-		
12.00 MGH MED ONC 192.16 1,480,585 0 13.00 MGH FMC SOUTH 192.17 473,968 0 13.00 14.00 MGH FMC MARION 192.19 564,237 0 15.00 16.00 MGH FMC MARION 192.19 564,237 0 15.00 16.00 MGH FMC NORTHWOOD 193.01 587,378 0 16.00 MGH FMC NORTHWOOD 193.01 587,378 0 17.00 18.00 MGH MOSPITALISTS 193.02 360,425 0 17.00 18.00 MGH MAR FAM PRACT 193.04 1,700,040 0 19.00 0 0 0 0 0 0 0 0 0		•			-		
13.00 MGH FMC SOUTH 192.17 473,968 0 13.00 14.00 MGH FMC MARION 192.19 564,237 0 15.00 16.00 MGH FMC NORTHWOOD 193.01 587,378 0 16.00 17.00 MGH FMC SOUTH 193.02 360,425 0 17.00 18.00 MGH FMC SOUTH 193.03 3,309,486 0 18.00 19.00 MGH MAR FAM PRACT 193.04 1,700,040 0 19.00 19.00 MGH FMC SWAYZEE 193.05 112,654 0 20.00 21.00 MGH PEDIATRIC CTR 193.06 437,853 0 21.00 22.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00 23.00 MGH FMC CONVERSE 193.08 136,786 0 23.00 24.00 0B/GYN 193.12 1,140,639 0 24.00 25.00 MGH WOUND CARE 193.18 25,571 0 25.00 26.00 MGH WORT SOLUTIONS 194.00 37,821 0 26.00 27.00 MGH WORT SOLUTIONS 194.00 37,821 0 26.00 28.00 MGH MOR FORLUTIONS 194.00 37,821 0 26.00 28.00 MGH MOR FORLUTIONS 194.00 37,821 0 26.00 28.00 MGH MOR SOLUTIONS 194.00 37,821 0 26.00 28.00 MGH MOR SOLUTIONS 194.00 37,221 0 26.00 28.00 MGH MOR SOLUTIONS 194.00 37,221 0 26.00 28.00 MGH MOR SOLUTIONS 194.00 37,221 0 26.00 28.00 MGH SOLUTIONS 194.00 37,221 0 26.00 28.00 MGH SOLUTIONS 194.00 37,221 0 26.00 28.00 MGH SOLUTIONS 194.00 37,221 0 27.00 28.00 MGH SOLUTIONS 194.00 37,221 0 27.00 28.00 MGH SOLUTIONS 194.00 37,221 0 28.00 28.00 MGH SOLUTIONS 194.00 37,221 0 28.00 28.00 MGH SOLUTIONS 194.00 37,221 0 28.00 28.00 MGH SOLUTIONS 194.00 37,330 0 30.00 30.00 28.00 MGH SOLUTIONS 194.00 37,330 0 30.00 30.00 30.00 28.00		•					
14.00 MGH FAIRM MED ASSOC 192.18 230,258 0 15.00 15.00 MGH FMC NARION 192.19 564,237 0 15.00 16.00 MGH FMC NORTHWOOD 193.01 587,378 0 16.00 17.00 MGH FMC ASC CITY 193.02 360,425 0 17.00 MGH FMC ASC CITY 193.02 360,425 0 17.00 MGH MH POSPITALISTS 193.03 3.309,486 0 18.00 MGH MAR FAM PRACT 193.04 1,700,040 0 19.00 MGH FMC SWAYZEE 193.05 112,654 0 20.00 MGH FMC SWAYZEE 193.05 112,654 0 21.00 MGH PEDIATRIC CTR 193.06 437,853 0 21.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00 MGH SPECIALTY PHYS 193.07 171,769 0 23.00 MGH WOUND CARE 193.18 25,571 0 24.00 25.00 MGH WOUND CARE 193.18 25,571 0 26.00 27.00 MGH WOUND CARE 193.18 25,571 0 26.00 27.00 MGH WOUND CARE 194.00 37,821 0 26.00 27.00 MGH WORK SOLUTIONS 194.04 110,052 0 27.00 28.00 MGH MGH ORTHO 194.25 1,092,276 0 27.00 28.00 MGH MGH ORTHO 194.00 3.00 4.00							
15.00 MGH FMC MARION 192.19 564,237 0 16.00 16.00 16.00 MGH FMC NORTHWOODD 193.01 587,378 0 16.00					-		
16.00 MGH FMC NORTHWOOD 193.01 587,378 0 17.00 MGH FMC GAS CITY 193.02 360,425 0 17.00 MGH MG GAS CITY 193.03 3,309,486 0 18.00 MGH MAR FAM PRACT 193.04 1,700,040 0 19.00 MGH MAR FAM PRACT 193.05 112,654 0 20.00 MGH FMC SWAYZEE 193.05 112,654 0 20.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00 23.00 MGH FMC CONVERSE 193.08 136,786 0 23.00 MGH FMC CONVERSE 193.18 25,571 0 25.00 MGH WOUND CARE 193.18 25,571 0 25.00 26.00 MGH WOUND CARE 193.18 25,571 0 25.00 MGH WOUND KR SOLUTIONS 194.04 110,052 0 27.00 MGH MGH MGH ORTHO 194.25 1,992,276 0 27.00 MGH MGH MGH ORTHO 194.04 110,052 0 27.00 MGH							
17.00 MGH FMC GAS CITY					•		
18.00 MGH HOSPITALISTS 193.03 3,309,486 0 19.00					-		
19.00 MGH MAR FAM PRACT 193.04 1,700,040 0 20.00 20.00 MGH MAR FAM PRACT 193.05 112,654 0 20.00 20.00 21.00 MGH MG FMC SWAYZEE 193.05 112,654 0 21.00 22.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00 23.00 MGH SPECIALTY PHYS 193.08 136,786 0 23.00 24.00 24.00 25.00 MGH WOLVD CARE 193.18 25,571 0 25.00 26.00 26.00 27.00 26.00 27.00 28.00 28.00 29.00 29.00 28.00 29.00 2		1	I .		_		
20.00 MGH FMC SWAYZEE 193.05 112,654 0 21.00		1			-		
21.00 MGH PEDIATRIC CTR							
22.00 MGH SPECIALTY PHYS 193.07 171,769 0 22.00		1					
23.00 MGH FMC CONVERSE 193.08 136,786 0 23.00 24.00 0B/GYN 193.12 1,140,639 0 24.00 25.00 MGH WOUND CARE 193.18 25,571 0 25.00 26.00 MEART FAILURE CLINIC 194.00 37,821 0 26.00 27.00 28.00 MGH WORK SOLUTIONS 194.04 110,052 0 27.00 28.00 MGH MGH ORTHO 194.25 1,092,276 0 28.00 7074LS				· · · · · ·	0		
24.00 0B/GYN					0		
25.00			I .		0		
ADMINISTRATIVE & GENERAL 1.00 1		1- / -	· · · · · · · · · · · · · · · · · · ·		0		
27.00 MGH WORK SOLUTIONS 194.04 110,052 0 27.00					0		
MGH MGH ORTHO		1		· · · · · · · · · · · · · · · · · · ·	0		
TOTALS 23,227,144 0 N - LIABILITY INSURANCE RECLASS		MGH WORK SOLUTIONS			0		
N - LIABILITY INSURANCE RECLASS 1.00 71,763 1.00 TOTALS 0 71,763 1.00 1.	28.00	MGH MGH ORTHO	194.25	<u>1,092,276</u>	0		28.00
1.00 ADMINISTRATIVE & GENERAL		TOTALS		23,227,144	0		
TOTALS		N - LIABILITY INSURANCE RECLA	ASS				
1.00	1.00	ADMINISTRATIVE & GENERAL	5.00		71,763		1.00
1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 7,966 0 2.00 OPERATION OF PLANT 7.00 3,030 0 3.00 NURSING ADMINISTRATION 13.00 39,299 0 4.00 CENTRAL SERVICES & SUPPLY 14.00 900 0 5.00 PHARMACY 15.00 1,384 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00		TOTALS		0	71,763		
1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 7,966 0 2.00 OPERATION OF PLANT 7.00 3,030 0 3.00 NURSING ADMINISTRATION 13.00 39,299 0 4.00 CENTRAL SERVICES & SUPPLY 14.00 900 0 5.00 PHARMACY 15.00 1,384 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00		O - MANAGEMENT BONUS RECLASS					
2.00 OPERATION OF PLANT 7.00 3,030 0 2.00 3.00 NURSING ADMINISTRATION 13.00 39,299 0 3.00 4.00 CENTRAL SERVICES & SUPPLY 14.00 900 0 4.00 5.00 PHARMACY 15.00 1,384 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00	1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,966	0		1.00
3.00 NURSING ADMINISTRATION 13.00 39,299 0 4.00 2 4.00 4.00 5.00 PHARMACY 15.00 1,384 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 SUBPROVIDER - IRF 41.00 1,930 0 9.00 OPERATING ROOM 50.00 2,239 0 9.00					0		
4.00 CENTRAL SERVICES & SUPPLY 14.00 900 0 4.00 5.00 PHARMACY 15.00 1,384 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00					-	l l	
5.00 PHARMACY 15.00 1,384 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00					-		
6.00 ADULTS & PEDIATRICS 30.00 4,785 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00					0		
7.00 INTENSIVE CARE UNIT 31.00 3,071 0 7.00 8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00		•			Ô		
8.00 SUBPROVIDER - IRF 41.00 1,930 0 8.00 9.00 OPERATING ROOM 50.00 2,239 0 9.00					n		
9.00 OPERATING ROOM 50.00 2,239 0 9.00			I .		0		
20100 10100						l l	
			31100	5,515	٥		

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL Provider CCN: 15-0011

Period: | Worksheet 5 | From 07/01/2022 | To 06/30/2023 | Date/Time Prepared: | 11/28/2023 | 11:19 am

					11/20/2023 11	
		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00	CARDIAC CATHETERIZATION	59.00	1,066	0		11.00
12.00	LABORATORY	60.00	1,604	0		12.00
13.00	ONCOLOGY	60.01	3,994	0		13.00
14.00	PHYSICAL THERAPY	66.00	3,657	0		14.00
15.00	EMERGENCY	91.00	6,441	0		15.00
16.00	AMBULANCE SERVICES	95.00	1,980	0		16.00
17.00	MGH EMERGENCY PHYSICIANS	192.11	3,888	0		17.00
18.00	MGH PHYS PRACT MGMT	192.14	10,644	0		18.00
19.00	MGH HOSPITALISTS	193.03	8,127	0		19.00
20.00	MGH MGH ORTHO	194.25	1,969	0		20.00
	TOTALS		116,317	0		
500.00	Grand Total: Increases		26,791,447	17,439,235		500.00

Provider CCN: 15-0011

Period: Worksheet A-6 From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am

						11/28/2023 1	1:19 am
		Decreases					
	Cost Center	Line #	Salary		kst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SATELLITE OFFICE RECLASS						
1.00	LABORATORY	60.00	52,132	10,079	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		52,132	10,079			_
	B - CAFETERIA RECLASS				-1		
1.00	DIETARY	10.00	0	1,885,883	0		1.00
2.00	<u> </u>	0.00	0	0_	0		2.00
	TOTALS		0	1,885,883			
	C - ADMIN DIRECTOR RECLASS			_ T	-1		
1.00	ADMINISTRATIVE & GENERAL	5.00	24,598	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	526,307	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	41,922	0	0		3.00
4.00	EMERGENCY	91.00	70,638	0	0		4.00
5.00	MGH MGH ORTHO	194.25	35,792	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00	\vdash $ +$	0.00	0	0	0		13.00
	TOTALS		699,257	0			
4 00	D - ADVERTISING RECLASS	5 00	242.002	205 024			4 00
1.00	ADMINISTRATIVE & GENERAL		242,092	295,921	0		1.00
	TOTALS		242,092	295,921			
4 00	E - LEASED PROPERTY RECLASS	4 00		4 452 004	4.0		4 00
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	1,152,081	10		1.00
2 00	FIXT	102.05		1 000 700			2 00
2.00	OWNED PROPERTIES	192.05	0	1,069,762	0		2.00
3.00		0.00	0	0	-		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00 11.00		0.00		0	0		10.00 11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	o	0	0		15.00
16.00		0.00	o	0	0		16.00
17.00		0.00	o	0	0		17.00
18.00		0.00	o	0	0		18.00
19.00		0.00	ő	ő	ő		19.00
20.00		0.00	ő	ő	ő		20.00
21.00		0.00	ő	ő	ő		21.00
22.00		0.00	ő	ő	ő		22.00
23.00		0.00	o	0	0		23.00
24.00		0.00	Ö	0	ő		24.00
25.00		0.00	Ö	Ö	0		25.00
26.00		0.00	o	Ö	ő		26.00
27.00		0.00	Ö	Ö	0		27.00
28.00		0.00	Ö	ō	0		28.00
29.00		0.00	Ö	ō	0		29.00
30.00		0.00	Ö	ō	0		30.00
31.00		0.00	o	Ö	o		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	o	0	0		35.00
	TOTALS		0	2,221,843	1		
	F - PHARMACY RECLASS	<u> </u>					
1.00	PHARMACY	15.00		11,544,077	0		1.00
	TOTALS	+		11,544,077			
	G - CT/MRI RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	836,948	635,318	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		836,948	635,318			
			'		'		•

RECLASSIFICATIONS

Period: Worksheet A-6 From 07/01/2022 06/30/2023 Date/Time Prepared:

11/28/2023 11:19 am

Decreases Cost Center Salary Other wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 H - SHORT TERM DISABILITY RECLASS 1.00 ADMINISTRATIVE & GENERAL 5.00 1,330 1.00 6,495 2.00 ADULTS & PEDIATRICS 30.00 0 0 2.00 OPERATING ROOM 50.00 11,659 0 0 3.00 3.00 4.00 LABORATORY 60.00 11,365 0 0 4.00 0 5.00 ONCOLOGY 60.01 7,347 0 5.00 6.00 MGH EXPRESS 192.13 19,444 0 0 6.00 <u>6,3</u>52 7.00 MGH PHYS PRACT MGMT 192.14 0 0 7.00 TOTALS 63.992 0 I - NURSERY RECLASS 1.00 30.00 1,382,385 323,779 0 1.00 ADULTS & PEDIATRICS TOTALS 1,382,385 323,779 J - SMMP HOUSEKEEPING RECLASS 1.00 192.05 74,838 0 1.00 OWNED PROPERTIES 0 2.00 0.00 0 2.00 0 3.00 0.00 0 0 0 3.00 4.00 0.00 0 0 0 4.00 5.00 0.00 0 0 0 5.00 0 6.00 0.00 6.00 0 0 7.00 0.00 0 0 0 7.00 0 8.00 0.00 8.00 0.00 0 9.00 0 0 9.00 TOTALS 0 74,838 K - LAUNDRY RECLASS 1.00 9.00 311,742 1.00 HOUSEKEEPING 0 ō TOTALS 311,742 L - PHYSICIAN MEDICAL DIRECTOR RECLASS 1.00 PACT REV PHYSICIANS 192.01 235,172 0 1.00 TOTALS 235,172 0 M - PHYSICIAN SALARY RECLASS ADMINISTRATIVE & GENERAL 1.00 5.00 2,916,844 0 1.00 2.00 SUBPROVIDER - IRF 41.00 0 70,428 0 2.00 65.00 0 0 3.00 RESPIRATORY THERAPY 6,052 3.00 4.00 PHYSICAL THERAPY 66.00 0 4,180 0 4.00 5.00 CARDIAC REHAB 69.01 0 19,110 0 5.00 0 6.00 EMERGENCY 91.00 0 4,468,147 6.00 192.01 7.00 PACT REV PHYSICIANS 0 737.376 0 7.00 8.00 UROLOGY 192.06 0 665,852 0 8.00 9.00 9.00 LUNG CENTER 192.12 0 483,114 0 10.00 MGH EXPRESS 192.13 0 580,547 0 10.00 0 0 192.15 1,303,696 11.00 MGH MARION SURGEONS 11.00 12.00 MGH MGH MED ONC 192.16 0 1,480,585 0 12.00 0 13.00 MGH FMC SOUTH 192.17 473,968 0 13.00 ol 230,258 0 14.00 MGH FAIRM MED ASSOC 192.18 14.00 192.19 0 0 15.00 MGH FMC MARION 564,237 15.00 16.00 MGH FMC NORTHWOOD 193.01 0 587,378 0 16.00 17.00 193.02 0 360,425 0 17.00 MGH FMC GAS CITY 193.03 0 0 18.00 MGH HOSPITALISTS 3.309.486 18.00 19.00 MGH MAR FAM PRACT 193.04 0 1,700,040 0 19.00 20.00 MGH FMC SWAYZEE 193.05 0 112,654 0 20.00 0 437,853 0 21.00 MGH PEDTATRIC CTR 193.06 21.00 0 0 22.00 MGH SPECIALTY PHYS 193.07 171,769 22.00 23.00 MGH FMC CONVERSE 193.08 0 136,786 0 23.00 24.00 OB/GYN 193.12 0 1,140,639 0 24.00 0 0 MGH WOUND CARE 25.00 25.00 193.18 25,571 26.00 HEART FAILURE CLINIC 194.00 0 37,821 0 26.00 MGH WORK SOLUTIONS 194.04 0 110,052 0 27.00 27.00 MGH MGH ORTHO 194.25 0 1,092,276 0 28.00 28.00 23,227,144 TOTAL S 0 N - LIABILITY INSURANCE RECLASS 1.00 71,763 0 MGH MGH ORTHO 194.25 1.00 0 71,763 TOTALS O - MANAGEMENT BONUS RECLASS 1.00 ADMINISTRATIVE & GENERAL 5.00 116,317 0 0 1.00 2.00 0.00 0 0 2.00 0 0 3.00 0.00 0 3.00 4.00 0.00 0 0 0 4.00 5.00 0.00 0 0 0 5.00 0 0 6.00 0.00 0 6.00 0 0 7.00 0.00 0 7.00 8.00 0.00 0 0 0 8.00 0 0 9.00 0.00 0 9.00 0 0 0 10.00 10.00 0.00 11.00 0.00 0 11.00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL Period: Worksheet A-6 From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Provider CCN: 15-0011

						11/28/2023 1	1:19 am
		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
	TOTALS		116,317	0			
500.00	Grand Total: Decreases		3,628,295	40,602,387			500.00

RECLASSIFICATIONS

Provider CCN: 15-0011 Period: Worksheet A-6 From 07/01/2022 Non-CMS Worksheet 06/30/2023 Date/Time Prepared: To 11/28/2023 11:19 am Increases Decreases Cost Center Line # Salary Other Cost Center salary Other Line # 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 - SATELLITE OFFICE RECLASS 1.00 RADIOLOGY-DIAGNOSTIC 48,793 9,238 LABORATORY 60.00 52,132 10.079 1.00 2.00 69.00 3,339 841 ELECTROCARDIOLOGY 0.00 2.00 10,079 TOTALS 52,132 10,079 **TOTALS** 52,132 B - CAFETERIA RECLASS 1.00 ADMINISTRATIVE & 5.00 91,922 DIETARY 10.00 0 1,885,883 1.00 **GENERAL** 2.00 1.793.961 CAFETERIA 6.01 0.00 2.00 TOTALS 1,885,883 TOTALS 1,885,883 C - ADMIN DIRECTOR RECLASS 1.00 CENTRAL SERVICES & 14.00 12,632 OADMINISTRATIVE & 5.00 24,598 1.00 0 SUPPLY GENERAL 2.00 ADULTS & PEDIATRICS 30.00 236.840 0 NURSTNG 13.00 526.307 0 2.00 ADMINISTRATION 3.00 OPERATING ROOM 50.00 116,746 0 INTENSIVE CARE UNIT 31.00 41,922 3.00 0 4.00 CARDIAC 59.00 29.673 0 EMERGENCY 91.00 70.638 4.00 CATHETERTZATTON 5.00 RESPIRATORY THERAPY 65.00 41,922 0 MGH MGH ORTHO 194.25 35,792 0 5.00 6.00 ELECTROCARDIOLOGY 69.00 59,345 0.00 0 6.00 7.00 CARDIAC REHAB 69.01 14,836 0 0.00 0 7.00 0 0 0 8.00 AMBULANCE SERVICES 95.00 28,255 0.00 0 8.00 9.00 GIFT, FLOWER, COFFEE 190.00 23,521 0 0.00 0 0 9.00 SHOP & CANTEEN 10.00 PARISH NURSING 192.08 1,078 0 0.00 0 0 10.00 192.13 11.00 MGH EXPRESS 42,383 0 0.00 0 0 11.00 12.00 MGH MARION SURGEONS 192.15 35,792 0 0.00 r 0 12.00 0.00 13.00 OB/GYN 193.12 56,234 0 13.00 699,257 0 TOTALS 699,257 TOTALS D - ADVERTISING RECLASS 1.00 ADVERTISING 194.03 242,092 295,921 ADMINISTRATIVE & 5.00 242,092 295,921 1.00 GENERAL TOTALS 242,092 295,921 TOTALS 242,092 295,921 E - LEASED PROPERTY RECLASS 1.00 ADMINISTRATIVE & 0 107,521 NEW CAP REL 1.00 1,152,081 1.00 5.00 COSTS-BLDG & FIXT GENERAL 2.00 OPERATION OF PLANT 7.00 347.635 OWNED PROPERTIES 192.05 1,069,762 2.00 3.00 9.00 0 7,902 0 HOUSEKEEPING 0.00 3.00 0 4.00 DTFTARY 10.00 0 25.813 0.00 0 0 4.00 5.00 OPERATING ROOM 50.00 0 166,029 0.00 0 0 5.00 6.00 RADIOLOGY-DIAGNOSTIC 54.00 0 253,004 0.00 0 0 6.00 0 0 57.00 0 7.00 CT SCAN 17,839 0.00 7.00 0 0 8.00 MAGNETIC RESONANCE 58.00 20,117 0.00 8.00 IMAGING (MRI) 9.00 0 LABORATORY 60.00 0 86,677 0.00 9.00 0 20,334 0 0 10.00 RESPIRATORY THERAPY 65.00 0.00 10.00 0 11.00 PHYSICAL THERAPY 66.00 55,338 0.00 0 0 11.00 12.00 ELECTROCARDIOLOGY 69.00 15,686 0.00 0 0 12.00 0 0 13.00 CARDIAC REHAB 69.01 14,166 0.00 0 13.00 0 90.00 0 0 14.00 14.00 CI TNTC 53.507 0.00 0 15.00 PACT REV PHYSICIANS 192.01 8,493 0.00 15.00 0 192.06 41,173 0.00 0 0 16.00 UROLOGY 16.00 0 17.00 PARISH NURSING 192.08 3,738 0.00 0 0 17.00 0 0 0 18.00 LUNG CENTER 192.12 27,752 0.00 18.00 19.00 MGH EXPRESS 192.13 0 5,086 0.00 0 0 19.00 0 0 20.00 MGH PHYS PRACT MGMT 192.14 45,450 0.00 0 20.00 0 0 0 21.00 MGH MARTON SURGEONS 192.15 72.379 0.00 21.00 0 0 0 22.00 MGH FMC SOUTH 192.17 289,333 0.00 22.00 0 MGH FAIRM MED ASSOC 192.18 22,961 0.00 0 0 23.00 23.00 0 0 24.00 MGH FMC MARION 192.19 61,055 0.00 0 24.00 0 0 0 193.01 25.00 25.00 MGH FMC NORTHWOOD 25.732 0.00 26.00 MGH FMC GAS CITY 193.02 78,730 0.00 0 0 26.00 193.04 0 97,219 0.00 0 0 27.00 MGH MAR FAM PRACT 27.00 28.00 MGH FMC SWAYZEE 193.05 0 26.302 0.00 0 0 28.00 0 0 29.00 MGH PEDIATRIC CTR 193.06 58,733 0.00 29.00 0 30.00 MGH SPECIALTY PHYS 193.07 13,696 0.00 0 0 30.00 31.00 MGH FMC CONVERSE 193.08 0 307 0.00 0 31.00 193.12 0 135,823 0 0 32.00 0.00 32.00 OB/GYN

TOTALS

MGH WORK SOLUTIONS

OPIOID IMPL GRANT

TOBACCO GRANT

194.04

194.06

194.15

0

0

0

5.481

6,635

4,197

2,221,843 TOTALS

0.00

0.00

0.00

0

0

0

0

0 35.00

2,221,843

33.00

34.00

33.00

34.00

35.00

Provider CCN: 15-0011

In Lieu of Form CMS-2552-10

Period: Worksheet A-6
From 07/01/2022 Non-CMS Worksheet
To 06/30/2023 Date/Time Prepared:
11/28/2023 11:19 am

								11/28/2023 11	
		Increa				Decrea			
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
1 00	F - PHARMACY RECLASS	72.00		11 544 077	DUA DIVA CV	15.00		11 544 077	1 00
1.00	DRUGS CHARGED TO PATIENTS	73.00		11,544,077	PHARMACY	15.00		11,544,077	1.00
	TOTALS	-		11,544,077	TOTAL S	\vdash		- 11,544,0 77	
	G - CT/MRI RECLASS		<u> </u>	11,511,077	TOTALS		<u> </u>	11,311,077	
1.00	CT SCAN	57.00	523,331	397,255	RADIOLOGY-DIAGNOSTIC	54.00	836,948	635,318	1.00
2.00	MAGNETIC RESONANCE	58.00	313,617	238,063		0.00	0	0	2.00
	IMAGING (MRI)								
	TOTALS		836,948	635,318	TOTALS		836,948	635,318	
	H - SHORT TERM DISABI		_ASS		1	1			
1.00	ADMINISTRATIVE &	5.00		1,330	ADMINISTRATIVE &	5.00	1,330	0	1.00
2.00	GENERAL ADULTS & PEDIATRICS	30.00		6 405	GENERAL ADULTS & PEDIATRICS	30.00	6,495	0	2.00
3.00	OPERATING ROOM	50.00		,	OPERATING ROOM	50.00	11,659	0	3.00
4.00	LABORATORY	60.00		,	LABORATORY	60.00	11,365	0	4.00
5.00	ONCOLOGY	60.01			ONCOLOGY	60.01	7,347	0	5.00
6.00	MGH EXPRESS	192.13			MGH EXPRESS	192.13	19,444	Ö	6.00
7.00	MGH PHYS PRACT MGMT	192.14		6,352	MGH PHYS PRACT MGMT	192.14	6,352	0	7.00
	TOTALS		0	63,992	TOTALS		63,992		
	I - NURSERY RECLASS								
1.00	NURSERY	43.00	1,382,385		ADULTS & PEDIATRICS	30.00	1,382,385	323,779	1.00
	TOTALS		1,382,385	323,779	TOTALS		1,382,385	323,779	
1 00	J - SMMP HOUSEKEEPING			10 400	OWNED DECREE	102 05		74 030	1 00
1.00	ADMINISTRATIVE &	5.00		16,426	OWNED PROPERTIES	192.05		74,838	1.00
2.00	GENERAL OPERATION OF PLANT	7.00		1,685		0.00	0	0	2.00
3.00	HOUSEKEEPING	9.00		370		0.00	0	0	3.00
4.00	DIETARY	10.00		625		0.00	Ö	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00		23,309	•	0.00	ő	0	5.00
6.00	CT SCAN	57.00		1,626	I .	0.00	Ö	Ö	6.00
7.00	MAGNETIC RESONANCE	58.00		1,833	l .	0.00	0	0	7.00
	IMAGING (MRI)								
8.00	LABORATORY	60.00		2,941		0.00	0	0	8.00
9.00	MGH FMC SOUTH	192.17		<u> </u>		0.00	0	0	9.00
	TOTALS		0	74,838	TOTALS		0	74,838	
1.00	K - LAUNDRY RECLASS LAUNDRY & LINEN	8.00		211 7/12	HOUSEKEEPING	9.00		311,742	1.00
1.00	SERVICE	8.00		311,742	HOUSEKEEPING	9.00		311,742	1.00
	TOTALS	-		311,742	TOTALS			311,742	
	L - PHYSICIAN MEDICAL	DIRECTO	RECLASS	•				,	
1.00	ADMINISTRATIVE &	5.00	235,172	0	PACT REV PHYSICIANS	192.01	235,172	0	1.00
	GENERAL					\perp			
	TOTALS		235,172	0	TOTALS		235,172	0	
1 00	M - PHYSICIAN SALARY ADMINISTRATIVE &		2 016 944		ADMINISTRATIVE P	T = 00	٥	2 016 944	1 00
1.00	GENERAL	5.00	2,916,844	U	ADMINISTRATIVE & GENERAL	5.00	0	2,916,844	1.00
2.00	SUBPROVIDER - IRF	41.00	70,428	0	SUBPROVIDER - IRF	41.00	0	70,428	2.00
3.00	RESPIRATORY THERAPY	65.00	6,052		RESPIRATORY THERAPY	65.00	ő	6,052	
4.00	PHYSICAL THERAPY	66.00	4,180		PHYSICAL THERAPY	66.00	Ö	4,180	4.00
5.00	CARDIAC REHAB	69.01	19,110		CARDIAC REHAB	69.01	0	19,110	5.00
6.00	EMERGENCY	91.00	4,468,147	0	EMERGENCY	91.00	0	4,468,147	6.00
7.00	PACT REV PHYSICIANS	192.01	737,376		PACT REV PHYSICIANS	192.01	0	737,376	7.00
8.00	UROLOGY	192.06	665,852		UROLOGY	192.06	0	665,852	8.00
9.00	LUNG CENTER	192.12	483,114		LUNG CENTER	192.12	0	483,114	9.00
10.00	MGH EXPRESS	192.13	580,547		MGH EXPRESS	192.13	0	580,547	10.00
	MGH MARION SURGEONS	192.15	1,303,696		MGH MARION SURGEONS	192.15	0	1,303,696	11.00
	MGH MGH MED ONC	192.16	1,480,585		MGH MGH MED ONC	192.16	0	1,480,585	12.00
	MGH FMC SOUTH	192.17	473,968		MGH FMC SOUTH	192.17	0	473,968	13.00
14.00 15.00	MGH FAIRM MED ASSOC MGH FMC MARION	192.18 192.19	230,258 564,237		MGH FAIRM MED ASSOC MGH FMC MARION	192.18 192.19	0	230,258 564,237	14.00 15.00
	MGH FMC MARION	192.19	587,378		MGH FMC MARION	192.19	0	587,378	
	MGH FMC GAS CITY	193.01	360,425		MGH FMC GAS CITY	193.01	0	360,425	17.00
	MGH HOSPITALISTS	193.03	3,309,486		MGH HOSPITALISTS	193.03	ő	3,309,486	
	MGH MAR FAM PRACT	193.04	1,700,040		MGH MAR FAM PRACT	193.04	o	1,700,040	19.00
	MGH FMC SWAYZEE	193.05	112,654		MGH FMC SWAYZEE	193.05	0	112,654	20.00
	MGH PEDIATRIC CTR	193.06	437,853	0	MGH PEDIATRIC CTR	193.06	0	437,853	21.00
	MGH SPECIALTY PHYS	193.07	171,769		MGH SPECIALTY PHYS	193.07	0	171,769	
	MGH FMC CONVERSE	193.08	136,786		MGH FMC CONVERSE	193.08	0	136,786	
	OB/GYN	193.12	1,140,639		OB/GYN	193.12	0	1,140,639	24.00
	MGH WOUND CARE	193.18	25,571		MGH WOUND CARE	193.18	0	25,571	25.00
	1	104 00							26.00
	HEART FAILURE CLINIC	194.00	37,821		HEART FAILURE CLINIC	194.00	0	37,821	
27.00	HEART FAILURE CLINIC MGH WORK SOLUTIONS	194.04	110,052	0	MGH WORK SOLUTIONS	194.04	0	110,052	27.00
27.00	HEART FAILURE CLINIC	1 1		0	l .		- 1		27.00 28.00

RECLASSIFICATIONS

Provider CCN: 15-0011

Period: Worksheet A-6 From 07/01/2022 Non-CMS Worksheet To 06/30/2023 Date/Time Prepared:

						'	00,30,2023	11/28/2023 11	
		Increa	ases			Decre	ases		
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	N - LIABILITY INSURANCE	CE RECLAS	SS						
1.00	ADMINISTRATIVE &	5.00		71,763	MGH MGH ORTHO	194.25		71,763	1.00
	GENERAL								
	TOTALS		0	71,763	TOTALS		0	71,763	
	O - MANAGEMENT BONUS F								
1.00	EMPLOYEE BENEFITS	4.00	7,966		ADMINISTRATIVE &	5.00	116,317	0	1.00
	DEPARTMENT				GENERAL				
2.00	OPERATION OF PLANT	7.00	3,030	0		0.00	0	0	2.00
3.00	NURSING	13.00	39,299	0		0.00	0	0	3.00
	ADMINISTRATION			_					
4.00	CENTRAL SERVICES &	14.00	900	0		0.00	0	0	4.00
	SUPPLY								
5.00	PHARMACY	15.00	1,384	0		0.00	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	4,785	0		0.00	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	3,071	0		0.00	0	0	7.00
8.00	SUBPROVIDER - IRF	41.00	1,930	0		0.00	0	0	8.00
9.00	OPERATING ROOM	50.00	2,239	0		0.00	0	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	8,343	0		0.00	0	0	10.00
11.00	CARDIAC	59.00	1,066	0		0.00	0	0	11.00
12.00	CATHETERIZATION	60.00	1 604			0.00			12.00
12.00	LABORATORY	60.00	1,604	0		0.00	0	0	12.00
13.00	ONCOLOGY	60.01	3,994	0		0.00	0	0	13.00
14.00	PHYSICAL THERAPY	66.00	3,657	0		0.00	0	0	14.00
15.00	EMERGENCY	91.00	6,441	0		0.00	0	0	15.00
16.00	AMBULANCE SERVICES	95.00 192.11	1,980	0		0.00	0	0	16.00 17.00
17.00	MGH EMERGENCY PHYSICIANS	192.11	3,888	U		0.00	U	U	17.00
18.00	MGH PHYS PRACT MGMT	192.14	10,644			0.00	0	0	18.00
19.00	MGH HOSPITALISTS	193.03	8,127	0		0.00	0	0	19.00
20.00	MGH MGH ORTHO	194.25	1,969	0		0.00	0	0	20.00
20.00	TOTALS	194.23	116,317		TOTALS	- 0.00	116,317		20.00
500 00	Grand Total:		26,791,447		Grand Total:		3,628,295	40,602,387	500.00
300.00	Increases		20,791,447		Decreases		3,020,293	40,002,307	300.00
	μπιοι εασέσ	1 1	I	Į.	Deci eases	1 1	I	l	

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS MARION GENERAL HOSPITAL

In Lieu of Form CMS-2552-10

Period: Worksheet A-7
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared: Provider CCN: 15-0011

				10	06/30/2023	11/28/2023 11	
			<u>'</u>	Acquisitions		, ==, ==, ========	
		Beginning	Purchases	Donation	Total	Disposals and	
		Balances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES					
1.00	Land	12,769,644	49,782	0	49,782	0	1.00
2.00	Land Improvements	3,369,169	0	0	0	0	2.00
3.00	Buildings and Fixtures	154,284,670	907,900	0	907,900	13,361	3.00
4.00	Building Improvements	1,004,508	0	0	0	0	4.00
5.00	Fixed Equipment	3,509,530	0	0	0	0	5.00
6.00	Movable Equipment	102,051,124	53,275,925	0	53,275,925	477,017	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	276,988,645	54,233,607		54,233,607	· · · · · · · · · · · · · · · · · · ·	8.00
9.00	Reconciling Items	28,282,793	50,810,704		50,810,704		9.00
10.00	Total (line 8 minus line 9)	248,705,852	3,422,903	0	3,422,903	490,378	10.00
		Ending	Fully				
		Balance	Depreciated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	12,819,426	0				1.00
2.00	Land Improvements	3,369,169	0				2.00
3.00	Buildings and Fixtures	155,179,209	0				3.00
4.00	Building Improvements	1,004,508	0				4.00
5.00	Fixed_Equipment	3,509,530	0				5.00
6.00	Movable Equipment	154,850,032	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	330,731,874	0				8.00
9.00	Reconciling Items	79,093,497	0				9.00
10.00	Total (line 8 minus line 9)	251,638,377	0				10.00

Health	Financial Systems	MARION GENERA	AL HOSPITAL		In Lieu of Form CMS-2552		
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider Co	CN: 15-0011	Period: From 07/01/2022 To 06/30/2023		pared:
			SU	JMMARY OF CAP	ITAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance	Taxes (see	
					(see instructions)	instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLU	MN 2, LINES 1 a	and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	13,105,306	0		0	0	1.00
3.00	Total (sum of lines 1-2)	13,105,306	0		0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1)				
		Capital-Relat	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLU	NN 2, LINES 1 a	and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	13,105,306				1.00
3.00	Total (sum of lines 1-2)	0	13,105,306	i			3.00

Health	Financial Systems	MARION GENERA	AL HOSPITAL		In Lie	552-10	
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provider C	i	Period: From 07/01/2022 To 06/30/2023		
		COME	PUTATION OF RA	TIOS	ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C		2.00	3.00	1100	3.00	
1.00	NEW CAP REL COSTS-BLDG & FIXT	330,731,874	0	330,731,874	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	330,731,874	0	330,731,874	1.000000	0	3.00
		ALLOCATION OF OTHER CAPITAL		CAPITAL	SUMMARY O	F CAPITAL	
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capital-Relat				
			ed Costs	through 7)			
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS	1				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		,,		1.00
3.00	Total (sum of lines 1-2)	0	0	(13,103,300	-1,152,081	3.00
			Sl	JMMARY OF CAPI	ΓAL		
	Cost Center Description	Interest	Insurance	Taxes (see	Other	Total (2)	
			(see	instructions)			
			instructions)		ed Costs (see	9 through 14)	
			10.00	10.00	instructions)	1	
		11.00	12.00	13.00	14.00	15.00	
4 00	PART III - RECONCILIATION OF CAPITAL COSTS C			1		44 244 200	4 00
1.00	NEW CAP REL COSTS-BLDG & FIXT	-608,917		1	-	11,344,308	1.00
3.00	Total (sum of lines 1-2)	-608,917	0	(0	11,344,308	3.00

ADJUJI	MENTS TO EXPENSES			Provider CCN. 13-0011	From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
			Т	Expense Classification oo/From Which the Amount is		11/28/2023 11	::19 am
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1 00	Trypostment income NEW CAR	1.00	2.00	3.00	4.00	5.00	1 00
1.00	<pre>Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)</pre>			EW CAP REL COSTS-BLDG & IXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0 *:	** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 10.00	Parking lot (chapter 21) Provider-based physician	A-8-2	0 -8,769,161		0.00	0	1
11.00	adjustment Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00		В	-1 663 C	AFETERIA	0.00 6.01	0	
15.00	Rental of quarters to employee and others	ь	0	ALLICKIA	0.00	0	1
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees,		0		0.00	0	19.00
	books, etc.) Vending machines		0		0.00	0	
	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of	A-8-3	0 RI	ESPIRATORY THERAPY	65.00		23.00
24.00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	0 PI	HYSICAL THERAPY	66.00		24.00
25.00	limitation (chapter 14) Utilization review - physicians' compensation		0 *:	** Cost Center Deleted ***	114.00		25.00
26.00	· ·		I	EW CAP REL COSTS-BLDG &	1.00	0	26.00
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL			IXT ** Cost Center Deleted ** [;]	2.00	0	27.00
28.00			0 *	** Cost Center Deleted ***		_	28.00
	Physicians' assistant Adjustment for occupational therapy costs in excess of	A-8-3	0 **	** Cost Center Deleted ***	0.00 67.00	0	29.00 30.00
30.99	limitation (chapter 14) Hospice (non-distinct) (see instructions)		0 AI	DULTS & PEDIATRICS	30.00		30.99

Health Financial Systems
ADJUSTMENTS TO EXPENSES Provider CCN: 15-0011

				To To	06/30/2023	Date/Time Pre	pared:
						11/28/2023 11	
				Expense Classification on To/From Which the Amount is			
				TO/FIOIII WITTELL THE AMOUNT IS	to be Adjusted		
,	Cost Center Description	Basis/Code	Amount	Cost Center	Line #	Wkst. A-7	
	cost center beser iperon	(2)	Alloure	cose center	Line "	Ref.	
		1.00	2.00	3.00	4.00	5.00	
	ment for speech	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
	ogy costs in excess of						
	ation (chapter 14)		0		0.00	0	22.00
	T Adjustment for		0		0.00	0	32.00
1 .	CE BANK SERVICE CHARGES	А	-289.132	ADMINISTRATIVE & GENERAL	5.00	0	33.00
1	CE DISCOUNT PAYMENTS	A	·	ADMINISTRATIVE & GENERAL	5.00	0	1
33.02 GAIN O	ON DISPOSAL	А	·	ADMINISTRATIVE & GENERAL	5.00	0	33.02
1	SSESSMENT FEE A/C	A		ADMINISTRATIVE & GENERAL	5.00	0	
	INSURANCE EXPENSE	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	
1	TTION-OTHER	В		ADMINISTRATIVE & GENERAL	5.00	0	
1	NED CHECK FEE	B B		ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	5.00 5.00	0	
4	OF MEDICAL RECORDS &	В	,	ADMINISTRATIVE & GENERAL	5.00	0	ı
ABSTRA			00,332	ADMINISTRATIVE & GENERAL	3.00	· ·	33.00
33.09 CHILD	SEAT SAFETY INSPECTION	В	0	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 HEALTH	SCREENING FEES - LAB	В		LABORATORY	60.00	0	33.10
1	SCREENING FEES - RAD	В		RADIOLOGY-DIAGNOSTIC	54.00	0	
	AFF OTHER SCREENING -	В	1,910	ADMINISTRATIVE & GENERAL	5.00	0	33.12
MED ST		ь.	11 210	A DODATORY	60.00	0	22 12
1	I SCREENS I SCREENS	B B	-	LABORATORY LABORATORY	60.00 60.00	0	33.13 33.14
33.15 REBATE		В	-	ADMINISTRATIVE & GENERAL	5.00	0	ı
33.16 REBATE		В		ADMINISTRATIVE & GENERAL	5.00	0	ı
1	OF PROVIDER SPACE BY	В	·	ADMINISTRATIVE & GENERAL	5.00	0	ł
SUPPLI	ER						
1	SPACE UPLAND	В		LABORATORY	60.00	0	
1	RENTAL	В		ADMINISTRATIVE & GENERAL	5.00	0	
1	OF SCRAP, WASTE, ETC.	В	-	ADMINISTRATIVE & GENERAL	5.00	0	
1	ARKETING AG TIONAL WORKSHOP	B B		ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	5.00 5.00	0	
1	EALTH LINEN SEV	В		LAUNDRY & LINEN SERVICE	8.00	0	l
1	ANCE SVC - ASSISTS	В		AMBULANCE SERVICES	95.00	0	
1	ANCE SVC - CORONER SVC	В		AMBULANCE SERVICES	95.00	0	33.25
	ANCE SVC - LINEN SERVICES	В	-4,992	AMBULANCE SERVICES	95.00	0	33.26
1	ANCE SVC - COMMUNITY	В	·	AMBULANCE SERVICES	95.00	0	
	ACT ARU OTH ARU MEDICAL	В	-48,490	SUBPROVIDER - IRF	41.00	0	33.28
DIRECT		ь.	10 000	ADMINISTRATIVE & CENERAL	F 00	0	33.29
33.29 MGH UN MED/CH	ICLAIMED OTH 125	В	-10,900	ADMINISTRATIVE & GENERAL	5.00	0	33.29
1 .	. PHYS OTHER SCHOOL PHYS	В	-8.955	ADMINISTRATIVE & GENERAL	5.00	0	33.30
33.31 PHLEBO		В	·	LABORATORY	60.00	0	ł
33.32 CPR TR	RAIN OTH AHA COMMUNITY	В	-19,145	ADMINISTRATIVE & GENERAL	5.00	0	33.32
	CAL STUDY - OTHER	В		ONCOLOGY	60.01	0	
	CHILD CARE PROGRAM	В	·	ADULTS & PEDIATRICS	30.00	0	
33.35 ONC. Q	-	В		ADMINISTRATIVE & GENERAL	5.00	0	
33.36 SETTLE 33.37 UNCLAI	MENIS MED OTHER MONIES	B B		ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	5.00 5.00	0	
RECOVE		В	-2,330	ADMINISTRATIVE & GENERAL	3.00	O	33.37
33.38 VENDIN		В	-2,209	CAFETERIA	6.01	0	33.38
	LANEOUS OTHER REVENUE	В	·	ADMINISTRATIVE & GENERAL	5.00	0	ı
33.40 COVID	OTHER REVENUE	В	-110,320	ADMINISTRATIVE & GENERAL	5.00	0	33.40
1	TES OTHER REVENUE	В	-1,465	LABORATORY	60.00	0	
	ADJUSTMENTS (SPECIFY)		0		0.00	0	33.42
(3) 33.43 STAT R	RADIOLOGY OTHER REVENUE	В	_2 275	RADIOLOGY-DIAGNOSTIC	54.00	0	33.43
	SCREENINGS - FLU SHOT	В		LABORATORY	60.00	0	
33.45 MISC R		В		ADMINISTRATIVE & GENERAL	5.00	0	1
	SION AND RADIO SERVICE	A		OPERATION OF PLANT	7.00	0	1
33.47 TELEPH		А	-156,416	OPERATION OF PLANT	7.00	0	1
33.48 OPERAT	ING INTEREST INCOME	В	-608,917	NEW CAP REL COSTS-BLDG &	1.00	11	33.48
22 40	INC. COSTS			FIXT		_	22.40
	ING COSTS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	
33.50 LOBBYI	ING COSTS	A A	·	ADMINISTRATIVE & GENERAL PHARMACY	5.00 15.00	0	
33.52 LOBBYI		A		RADIOLOGY-DIAGNOSTIC	54.00	0	ı
	<u>'</u>						

Provider CCN: 15-0011 ADJUSTMENTS TO EXPENSES Period:

From 07/01/2022 To 06/30/2023 Date/Time Prepared:

				Te	o 06/30/2023		
				Expense Classification on	Worksheet A	11/28/2023 11	:19 am
				To/From Which the Amount is			
					,		
	Cost Center Description	Basis/Code	Amount	Cost Center	Line #	Wkst. A-7	
		(2)				Ref.	
		1.00	2.00	3.00	4.00	5.00	
	OBBYING COSTS	Α		ONCOLOGY	60.01	0	
1	OBBYING COSTS	Α		RESPIRATORY THERAPY	65.00	0	
1	OBBYING COSTS	A		PHYSICAL THERAPY	66.00	0	
	LIMINATING ENTRIES	A	l '	MGH PHYS PRACT MGMT	192.14	0	
	ELIMINATING ENTRIES	A		MGH MARION SURGEONS	192.15	0	
1	ELIMINATING ENTRIES	A	l -	LUNG CENTER	192.12	0	
1	LIMINATING ENTRIES	A		MGH MARION SURGEONS	192.15	0	
1	LIMINATING ENTRIES	A		MGH FMC SOUTH	192.17	0	
1	LIMINATING ENTRIES	A		MGH FAIRM MED ASSOC MGH FMC MARION	192.18 192.19	0	
1	ELIMINATING ENTRIES ELIMINATING ENTRIES	A		MGH FMC MARION MGH FMC GAS CITY	193.02	0	
1	ELIMINATING ENTRIES	A A	l '	MGH FMC GAS CITT	193.05	0	
1	ELIMINATING ENTRIES	A		MGH PEDIATRIC CTR	193.06	0	1
	ELIMINATING ENTRIES	A		UROLOGY	192.06	0	1
1	ELIMINATING ENTRIES	A		MGH SPECIALTY PHYS	193.07	0	1
1	ELIMINATING ENTRIES	A	1	MGH FMC NORTHWOOD	193.01	0	1
	LIMINATING ENTRIES	A	1	MGH MAR FAM PRACT	193.04	0	1
1	LIMINATING ENTRIES	A	-198,349		193.12	0	
1	PHYSICIAN RECRUITMENT	A		ADMINISTRATIVE & GENERAL	5.00	0	
1	NTERTAINMENT EXP	A	1	ADMINISTRATIVE & GENERAL	5.00	0	
1	MPLOYEE USE OF AUTO	А		ADMINISTRATIVE & GENERAL	5.00	0	
1	OONATIONS	Α	l '	ADMINISTRATIVE & GENERAL	5.00	0	1
33.75 V	HA OPPORTUNITY	Α	1	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.75
33.76 V	/HA OPPORTUNITY	Α	-14,294	ADMINISTRATIVE & GENERAL	5.00	0	33.76
33.77 V	/HA OPPORTUNITY	Α	-184	OPERATION OF PLANT	7.00	0	33.77
33.78 V	HA OPPORTUNITY	Α	-86	HOUSEKEEPING	9.00	0	33.78
33.79 V	HA OPPORTUNITY	Α	-255	DIETARY	10.00	0	33.79
33.80 V	HA OPPORTUNITY	Α	-3	NURSING ADMINISTRATION	13.00	0	33.80
33.81 V	HA OPPORTUNITY	Α	-772	CENTRAL SERVICES & SUPPLY	14.00	0	33.81
	HA OPPORTUNITY	Α		PHARMACY	15.00	0	
1	HA OPPORTUNITY	Α		ADULTS & PEDIATRICS	30.00	0	
1	HA OPPORTUNITY	Α		INTENSIVE CARE UNIT	31.00	0	
1	HA OPPORTUNITY	Α		SUBPROVIDER - IRF	41.00	0	
1	HA OPPORTUNITY	Α	· ·	OPERATING ROOM	50.00	0	
1	HA OPPORTUNITY	Α		RADIOLOGY-DIAGNOSTIC	54.00	0	
1	/HA OPPORTUNITY	Α		CARDIAC CATHETERIZATION	59.00	0	
1	/HA OPPORTUNITY	Α		LABORATORY	60.00	0	
1	/HA OPPORTUNITY	Α	1	ONCOLOGY	60.01	0	
	/HA OPPORTUNITY	Α	1	RESPIRATORY THERAPY	65.00	0	
1	/HA OPPORTUNITY	A		PHYSICAL THERAPY	66.00	0	
	/HA OPPORTUNITY	A		ELECTROCARDIOLOGY	69.00	0	
	/HA OPPORTUNITY	A		CARDIAC REHAB	69.01	0	
1	/HA OPPORTUNITY	A		CLINIC	90.00	0	
	/HA OPPORTUNITY	A		EMERGENCY	91.00	0	
	/HA OPPORTUNITY	A		AMBULANCE SERVICES	95.00	0	
	ED ON CALL SVC A/C 7000.2512	A		ADMINISTRATIVE & GENERAL	5.00	0	
	MID LEVEL PROV COMMIT BONUS RENT LAND OTHER-FARM LAND	A		ADMINISTRATIVE & GENERAL	5.00	0	
1	ELIMINATING ENTRIES	В		ADMINISTRATIVE & GENERAL	5.00	0	
	COTAL (sum of lines 1 thru 49)	А	-14,336	PACT REV PHYSICIANS	192.01	U	34.01 50.00
	Transfer to Worksheet A,		-20,713,004				30.00
	column 6, line 200.)						
(1) -	1 . 1	1 .1.1					

⁽¹⁾ Description - all chapter references in this column pertain to CMS Pub. 15-1.

⁽²⁾ Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined. B. Amount Received - if cost cannot be determined.

⁽³⁾ Additional adjustments may be made on lines 33 thru 49 and subscripts thereof. Note: See instructions for column 5 referencing to Worksheet A-7.

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL

Provider CCN: 15-0011 Period: Worksheet A-8-2 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

						го 06/30/2023	B Date/Time Pre 11/28/2023 11	
	Wkst. A Line #	Cost Center/Physician	Total	Professional	Provider	RCE Amount	Physician/Prov	
		Identifier	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	41.00	SUBPROVIDER - IRF	30,488	30,488	0	0		1.00
2.00		OPERATING ROOM	3,199,745			0	0	2.00
3.00		RADIOLOGY-DIAGNOSTIC	450,616			0	0	3.00
4.00		CARDIAC CATHETERIZATION	89,679			0	0	4.00
5.00		LABORATORY	9,100			0	0	5.00
6.00		ELECTROCARDIOLOGY	53,655			0	0	6.00
7.00		EMERGENCY	4,935,878			0	0	7.00
8.00	0.00		1,333,070	0	0	0	0	8.00
9.00	0.00			0	0	0	0	9.00
10.00	0.00	1		0	0	0	0	10.00
200.00			8,769,161	8,769,161	0		0	200.00
200100	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE	5 Percent of	Cost of	Provider	Physician Cost	200100
		Identifier	Limit	Unadjusted RCE		Component	of Malpractice	
		Tuelle I I I I		Limit	Continuing	Share of col.	Insurance	
					Education	12	254. 466	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		SUBPROVIDER - IRF	0					1.00
2.00		OPERATING ROOM		0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC		0	0	0	0	3.00
4.00		CARDIAC CATHETERIZATION		0	0	0	0	4.00
5.00		LABORATORY		0	0	0	0	5.00
6.00		ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00		EMERGENCY		0	0	0	0	7.00
8.00	0.00	1		0	0	0	0	8.00
9.00	0.00			0	0	0	0	9.00
10.00	0.00	l .		0	0	0	0	10.00
200.00					0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provider	Adjusted RCE	RCE	Adjustment		
		Identifier	Component	Limit	Disallowance			
			Share of col.					
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	41.00	SUBPROVIDER - IRF	0	0	0	30,488		1.00
2.00	50.00	OPERATING ROOM	0	0	0	3,199,745		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	450,616		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	89,679		4.00
5.00	60.00	LABORATORY	0	0	0	9,100		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	53,655		6.00
7.00		EMERGENCY	0	0	0	4,935,878		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00	4	0	0	0	0		9.00
10.00	0.00	4		Ö	0	0		10.00
200.00			0	0	0	8,769,161		200.00
		•			'		. '	

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0011

					o 06/30/2023	Date/Time Pre	pared:
			CAPITAL			11/28/2023 11	:19 am
			RELATED COSTS				
	Cost Center Description	Net Expenses	NEW BLDG &	EMPLOYEE	Subtotal	ADMINISTRATIV	
		for Cost	FIXT	BENEFITS		E & GENERAL	
		Allocation (from Wkst A		DEPARTMENT			
		col. 7)					
		0	1.00	4.00	4A	5.00	
1 00	GENERAL SERVICE COST CENTERS	11 244 200	11 244 200	I			1 00
1.00 4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT	11,344,308 18,836,351					1.00
5.00	00500 ADMINISTRATIVE & GENERAL	26,508,060	1			33,255,304	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	·	0	0	6.00
6.01	00601 CAFETERIA	1,790,089	122,133	(1,912,222	423,886	6.01
6.02 7.00	00602 CAFETERIA 00700 OPERATION OF PLANT	6,430,564	0 2,255,927	218,297	0 7 8,904,788	0 1,973,942	6.02 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	307,653		210,237	360,786		8.00
9.00	00900 HOUSEKEEPING	2,997,281			3,079,256		1
10.00	01000 DIETARY	648,529			1		
13.00	01300 NURSING ADMINISTRATION	1,043,170			1 1	286,906	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	595,215 4,142,280			1		
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	1,112,200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	030,207	1,073,701	1,000,020	13.00
30.00	03000 ADULTS & PEDIATRICS	8,510,863				2,462,356	
31.00	03100 INTENSIVE CARE UNIT	4,503,657	274,692	550,216	5,328,565		
40.00 41.00	04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	1,858,039	241,022	211,073	2,310,134	0 512,092	40.00
42.00	04200 SUBPROVIDER	0	0	211,07	0	0	42.00
43.00	04300 NURSERY	1,706,164	0	336,420	2,042,584	452,784	1
	ANCILLARY SERVICE COST CENTERS						
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	9,328,673	866,347	860,925	11,055,945	2,450,793 0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,466,358	520,165	654,992	5,641,515	1,250,566	1
57.00	05700 CT SCAN	940,051	37,844	127,359			1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	573,630	1		1	154,020	
59.00 60.00	05900 CARDIAC CATHETERIZATION 06000 LABORATORY	2,575,748	1		1 1	645,774	
60.00	06001 ONCOLOGY	9,715,433 1,676,048		564,132 253,993		2,359,918 427,836	
60.02	06002 RADIATION ONCOLOGY	0	Ö	255,555		0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	(0	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,580,472					
66.00 69.00	06600 PHYSICAL THERAPY 06900 ELECTROCARDIOLOGY	2,615,671 1,127,627	175,945 200,009	441,584 200,448	1 1	716,710 338,733	66.00
69.01	06901 CARDIAC REHAB	245,619			1 1	72,937	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11 544 077	0		0	0	72.00
73.00 77.00	07300 DRUGS CHARGED TO PATIENTS 07700 ALLOGENEIC HSCT ACQUISITION	11,544,077	0		11,544,077	2,558,987 0	73.00
77.00	OUTPATIENT SERVICE COST CENTERS				,		77.00
90.00	09000 CLINIC	983,237					
	09100 EMERGENCY	7,863,160	278,389	2,179,189	10,320,738	2,287,819	
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(0	0	92.00 92.01
32.01	OTHER REIMBURSABLE COST CENTERS				,, ,		32.01
95.00	09500 AMBULANCE SERVICES	1,588,791	104,355	331,638	2,024,784		
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	(0	0	102.00
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00		150,046,818	11,310,889	13,301,448	144,206,067	24,594,665	
	NONREIMBURSABLE COST CENTERS	1					
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,879	33,419	5,724	71,022		190.00
	19200 PHYSICIANS' PRIVATE OFFICES 19201 PACT REV PHYSICIANS	776,657	0	156,923	933,580	206,949	192.00
	2 19202 VISITOR MEALS	0	ő	150,525	0		192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	0	0	(0		192.03
	19204 LIFELINE	0	0	(0		192.04
	19205 OWNED PROPERTIES 19206 UROLOGY	576,041 1,473,801		256,637	576,041 1,730,438	127,692 383,590	192.05
	19200 DROLOGY 19207 PHYSICIANS' PRIVATE OFFICES	1,773,801	0	230,037	1,730,438		192.00
	3 19211 PARISH NURSING	73,990	0	14,333	88,323		192.08
	19212 BIOTERRORISM GRANT	0	0		0		192.09
)19214 BREAST PUMPS L19208 MGH EMERGENCY PHYSICIANS	0 000	0	044	0		192.10 192.11
	19208 MGH EMERGENCY PHYSICIANS 19209 LUNG CENTER	3,888 705,355	l .	946 146,872	1	1,072	
	3 19213 MGH EXPRESS	1,918,441		307,301			
	19210 MGH PHYS PRACT MGMT	2,575,943	0	423,072	2,999,015	664,798	192.14
192.1	5 19215 MGH MARION SURGEONS	2,018,168	0	422,958	2,441,126	541,129	192.15

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared: COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0011

Cost Center Description					Т	06/30/2023	Date/Time Prep 11/28/2023 11:	
Note Expenses For Cost Allocation Cfrom West A Col. 7) 1.00 4.0				CAPTTAI			11/20/2023 11.	15 am
Net Expenses for Cost Allocation								
FOR COST AllOcation FIXT BENETIS BEN		Cost Center Description	Net Expenses		EMPLOYEE	Subtotal	ADMINISTRATIV	
Allocation Cfrom Wists A Col 7) 1.00 4.00 4A 5.00 1.92								
Col. 77								
192.16 19216 McH MCH MED ONC 1.680,781 0 361,304 2.042,085 452,673 192.16 192.17 192.17 McH FMC SOUTH 1.586,502 0 250,144 1.837,046 407,222 192.16 192.17 192.18 19218 McH FATRM MED ASSOC 491,439 0 94,153 585,592 129,809 192.18 192.19 19219 McH FMC MARTION 1.228,204 0 238,629 1.466,233 325,033 192.19 193.00 1930.01 1930.01 1930.01 McH FMC NORTHWOOD 1.221,382 0 0 227,486 1.453,868 322,282 193.00 193.01 1930.01					22.7			
1.00								
192.16 1921 Moch Med MED DNC				1.00	4.00	4A	5.00	
192.18 39218 MGH FATR MED ASSOC	192.16 19216	MGH MGH MED ONC	1,680,781	0	361,304	2,042,085	452,673 1	92.16
192.18 39218 M6H FAR MRIO MSCRES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	192.17 19217	MGH FMC SOUTH	1,586,902	0	250,144	1,837,046	407,222 1	92.17
1921-1919219 MCH FMC MARIDON				0				
193.00 19300 NonPatd Workers 0				0				
193.02 19302 MGH FMC GAS CITY 193.03 19303 MGH HOSPITALISTS 13.07 19303 MGH HOSPITALISTS 13.787,410 193.06 19303 MGH HOSPITALISTS 13.750,542 193.04 19304 MGH MAR FAM PRACT 193.05 19303 MGH MGH MAR FAM PRACT 193.05 19303 MGH MGH MAR FAM PRACT 193.06 19306 MGH MAR FAM PRACT 193.06 19306 MGH PMC SWAYZEE 193.02 10 192.07 1,094,318 193.06 19306 MGH PMC SWAYZEE 193.02 10 192.07 1,094,318 193.06 19306 MGH PMC SWAYZEE 193.08 19309 MGH UPLAND HEALTH 193.08 19309 MGH UPLAND HEALTH 193.08 19309 MGH UPLAND HEALTH 193.10 19311 MGH MGH PSYCHIATRY 193.10 19311 MGH MGH PSYCHIATRY 193.10 19311 MGH MGH PSYCHIATRY 100 193.11 19315 MGH RIVER VIEW BLDG 100 100 101 193.11 19315 MGH RIVER VIEW BLDG 100 100 100 100 100 100 100 100 100 10	193.00 19300	NONPAID WORKERS		0	0		0 1	.93.00
193.03 19303 MGH HOSPITALISTS 193.04 19304 MGH MAR FAM PRACT 193.04 19304 MGH MAR FAM PRACT 193.06 19306 MGH PMC SWAYZEE 259.352 0 47.268 306.620 193.06 19306 MGH PEDLATRIC CTR 922.021 0 162.297 1,094.318 242.580 193.05 193.06 19307 MGH SPECIALTY PHYS 298.323 0 58.699 357.022 79.142 193.07 193.08 13088 MGH FMC CONVERSE 384,549 0 63.265 447.814 99.268 193.08 193.09 19309 MGH UPLAND HEALTH 0 0 0 0 0 0 0 0 193.09 193.10 19311 MGH MGH WOMENS CTR 0 0 0 0 0 0 0 193.10 193.11 19311 MGH MGH PSYCHIATRY 0 0 0 0 0 0 0 193.11 193.12 19312 MGH RIVER VIEW BLDG 0 0 0 0 0 0 0 0 193.11 193.12 19312 MGH RIVER VIEW BLDG 0 0 0 0 888,000 193.10 19318 MGH NEONATOLLOGY 888,000 0 0 0 888,000 196.451 193.16 193.18 19318 MGH WOUND CARE 29.146 0 6.223 353,369 7,840 193.18 194.00 07950 MGW 0 0 0 0 0 0 0 0 194.02 194.00 07950 MGW 0 0 0 0 0 0 0 0 0 0 194.02 194.00 07950 MGW 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	193.01 19301	MGH FMC NORTHWOOD	1,221,382	0	232,486	1,453,868	322,282 1	93.01
193.03 19303 MGH HOSPITALISTS 193.04 19304 MGH MAR FAM PRACT 193.06 19304 MGH MAR FAM PRACT 193.05 19305 MGH FMC SWAYZEE 259.352 0 47.268 306.620 193.06 19306 MGH PEDLATRIC CTR 922.021 0 162.297 1,094.318 242.580 193.05 193.06 19306 MGH PEDLATRIC CTR 922.021 0 162.297 1,094.318 242.580 193.05 193.07 19307 MGH SPECIALTY PHYS 298.323 0 58.699 357.022 79,142 193.07 193.08 19308 MGH FMC CONVERSE 384,549 0 63.265 447.814 99.268 193.08 193.09 19309 MGH UPLADM HEALTH 0 0 0 0 0 0 0 0 193.09 193.10 19310 MGH MGH WOMENS CTR 0 0 0 0 0 0 0 0 193.10 193.11 19311 MGH MGH PSYCHIATRY 0 0 0 0 0 0 0 0 193.10 193.11 19311 MGH MGH PSYCHIATRY 0 0 0 0 0 0 0 0 193.11 193.12 19312 08/GYN 2,249,153 0 379,039 2,628,192 582,597 193.12 193.15 19313 MGH RIVER VIEW BLDG 0 0 0 0 888,000 0 0 888,000 196.381318 MGH NGONATOLLOGY 888,000 0 0 0 888,000 196.381318 MGH NGONATOLLOGY 888,000 0 0 0 888,000 196.451593.16 193.18 19318 MGH WOUND CARE 29,146 0 6,223 35,369 7,840 193.18 193.18 19318 MGH WOUND CARE 29,146 0 6,223 35,369 7,840 193.18 194.00 07950 MOW 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	193.02 19302	MGH FMC GAS CITY	969,223	0	156,099	1,125,322	249,452 1	.93.02
193. 01 1930 MGH MAR FAM PRACT 193. 05 1930 MGH FMC SWAYZEE 259.352 0 47,268 306,620 193. 06 19306 MGH PEDIATRIC CTR 932.021 0 162,297 1,094.318 242,580 193. 08 193. 07 19307 MGH SPECIALTY PHYS 298.323 0 58,699 357,022 79,142 193. 07 193. 08 19308 MGH FMC CONVERSE 384,549 0 63,265 447,814 99,268 193. 08 193. 09 19309 MGH UPLAND HEALTH 0 0 0 0 0 0 0 193. 10 193. 10 1931 MGH MGH WOMENS CTR 0 0 0 0 0 0 193. 10 193. 11 19311 MGH MGH WOMENS CTR 0 0 0 0 0 0 193. 10 193. 12 19312 08/GVN 2,249,153 0 379,039 2,628,192 252,599 719,312 193. 15 19315 MGH RIVER VIEW BLDG 0 0 0 0 888.000 0 0 0 193. 15 193. 18 19318 MGH WOUND CARE 29,146 194. 00 07963 HEALTH 0 0 0 0 0 0 194. 13 194. 01 07950 MOW 0 0 0 0 0 0 0 0 194. 02 194. 03 07953 MGH WORK SOLUTIONS 194. 03 07953 MGH WORK SOLUTIONS 194. 05 07954 MGH TATLOR UNIVERSITY 0 0 0 0 0 0 0 194. 02 194. 05 07955 MGH WORK SOLUTIONS 194. 05 07955 MGH WORK SOLUTIONS 194. 05 07955 MGH WORK SOLUTIONS 194. 06 07955 MGH WORK SOLUTIONS 194. 06 07955 MGH WORK SOLUTIONS 194. 07 07957 MGH WORK SOLUTIONS 194. 07 07957 MGH WORK SOLUTIONS 194. 08 07957 MGH WORK SOLUTIONS 194. 08 07957 MGH WORK SOLUTIONS 194. 08 07957 MGH WORK SOLUTIONS 194. 09 07958 MGH MORK SOLUTIONS 194. 09 07958 MGH MORK SOLUTIONS 194. 09 07958 MGH MORK SOLUTIONS 194. 09 07955 MGH SOLUTIONS 194. 09 07958 MGH MORK SOLUTIONS 194. 09 07959 MGH MORK SOLUTIONS 194. 09 07958 MGH MORK SOLUTIONS 194. 10 07959 MGH LOLUTIONS 194. 10 07959 MGH LOLUTI			3,787,410	0	808,860	4,596,270	1,018,864 1	.93.03
193.06 19306 MGH PEDIATRIC CTR 932,021 0 162,297 1,094,318 242,580 193.06 193.07 19307 MGH SPECIALTY PHYS 298,323 0 58,699 357,022 79,142 193.07 193.08 19308 MGH FMC CONVERSE 384,549 0 63,265 447,814 99,268 193.08 193.09 193.00 193.00 193.00 193.00 193.00 193.00 193.10 193	193.04 19304	MGH MAR FAM PRACT	3,750,542	0	683,537	4,434,079		
193.07 19307 MoH SPECIALTY PHYS 298,323 0 58,699 357,022 79,142 193.07 193.08 193.08 MoH FMC CONVERSE 384,549 0 63,265 447,814 99,268 193.08 193.09	193.05 19305	MGH FMC SWAYZEE	259,352	0	47,268	306,620	67,969 1	.93.05
193.07 19307 MoH SPECIALTY PHYS 298,323 0 58,699 357,022 79,142 193.07 193.08 193.08 MoH FMC CONVERSE 384,549 0 63,265 447,814 99,268 193.08 193.09	193.06 19306	MGH PEDIATRIC CTR	932,021	0	162,297	1,094,318	242,580 1	.93.06
193.10 19310 MGH MGH MORENS CTR	193.07 19307	MGH SPECIALTY PHYS	298,323	0			79,142 1	.93.07
193.10 19310 MGH MGH MORENS CTR	193.08 19308	MGH FMC CONVERSE	384,549	0	63,265	447,814	99,268 1	.93.08
193.11 19311 MGH MGH PSYCHIATRY 0 0 0 379,039 2,628,192 582,597 133.12 1931.2 1931.5 1931.5 MGH RIVER VIEW BLDG 0 0 0 0 0 0 0 193.15 193.15 1931.5 1931.5 1931.5 1931.5 MGH RIVER VIEW BLDG 0 0 0 0 0 0 0 0 193.15 1931.5 1931.5 1931.5 MGH NEONATOLOGY 888,000 0 0 0 888,000 196,845 193.16 1931.8 1931.8 MGH WOUND CARE 29,146 0 6,223 35,369 7,840 193.18 194.00 07963 HEART FAILURE CLINIC 57,753 0 9,204 66,957 14,842 194.00 194.01 07950 MOW 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0 1	.93.09
193.12 193.12 193.12 193.12 193.12 193.15 193.16 193.16 193.16 193.16 193.18 193.18 193.18 194.00 1	193.10 19310	MGH MGH WOMENS CTR	0	0	0	0	0 1	.93.10
193.15 19315 MGH RIVER VIEW BLDG	193.11 19311	MGH MGH PSYCHIATRY	0	0		0	0 1	.93.11
193.15 19315 MGH RIVER VIEW BLDG	193.12 19312	OB/GYN	2,249,153	0	379,039	2,628,192	582,597 1	.93.12
193.16 19316 MGH NEONATOLOGY 888,000 0 0 0 888,000 196,845 193.16 193.18 19318 19318 MGH WOUND CARE 29,146 0 6,223 35,369 7,840 193.18 194.00 07963 HEART FAILURE CLINIC 57,753 0 9,204 66,957 14,842 194.00 194.01 194.01 07950 MGW 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 194.01 194.02 07951 MENTAL HEALTH 0 0 0 0 0 0 0 0 0 0 0 194.02 194.03 194.04 07952 ADVERTISING 538,013 0 58,916 596,929 132,322 194.03 194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 0 0 0 194.05 194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	193.15 19315	MGH RIVER VIEW BLDG	0	0		0	0 1	.93.15
193.18 19318 MGH WOUND CARE 29,146 0 6,223 35,369 7,840 193.18 194.00 07963 HEART FAILURE CLINIC 57,753 0 9,204 66,957 14,842 194.00 194.01 194.02 07951 MENTAL HEALTH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	193.16 19316	MGH NEONATOLOGY	888,000	0	0	888,000	196,845 1	.93.16
194.01 07950 MOW 194.02 07951 MENTAL HEALTH 0 0 0 0 0 0 0 0 194.01 194.02 07951 MENTAL HEALTH 0 0 0 0 0 0 0 0 194.02 194.03 07952 ADVERTISING 538,013 0 58,916 596,929 132,322 194.03 194.04 07953 MGH WORK SOLUTIONS 712,963 0 102,724 815,687 180,815 194.04 194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 0 194.05 194.06 07955 OPIOID IMPL GRANT 50,132 0 0 0 50,132 11,113 194.06 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 0 0 0 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 0 0 0 194.07 194.10 07959 MGH LORE BLDG 0 0 0 0 0 0 0 0 0 194.09 194.11 07960 FAIRMOUNT 0 0 0 0 0 0 0 0 0 194.10 194.12 07961 GAS CITY 0 0 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 0 194.11 194.13 07962 HONS 194.07969 HONS 194.07969 HONS 194.07969 HONS 194.07969 HONS 194.07969 HONS 194.18 07965 TOBACCO GRANT 194.18 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 0 0 194.15 194.18 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 0 0 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 0 0 194.20 194.21 07971 MGH MGH ORTHO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			29,146	0	6,223	35,369	7,840 1	.93.18
194.02 07951 MENTAL HEALTH 0 0 0 0 0 0 194.02 194.03 07952 ADVERTISING 538,013 0 58,916 596,929 132,322 194.03 194.04 07953 MGH WORK SOLUTIONS 712,963 0 102,724 815,687 180,815 194.04 194.05 19754 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 194.05 194.06 07955 OPIOID IMPL GRANT 50,132 0 0 0 50,132 11,113 194.06 194.07 07956 ASTHMA GRANT 0 0 0 0 0 0 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 194.08 194.09 194.10 07959 MGH AMBUCARE BLDG 0 0 0 0 0 0 194.09 194.10 194.11 07960 FAIRMOUNT 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 0 194.15 194.15 17965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.18 07962 ECHO GRANT 0 0 0 0 0 0 0 0 194.18 194.18 07962 ECHO GRANT 0 0 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 194.18 194.19 07967 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	194.00 07963	HEART FAILURE CLINIC						
194.03 07952 ADVERTISING 538,013 0 58,916 596,929 132,322 194.03 194.04 07953 MGH WORK SOLUTIONS 712,963 0 102,724 815,687 180,815 194.04 194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 194.05 194.06 07955 OPIOID I MPL GRANT 50,132 0 0 0 0 0 194.06 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 0 194.08 194.09 07958 MGH AMBUCARE BLDG 0 0 0 0 0 0 194.08 194.10 19			0	0	0	0	0 1	94.01
194.03 07952 ADVERTISING 538,013 0 58,916 596,929 132,322 194.03 194.04 07953 MGH WORK SOLUTIONS 712,963 0 102,724 815,687 180,815 194.04 194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 194.05 194.06 07955 OPIOID I MPL GRANT 50,132 0 0 0 0 0 194.06 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 0 194.08 194.09 07958 MGH AMBUCARE BLDG 0 0 0 0 0 0 0 194.09 194.10 194.10 194.10 194.10 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 194.11 194.14 07964 WABASH 0 0 0 0 0 0 194.15 194.14 07964 WABASH 0 0 0 0 0 0 194.15 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.18 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.17 194.18 07966 ECHO GRANT 0 0 0 0 0 0 0 194.17 194.18 07966 ECHO GRANT 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 194.19 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0	194.02 07951	MENTAL HEALTH	0	0	0	0	0 1	.94.02
194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 0 0 194.05 194.06 07955 OPIOID IMPL GRANT 50,132 0 0 0 50,132 11,113 194.06 194.07 07956 ASTHMA GRANT 0 0 0 0 0 0 0 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 194.09 194.09 194.10 07959 MGH LOR LYONS BLDG 0 0 0 0 0 0 194.10 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 194.11 194.13 07969 LYONS 0 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 0 194.14 194.15 07965 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 194.17 194.18 07967 RURAL QI GRANT 0 0 0 0 0 0 0 194.18 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 0 194.18 194.20 07970 MGH MGH ORTHO			538,013	0	58,916	596,929	132,322 1	.94.03
194.06 07955 OPIOID IMPL GRANT 50,132 0 0 0 50,132 11,113 194.06 194.07 07956 ASTHMA GRANT 0 0 0 0 0 0 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 194.09 194.10 07959 MGH MBUCARE BLDG 0 0 0 0 0 0 194.10 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.11 194.14 07964 WABASH 0 0 0 0 0 0 0 0 0 194.12 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 194.15 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 0 194.17 194.18 07962 CCHO GRANT 0 0 0 0 0 0 0 0 194.17 194.18 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 194.17 194.18 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 194.17 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 194.17 194.20 07970 MGH MGH ORTHO 0 0 0 0 0 0 0 0 0 0 194.21 194.21 079771 MGH MGH ORTHO			712,963	0	102,724	815,687	180,815 1	.94.04
194.06 07955 OPIOID IMPL GRANT 50,132 0 0 0 50,132 11,113 194.06 194.07 07956 ASTHMA GRANT 0 0 0 0 0 0 194.07 194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 194.09 194.10 07959 MGH MBUCARE BLDG 0 0 0 0 0 0 194.10 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.11 194.14 07964 WABASH 0 0 0 0 0 0 0 0 0 194.12 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 194.15 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 0 194.17 194.18 07962 CCHO GRANT 0 0 0 0 0 0 0 0 194.17 194.18 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 194.17 194.18 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 194.17 194.19 07968 RURAL QI GRANT 0 0 0 0 0 0 0 0 0 194.17 194.20 07970 MGH MGH ORTHO 0 0 0 0 0 0 0 0 0 0 194.21 194.21 079771 MGH MGH ORTHO	194.05 07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0 1	.94.05
194.08 07957 MGH SMMP BLDG 0 0 0 0 0 0 194.08 194.09 07958 MGH AMBUCARE BLDG 0 0 0 0 0 0 194.09 194.10 07959 MGH 106 LYONS BLDG 0 0 0 0 0 0 194.10 194.11 07960 FAIRMOUNT 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 194.13 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 0 194.17 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.20 194.21 07971 MGH MGH ORTHO			50,132	0	0	50,132	11,113 1	.94.06
194.09 07958 MGH AMBUCARE BLDG 0 0 0 0 0 194.09 194.10 07959 MGH 106 LYONS BLDG 0 0 0 0 0 0 194.10 194.11 07960 FATRMOUNT 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 0 0 0 0 194.12 194.14 07964 WABASH 0 0 0 0 0 0 0 194.13 194.14 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 0 194.16 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 1 166,842 0 18,426 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 0 194.21	194.07 07956	ASTHMA GRANT	0	0	0	0	0 1	.94.07
194.10 07959 MGH 106 LYONS BLDG 0 0 0 0 0 194.10 194.11 07960 FAIRMOUNT 0 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 0 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 18,426 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 194.21 194.20 07971 MGH MGH ORTHO	194.08 07957	MGH SMMP BLDG	0	0	0	0	0 1	.94.08
194.11 07960 FAIRMOUNT 0 0 0 0 0 0 194.11 194.12 07961 GAS CITY 0 0 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 0 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 194.18 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 194.21 194.20 07970 MGH MGH ORTHO	194.09 07958	MGH AMBUCARE BLDG	0	0	0	0	0 1	.94.09
194.12 07961 GAS CITY 0 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 194.16 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 194.21 194.20 07971 MGH MGH ORTHO			_			0		
194.13 07969 LYONS 0 0 0 0 0 0 194.13 194.14 07964 WABASH 0 0 0 0 0 0 0 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 194.21 194.21 07971 MGH MGH ORTHO			0			0		
194.14 07964 WABASH 0 0 0 0 0 0 194.14 194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 194.17 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 0 194.21 194.21 07971 MGH MGH ORTHO			0		0	0		
194.15 07965 TOBACCO GRANT 41,079 0 3,823 44,902 9,954 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 0 194.21 194.21 07971 MGH MGH ORTHO	•	l .	0			0		
194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 18,426 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 194.20 194.21 07971 MGH MGH ORTHO			0			0		
194.17 07967 HRSA OPIOID PLANNING 0 0 0 0 0 194.17 194.18 07962 ECHO GRANT 0 0 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 194.20 194.21 07971 MGH MGH ORTHO 0 0 0 0 0 194.21		l .	41,079	ľ	3,823	44,902		
194.18 07962 ECHO GRANT 0 0 0 0 194.18 194.19 07968 RURAL QI GRANT 166,842 0 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 194.20 194.21 07971 MGH MGH ORTHO 0 0 0 0 0 194.21			0		0	0		
194.19 07968 RURAL QI GRANT 166,842 0 18,426 185,268 41,069 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 194.20 194.21 07971 MGH MGH ORTHO 0 0 0 0 194.21		l .	0			0		
194.20 07970 MGH DIABETES GRANT 0 0 0 0 0 194.20 194.21 07971 MGH MGH ORTHO 0 0 0 0 194.21			0			0		
194.21 07971 MGH MGH ORTHO 0 0 0 0 194.21			166,842			185,268		
			0			0		
194.22\07972\MGH_BELLA_BLDG \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		l .	0	0		0		
			0	0	ľ	0		
194.23 07973 DIABETES GRANT 0 0 0 0 0 194.23			0	0	0	0		
194.24 07974 HEALTH SYS GRANT 0 0 0 0 0 194.24			0	0	0	0		
194.25 07975 MGH MGH ORTHO 1,751,475 0 338,070 2,089,545 463,194 194.25			1,751,475	0	338,070	2,089,545		
200.00 Cross Foot Adjustments 0 200.00		1				0		
201.00 Negative Cost Centers 0 0 0 201.00				0	0	0		
202.00 TOTAL (sum lines 118 through 201) 183,275,665 11,344,308 19,108,780 183,275,665 33,255,304 202.00	202.00	TOTAL (sum lines 118 through 201)	183,275,665	11,344,308	19,108,780	183,275,665	33,255,304 2	02.00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:
11/28/2023 11:19 am

				,	0 06/30/2023	11/28/2023 11	
	Cost Center Description	MAINTENANCE &	CAFETERIA	CAFETERIA	OPERATION OF	LAUNDRY &	
		REPAIRS 6.00	6.01	6.02	7.00	LINEN SERVICE 8.00	
	GENERAL SERVICE COST CENTERS	0.00	0.01	0.02	7.00	0.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS	0	2 226 100				6.00
6.01	00601 CAFETERIA	0	2,336,108	2 207 200			6.01
6.02 7.00	00602 CAFETERIA 00700 OPERATION OF PLANT	0	2,307,209	2,307,209 77,139			6.02 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	77,133		554,547	8.00
9.00	00900 HOUSEKEEPING	0	0	0	1	0	9.00
10.00	01000 DIETARY	o o	Ö	638	1 ' 1	67,657	10.00
13.00	01300 NURSING ADMINISTRATION	l ol	Ö	37,356		0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	15,629	128,325	21	14.00
15.00	01500 PHARMACY	0	0	126,965	165,320	0	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS		اء				
30.00	03000 ADULTS & PEDIATRICS	0	0	317,836		99,206	30.00
31.00 40.00	03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	0	0	95,835	588,259	26,602 0	31.00 40.00
41.00	04100 SUBPROVIDER - IPF	0	0	45,889	516,154	6,795	ı
42.00	04200 SUBPROVIDER		0	43,003	0	0,733	42.00
43.00	04300 NURSERY	o o	ő	65,131	. o	0	43.00
	ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
50.00	05000 OPERATING ROOM	0	0	206,094	1,855,300	52,124	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	161,267		30,001	54.00
57.00	05700 CT SCAN	0	0	33,000	1 ' 1	18,462	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,777		0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	48,167		6,076	1
60.00 60.01	06000 LABORATORY 06001 ONCOLOGY	0	0	174,219	784,705	0 1,956	60.00
60.01	06002 RADIATION ONCOLOGY	0	0	0		1,930	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	0		0	64.00
65.00	06500 RESPIRATORY THERAPY	o o	ő	50,618	360,904	5,041	1
66.00	06600 PHYSICAL THERAPY	l ol	Ö	46,329		11,178	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	63,967		4,670	69.00
69.01	06901 CARDIAC REHAB	0	0	11,511	69,790	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
90.00	09000 CLINIC	0	ol	20,065	263,597	1,028	90.00
91.00	09100 EMERGENCY	0	0	248,496		206,314	ı
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	٩	Ĭ	240,430	330,173	200,314	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	o	o	0	o	0	92.01
	OTHER REIMBURSABLE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
95.00	09500 AMBULANCE SERVICES	0	0	109,290	223,478	15,920	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
112 0	SPECIAL PURPOSE COST CENTERS						112 00
113.00	11300 INTEREST EXPENSE	0	2 207 200	1,975,218	10 004 202	553,051	113.00
110.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	U	2,307,209	1,975,210	10,884,302	333,031	110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,620	71,567	0	190.00
	19200 PHYSICIANS' PRIVATE OFFICES	o o	ő	2,020	0		192.00
	19201 PACT REV PHYSICIANS	0	0	5,811	. 0		192.01
	19202 VISITOR MEALS	0	28,899	0	0		192.02
192.03	3 19203 GREAT BEGINNINGS/MATERNAL	0	0	0	0		192.03
	19204 LIFELINE	0	0	0	0		192.04
	19205 OWNED PROPERTIES	0	0	0	0		192.05
	19206 UROLOGY	0	0	35,457	0		192.06
	19207 PHYSICIANS' PRIVATE OFFICES	0	0	2.710	0		192.07
	19211 PARISH NURSING 19212 BIOTERRORISM GRANT	0	U O	3,710	0		192.08 192.09
	19212 BIOTERRORISM GRANT 19214 BREAST PUMPS		0	0			192.10
	19208 MGH EMERGENCY PHYSICIANS	0	0	0			192.11
	2 19209 LUNG CENTER	0	ol Ol	11,723			192.11
	19213 MGH EXPRESS	0	ől	11,723	o o		192.13
	19210 MGH PHYS PRACT MGMT	0	ol	139,764	·		192.14
	19215 MGH MARION SURGEONS	0	o	39,923		37	192.15
	19216 MGH MGH MED ONC	0	o	0	o		192.16
	19217 MGH FMC SOUTH	0	0	0	0		192.17
	19218 MGH FAIRM MED ASSOC	0	0	0	0		192.18
	19219 MGH FMC MARION	0	0	41,792	0		192.19
193.00	19300 NONPAID WORKERS	0	υĮ	U	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011 Pe

Period: Worksheet B From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

			1	0 06/30/2023	11/28/2023 11	
Cost Center Description	MAINTENANCE &	CAFETERIA	CAFETERIA	OPERATION OF	LAUNDRY &	113 4
cost content sesser (peron	REPAIRS	0.11 21 21 21	C/ ((_ / _ / _ / _ / _ / _ / _ / _ / _ /	PLANT	LINEN SERVICE	
	6.00	6.01	6.02	7.00	8.00	
193.01 19301 MGH FMC NORTHWOOD	0	0	0			193.01
193.02 19302 MGH FMC GAS CITY	0	0	0	0		193.02
193.03 19303 MGH HOSPITALISTS	0	0	0	0		193.03
193.04 19304 MGH MAR FAM PRACT	0	0	0	0		193.04
193.05 19305 MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	22,648	0		193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	8,274			193.07
193.08 19308 MGH FMC CONVERSE	0	0	0	0	60	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	161	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0		193.11
193.12 19312 OB/GYN	0	0	0	0	33	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0		193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18 19318 MGH WOUND CARE	0	0	0	0	0	193.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01 07950 MOW	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	0	0	14,863	0	0	194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	0	39	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06 07955 OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	0	0		194.11
194.12 07961 GAS CITY	0	0	0	0		194.12
194.13 07969 LYONS	0	0	0	0		194.13
194.14 07964 WABASH	0	0	0	0		194.14
194.15 07965 TOBACCO GRANT	0	0	1,288	0		194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0		194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0		194.17
194.18 07962 ECHO GRANT	0	0	0	0		194.18
194.19 07968 RURAL QI GRANT	0	0	5,118	0		194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0		194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0		194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0		194.22
194.23 07973 DIABETES GRANT	0	0	0	0		194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0		194.24
194.25 07975 MGH MGH ORTHO	0	0	0	0	0	194.25
200.00 Cross Foot Adjustments			•		_	200.00
201.00 Negative Cost Centers	0	2 226 120	0 207 222	10.055.000		201.00
202.00 TOTAL (sum lines 118 through 201)	0	2,336,108	2,307,209	10,955,869	554,547	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:

				Te	06/30/2023	Date/Time Pre 11/28/2023 11	
	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	. I J um
	1	9.00	10.00	13.00	14.00	15.00	
1.00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 6.00	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS						5.00
6.01	00601 CAFETERIA						6.01
6.02	00602 CAFETERIA						6.02
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	3,937,393					8.00 9.00
10.00	01000 DIETARY	55,310	1,488,277				10.00
13.00	01300 NURSING ADMINISTRATION	20,741	0	_, -, -,,			13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY	103,707	0	17,754	1,112,844	6 207 265	14.00
13.00	01500 PHARMACY INPATIENT ROUTINE SERVICE COST CENTERS	48,396	0	0	U	6,297,265	15.00
30.00		1,023,235	716,118	361,046	144,670	0	30.00
31.00	03100 INTENSIVE CARE UNIT	193,586	192,471	108,864	55,642	0	
40.00 41.00	04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	165 021	00 455	52 120	11 120	0	1
42.00	04200 SUBPROVIDER - IRF	165,931	90,455	52,128	11,128 0	0	
43.00		Ö	Ö	73,985	0	0	
	ANCILLARY SERVICE COST CENTERS						
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	511,619	0	234,114	211,447	0	
54.00	05400 RADIOLOGY-DIAGNOSTIC	221,241	0	0	33,385	0	
57.00	05700 CT SCAN	69,138	Ö	0	0	0	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	1
59.00 60.00	05900 CARDIAC CATHETERIZATION 06000 LABORATORY	103,707	0	54,715	55,642	0	
60.00	06001 ONCOLOGY	193,586	0	81,197	33,385 11,128	0	
60.02	06002 RADIATION ONCOLOGY	o o	0	0	0	0	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	
65.00 66.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	145,189	0	66,225	11,128	0	
69.00	06900 ELECTROCARDIOLOGY	124,448	0	52,628 72,664	33,385	0	
69.01	06901 CARDIAC REHAB	103,707	Ö	13,077	0	0	1
71.00		0	0	0	0	0	
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 6,297,265	72.00
77.00		0	0	0	0	0,297,203	
	OUTPATIENT SERVICE COST CENTERS	-	·		•	•	
90.00	09000 CLINIC	69,138	0	,	0	0	1
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	691,377	64,222	282,279	55,642	0	91.00
92.00	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	1
	OTHER REIMBURSABLE COST CENTERS	- 1			-		
	09500 AMBULANCE SERVICES	27,655	0	124,148	11,128	0	
102.0	0 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.00
113.0	0 11300 INTEREST EXPENSE						113.00
118.0	7	3,871,711	1,063,266	1,617,616	667,710	6,297,265	118.00
100 0	NONREIMBURSABLE COST CENTERS	10 271	0	0	٥	0	190.00
	0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 19200 PHYSICIANS' PRIVATE OFFICES	10,371	0	0	0		190.00
	1 19201 PACT REV PHYSICIANS	o o	0	Ö	0		192.01
	2 19202 VISITOR MEALS	0	0	0	0		192.02
	3 19203 GREAT BEGINNINGS/MATERNAL	0	0	0	0		192.03 192.04
	4 19204 LIFELINE 5 19205 OWNED PROPERTIES	0	0	0	0		192.04
	19206 UROLOGY	Ö	Ö	0	33,385		192.06
	7 19207 PHYSICIANS' PRIVATE OFFICES	13,828	0	0	0		192.07
	8 19211 PARISH NURSING	6,914	0	0	0		192.08 192.09
	9 19212 BIOTERRORISM GRANT 19214 BREAST PUMPS	0	0		0		192.09
	1 19208 MGH EMERGENCY PHYSICIANS		0	ا	o o		192.11
192.1	2 19209 LUNG CENTER	o	0	0	o	0	192.12
	3 19213 MGH EXPRESS	0	0	59,148	22,257		192.13
	4 19210 MGH PHYS PRACT MGMT 5 19215 MGH MARION SURGEONS	34,569	0	0	0 33,385		192.14 192.15
	5 19215 MGH MARION SURGEONS 5 19216 MGH MGH MED ONC		0	0	33,383		192.16
192.1	7 19217 MGH FMC SOUTH	0	0	o o	33,385	0	192.17
	8 19218 MGH FAIRM MED ASSOC	0	0	0	0		192.18
192.1	9 19219 MGH FMC MARION	0	0	J 0	33,385	0	192.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011

Period: Worksheet B
From 07/01/2022
To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am

					11/28/2023 11:19 am
Cost Center Description	HOUSEKEEPING	DIETARY	NURSING	CENTRAL	PHARMACY
			ADMINISTRATIO	SERVICES &	
			N	SUPPLY	
	9.00	10.00	13.00	14.00	15.00
193.00 19300 NONPAID WORKERS	0	0	(C	0	0 193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	C	11,128	0 193.01
193.02 19302 MGH FMC GAS CITY	0	0	C	11,128	0 193.02
193.03 19303 MGH HOSPITALISTS	0	0	C	0	0 193.03
193.04 19304 MGH MAR FAM PRACT	0	0	C	66,771	0 193.04
193.05 19305 MGH FMC SWAYZEE	0	0	ol c	11,128	0 193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	d c	11,128	0 193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	d c	0	0 193.07
193.08 19308 MGH FMC CONVERSE	0	0	l .	11,128	0 193.08
193.09 19309 MGH UPLAND HEALTH	0	0	d	0	0 193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	d	0	0 193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	d	0	0 193.11
193.12 19312 OB/GYN	0	0		111,284	0 193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0		0	0 193.15
193.16 19316 MGH NEONATOLOGY	0	0		o o	0 193.16
193.18 19318 MGH WOUND CARE	0	0			0 193.18
194.00 07963 HEART FAILURE CLINIC	0	0			0 194.00
194.01 07950 MOW	0	312,662			0 194.00
194.02 07951 MENTAL HEALTH	0	112,349			0 194.02
194.03 07952 ADVERTISING	0	112,349			0 194.03
	0	0		22 257	0 194.03
194.04 07953 MGH WORK SOLUTIONS	0	0		22,257	0 194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0			
194.06 07955 OPIOID IMPL GRANT	0	0			0 194.06
194.07 07956 ASTHMA GRANT	0	0			0 194.07
194.08 07957 MGH SMMP BLDG	0	0			0 194.08
194.09 07958 MGH AMBUCARE BLDG	0	0			0 194.09
194.10 07959 MGH 106 LYONS BLDG	0	0		0	0 194.10
194.11 07960 FAIRMOUNT	0	0		0	0 194.11
194.12 07961 GAS CITY	0	0		11,128	0 194.12
194.13 07969 LYONS	0	0		0	0 194.13
194.14 07964 WABASH	0	0		0	0 194.14
194.15 07965 TOBACCO GRANT	0	0	1	0	0 194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	1	0	0 194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	9	0	0 194.17
194.18 07962 ECHO GRANT	0	0	9	0	0 194.18
194.19 07968 RURAL QI GRANT	0	0		0	0 194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	0 194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	0 194.21
194.22 07972 MGH BELLA BLDG	0	0	(0	0 194.22
194.23 07973 DIABETES GRANT	0	0	0	0	0 194.23
194.24 07974 HEALTH SYS GRANT	0	0	(C	0	0 194.24
194.25 07975 MGH MGH ORTHO	0	0	() C	22,257	0 194.25
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0	0	(C	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	3,937,393	1,488,277	1,676,764	1,112,844	6,297,265 202.00

				'`	11/28/2023 1	
	Cost Center Description	Subtotal	Intern &	Total		
			Residents Cost & Post			
			Stepdown			
			Adjustments			
		24.00	25.00	26.00		
1.00	GENERAL SERVICE COST CENTERS					1.00
4.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500 ADMINISTRATIVE & GENERAL					5.00
6.00	00600 MAINTENANCE & REPAIRS					6.00
6.01	00601 CAFETERIA					6.01
6.02 7.00	00602 CAFETERIA 00700 OPERATION OF PLANT					6.02 7.00
8.00	00800 LAUNDRY & LINEN SERVICE					8.00
9.00	00900 HOUSEKEEPING					9.00
10.00	01000 DIETARY					10.00
	01300 NURSING ADMINISTRATION					13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY					14.00 15.00
13.00	INPATIENT ROUTINE SERVICE COST CENTERS					15.00
30.00	03000 ADULTS & PEDIATRICS	18,510,111	0	18,510,111		30.00
	03100 INTENSIVE CARE UNIT	7,771,018	0	7,771,018		31.00
	04000 SUBPROVIDER - IPF	0	0	0		40.00
	04100 SUBPROVIDER - IRF	3,710,706	0	3,710,706		41.00
	04200 SUBPROVIDER 04300 NURSERY	2,634,484	0	2,634,484		42.00
43.00	ANCILLARY SERVICE COST CENTERS	2,037,707	Ο _Ι	2,037,707		45.00
50.00	05000 OPERATING ROOM	16,577,436	0	16,577,436		50.00
	05100 RECOVERY ROOM	0	0	0		51.00
	05400 RADIOLOGY-DIAGNOSTIC	8,451,919	0	8,451,919		54.00
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,551,902 964,678	0	1,551,902 964,678		57.00 58.00
	05900 CARDIAC CATHETERIZATION	4,098,681	o o	4,098,681		59.00
	06000 LABORATORY	14,191,802	Ö	14,191,802		60.00
	06001 ONCOLOGY	2,452,158	0	2,452,158		60.01
	06002 RADIATION ONCOLOGY	0	0	0		60.02
	06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY	0 5,621,411	0	0 5,621,411		64.00 65.00
	06600 PHYSICAL THERAPY	4,436,835	0	4,436,835		66.00
	06900 ELECTROCARDIOLOGY	2,594,275	Ö	2,594,275		69.00
	06901 CARDIAC REHAB	600,055	0	600,055		69.01
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	20,400,329	0	20,400,329		72.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	20,400,323	o o	20,400,323		77.00
	OUTPATIENT SERVICE COST CENTERS		-	-		
	09000 CLINIC	1,810,397	0	1,810,397		90.00
	09100 EMERGENCY	14,753,062	0	14,753,062		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.00 92.01
32.01	OTHER REIMBURSABLE COST CENTERS	0	V _I	0		32.01
95.00	09500 AMBULANCE SERVICES	2,985,241	0	2,985,241		95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0		102.00
112 00	SPECIAL PURPOSE COST CENTERS					112 00
118.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	134,116,500	0	134,116,500		113.00 118.00
110.00	NONREIMBURSABLE COST CENTERS	154,110,500	o _l	154,110,500		110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	170,324	0	170,324		190.00
	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
	19201 PACT REV PHYSICIANS 19202 VISITOR MEALS	1,146,340	0	1,146,340		192.01
	19203 GREAT BEGINNINGS/MATERNAL	28,899 0	0	28,899 0		192.02 192.03
	19204 LIFELINE	ő	Ö	0		192.04
	19205 OWNED PROPERTIES	703,733	0	703,733		192.05
	19206 UROLOGY	2,182,870	0	2,182,870		192.06
	19207 PHYSICIANS' PRIVATE OFFICES 19211 PARISH NURSING	13,828 118,526	0	13,828 118,526		192.07 192.08
	19211 PARISH NURSING 19212 BIOTERRORISM GRANT	110,326	0	110,526 N		192.08
	19214 BREAST PUMPS	Ö	ő	Ö		192.10
192.11	19208 MGH EMERGENCY PHYSICIANS	5,906	0	5,906		192.11
	19209 LUNG CENTER	1,052,865	0	1,052,865		192.12
	19213 MGH EXPRESS	2,801,285	0	2,801,285		192.13 192.14
	19210 MGH PHYS PRACT MGMT 19215 MGH MARION SURGEONS	3,838,146 3,055,600	0	3,838,146 3,055,600		192.14
	19216 MGH MGH MED ONC	2,494,758	Ö	2,494,758		192.16
	19217 MGH FMC SOUTH	2,277,730		2,277,730		192.17

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0011 | Period: | Worksheet B | From 07/01/2022 | Part I | To 06/30/2023 | Date/Time Prepared:

				To 06/30/2023 Date/Time Prepared:	
Cost Center Description	Subtotal	Intern &	Total	11/28/2023 11:19 am	_
cose center beset (peron	Subcocui	Residents	1000		
		Cost & Post			
		Stepdown			
		Adjustments			
	24.00	25.00	26.00		
192.18 19218 MGH FAIRM MED ASSOC	715,421	0		l l	
192.19 19219 MGH FMC MARION	1,866,443	0	, ,		
193.00 19300 NONPAID WORKERS	0	0		-	
193.01 19301 MGH FMC NORTHWOOD	1,787,278	0	, , ,		
193.02 19302 MGH FMC GAS CITY 193.03 19303 MGH HOSPITALISTS	1,385,957	0	_,-,,		
193.04 19304 MGH MAR FAM PRACT	5,615,134 5,483,994	0	-,,		
193.05 19305 MGH FMC SWAYZEE	385,717	0			
193.06 19306 MGH PEDIATRIC CTR	1,370,692	0] 303,	•	
193.07 19307 MGH SPECIALTY PHYS	444,438	-	, ,		
193.08 19308 MGH FMC CONVERSE	558,270		,		
193.09 19309 MGH UPLAND HEALTH	161	Ö	,		
193.10 19310 MGH MGH WOMENS CTR	0	Ö			
193.11 19311 MGH MGH PSYCHIATRY	0	0			
193.12 19312 OB/GYN	3,322,106	0	3,322,100		
193.15 19315 MGH RIVER VIEW BLDG	0	0	, ,	193.15	
193.16 19316 MGH NEONATOLOGY	1,084,845	0	1,084,84		
193.18 19318 MGH WOUND CARE	43,209	0			3
194.00 07963 HEART FAILURE CLINIC	81,799	0	81,799	194.00)
194.01 07950 MOW	312,662	0	312,662	194.01	L
194.02 07951 MENTAL HEALTH	112,349	0	112,349	194.02	2
194.03 07952 ADVERTISING	744,114	0	744,114		
194.04 07953 MGH WORK SOLUTIONS	1,018,798		, ,		
194.05 07954 MGH TAYLOR UNIVERSITY	0	0		194.05	
194.06 07955 OPIOID IMPL GRANT	61,245	0	,		
194.07 07956 ASTHMA GRANT	0	0			
194.08 07957 MGH SMMP BLDG	0	0	(194.08	
194.09 07958 MGH AMBUCARE BLDG	0	0		194.09	
194.10 07959 MGH 106 LYONS BLDG 194.11 07960 FAIRMOUNT	0	0) 194.10 194.11	
194.11 07960 FAIRMOUNT 194.12 07961 GAS CITY	11,128				
194.13 07969 LYONS	11,128	0	,	194.12	
194.14 07964 WABASH	0	0		194.14	
194.15 07965 TOBACCO GRANT	56,144	0			
194.16 07966 HRSA NETWORK DEV PLANNING	0	Ö		194.16	
194.17 07967 HRSA OPIOID PLANNING	0	Ö		194.17	
194.18 07962 ECHO GRANT	0	0		194.18	
194.19 07968 RURAL QI GRANT	231,455	0	231,45		
194.20 07970 MGH DIABETES GRANT	0	0		194.20)
194.21 07971 MGH MGH ORTHO	0	0		194.21	L
194.22 07972 MGH BELLA BLDG	0	0	(194.22	
194.23 07973 DIABETES GRANT	0	0	(194.23	
194.24 07974 HEALTH SYS GRANT	0	0		194.24	
194.25 07975 MGH MGH ORTHO	2,574,996	0	, , , , ,		
200.00 Cross Foot Adjustments	0	0		200.00	
201.00 Negative Cost Centers	0	0		201.00	
202.00 TOTAL (sum lines 118 through 201)	183,275,665	0	183,275,665	5 202.00	J

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION STATISTICS Provider CCN: 15-0011 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			11/28/2023 11	:19 am
	Cost Center Description	Statistics	Statistics Description	
		Code		
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	1		1.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S		4.00
5.00	ADMINISTRATIVE & GENERAL	-73		5.00
6.00	MAINTENANCE & REPAIRS	1		6.00
6.01	CAFETERIA	71		6.01
6.02	CAFETERIA	72		6.02
7.00	OPERATION OF PLANT	1		7.00
8.00	LAUNDRY & LINEN SERVICE	8		8.00
9.00	HOUSEKEEPING	9		9.00
10.00	DIETARY	10		10.00
13.00	NURSING ADMINISTRATION	13		13.00
14.00	CENTRAL SERVICES & SUPPLY	14		14.00
15.00	PHARMACY	15		15.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 07/01/2022 | Part II | To 06/30/2023 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0011

					ŕ	o 06/30/2023	Date/Time Pre 11/28/2023 11	
				CAPITAL			11/20/2023	TIS UIII
		Cost Center Description	Directly	RELATED COSTS NEW BLDG &	Subtotal	EMPLOYEE	ADMINISTRATIV	
		Cost Center Description	Assigned New	FIXT	Subtotal	BENEFITS	E & GENERAL	
			Capital			DEPARTMENT		
			Related Costs	1.00	24	4.00	F 00	
	GENER	AL SERVICE COST CENTERS	0	1.00	2A	4.00	5.00	
1.00		NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT	0	272,429				4.00
5.00	1	ADMINISTRATIVE & GENERAL	0	3,577,891	3,577,891		3,623,044	5.00
6.00 6.01		MAINTENANCE & REPAIRS CAFETERIA	0	122,133	122,133	0	0 46,180	6.00 6.01
6.02		CAFETERIA	ő	0	122,133	o o	0	6.02
7.00	1	OPERATION OF PLANT	0	2,255,927		1	215,051	7.00
8.00 9.00	1	LAUNDRY & LINEN SERVICE	0	53,133			8,713	8.00 9.00
10.00		HOUSEKEEPING DIETARY	0	81,975 168,275			74,364 19,853	
13.00		NURSING ADMINISTRATION	0	17,501			31,257	
14.00		CENTRAL SERVICES & SUPPLY	0	59,922			16,752	
15.00		PHARMACY	0	77,197	77,197	9,358	117,750	15.00
30.00		IENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	0	1,063,515	1,063,515	21,869	268,261	30.00
31.00	1	INTENSIVE CARE UNIT	0	274,692		,	128,685	
40.00		SUBPROVIDER - IPF	0	0	1	0	0	40.00
41.00 42.00		SUBPROVIDER - IRF SUBPROVIDER	0	241,022 0			55,790 0	41.00 42.00
	1	NURSERY	0	0			49,328	
	ANCIL	LARY SERVICE COST CENTERS						
50.00		OPERATING ROOM	0	866,347		1	267,001	
51.00 54.00		RECOVERY ROOM RADIOLOGY-DIAGNOSTIC	0	0 520,165		0 5 9,339	0 136,243	51.00 54.00
57.00	1	CT SCAN	0	37,844		1	26,692	
58.00		MAGNETIC RESONANCE IMAGING (MRI)	0	44,860		1,088	16,780	58.00
59.00		CARDIAC CATHETERIZATION	0	126,735			70,354	
60.00 60.01	1	LABORATORY ONCOLOGY	0	366,424	366,424	8,044 3,622	257,101 46,610	
60.02	1	RADIATION ONCOLOGY	0	0		0	0	60.02
64.00	1	INTRAVENOUS THERAPY	0	0	(0	0	64.00
65.00	1	RESPIRATORY THERAPY	0	168,527			98,490	
66.00 69.00	1	PHYSICAL THERAPY ELECTROCARDIOLOGY	0	175,945 200,009		1	78,082 36,903	
69.01		CARDIAC REHAB	0	32,589			7,946	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	, c	0	0	71.00
72.00		IMPL. DEV. CHARGED TO PATIENTS	0	0	(0	0	72.00
73.00 77.00	1	DRUGS CHARGED TO PATIENTS ALLOGENEIC HSCT ACQUISITION	0	0		0	278,838 0	73.00 77.00
77.00		TIENT SERVICE COST CENTERS				,,		77.00
90.00	09000	CLINIC	0	123,088			28,343	
91.00		EMERGENCY	0	278,389	1		249,246	
		OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	0	0			0	92.00
32.01		REIMBURSABLE COST CENTERS				,		32.01
		AMBULANCE SERVICES	0	· '		,		95.00
102.00		OPIOID TREATMENT PROGRAM AL PURPOSE COST CENTERS	0	0		0	0	102.00
113.00		INTEREST EXPENSE						113.00
118.00	1	SUBTOTALS (SUM OF LINES 1 through 117)	0	11,310,889	11,310,889	189,624	2,679,512	
		IMBURSABLE COST CENTERS	_					
		GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES	0	33,419		82		190.00
		PACT REV PHYSICIANS	0	0		2,238		192.00 192.01
		VISITOR MEALS	ő	Ő		0		192.02
		GREAT BEGINNINGS/MATERNAL	0	0	c	0		192.03
		LIFELINE	0	0		0		192.04
	1	OWNED PROPERTIES UROLOGY	0	0		3,659	13,911 41,790	192.05
		PHYSICIANS' PRIVATE OFFICES	Ö	ő		0		192.07
		PARISH NURSING	0	0	C	204		192.08
		BIOTERRORISM GRANT	0	0		0		192.09 192.10
		BREAST PUMPS MGH EMERGENCY PHYSICIANS	0) 		13		192.10
		LUNG CENTER	Ö	0		2,094		192.12
		MGH EXPRESS	0	0	0	4,382		192.13
		MGH PHYS PRACT MGMT	0	0		6,032		192.14
		MGH MARION SURGEONS MGH MGH MED ONC	0	0		1		192.15 192.16
	,_,_,	1	1			, 3,132		

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared:
11/28/2023 11:19 am Provider CCN: 15-0011

						00,30,2023	11/28/2023 11	:19 am
			CAPITAL					
			RELATED COSTS					
	Cost Center Description	Directly	NEW BLDG &	Subtotal		EMPLOYEE	ADMINISTRATIV	
		Assigned New	FIXT			BENEFITS	E & GENERAL	
		Capital				DEPARTMENT	2 4 52.12.012	
		Related Costs				52.7		
		0	1.00	2A		4.00	5.00	
192.17 19217	MGH FMC SOUTH	0	0		0	3,567	44,365	192.17
	MGH FAIRM MED ASSOC	0	0		0	1,342	14,142	
	MGH FMC MARION	Ô	0		0	3,394	35,410	
	NONPAID WORKERS	0	0		0	0,554		193.00
	MGH FMC NORTHWOOD	0	0		0	3,315	35,111	
	MGH FMC GAS CITY	0	0		0	2,226	27,177	
	MGH HOSPITALISTS	0	0		0	11,533	111,000	
		0	0		0			
	MGH MAR FAM PRACT	0	0		0	9,746	107,083	
	MGH FMC SWAYZEE	0	0		~	674		193.05
	MGH PEDIATRIC CTR	0	0		0	2,314	26,428	
	MGH SPECIALTY PHYS	0	•		0	837		193.07
1 1	MGH FMC CONVERSE	0	0		0	902	10,815	
1 1	MGH UPLAND HEALTH	0	0		0	0		193.09
	MGH MGH WOMENS CTR	0	0		0	0		193.10
1	MGH MGH PSYCHIATRY	0	0		0	0		193.11
193.12 19312	•	0	0		0	5,405	63,471	
	MGH RIVER VIEW BLDG	0	0		0	0		193.15
	MGH NEONATOLOGY	0	0		0	0	21,445	193.16
193.18 19318	MGH WOUND CARE	0	0		0	89	854	193.18
	HEART FAILURE CLINIC	0	0		0	131		194.00
194.01 07950		0	0		0	0	0	194.01
194.02 07951	MENTAL HEALTH	0	0		0	0	0	194.02
194.03 07952		0	0		0	840	14,416	194.03
194.04 07953	MGH WORK SOLUTIONS	0	0		0	1,465	19,699	194.04
194.05 07954	MGH TAYLOR UNIVERSITY	0	0		0	0	0	194.05
194.06 07955	OPIOID IMPL GRANT	0	0		0	0	1,211	194.06
194.07 07956	ASTHMA GRANT	0	0		0	0	0	194.07
	MGH SMMP BLDG	0	0		0	0	0	194.08
194.09 07958	MGH AMBUCARE BLDG	0	0		0	0	0	194.09
194.10 07959	MGH 106 LYONS BLDG	0	0		0	0	0	194.10
194.11 07960	FAIRMOUNT	0	0		0	0	0	194.11
194.12 07961	GAS CITY	0	0		0	0	0	194.12
194.13 07969		0	0		0	0	0	194.13
194.14 07964		0	0		0	0	0	194.14
	TOBACCO GRANT	0	0		0	55		194.15
	HRSA NETWORK DEV PLANNING	0	0		0	0		194.16
	HRSA OPIOID PLANNING	0	0		0	0		194.17
194.18 07962		0	0		0	0	l .	194.18
	RURAL QI GRANT	o o	0		0	263		194.19
	MGH DIABETES GRANT	o o	0		0	0		194.20
1	MGH MGH ORTHO	Ô	0		0	0		194.21
	MGH BELLA BLDG	0	0		0	0		194.22
	DIABETES GRANT	0	0		0	0		194.23
	HEALTH SYS GRANT	0	0		0	0		194.23
	MGH MGH ORTHO	0	0		0	4,820	50,463	
200.00	Cross Foot Adjustments	0	U		0	4,020	30,403	200.00
	-		^		0	0	_	
201.00	Negative Cost Centers	_	11 244 200	11 244 2		•	•	201.00
202.00	TOTAL (sum lines 118 through 201)	0	11,344,308	11,344,3	υŏ	272,429	3,623,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

| Period: | Worksheet B | From 07/01/2022 | Part II | To 06/30/2023 | Date/Time Prepared:

11/28/2023 11:19 am Cost Center Description MAINTENANCE & CAFETERIA OPERATION OF **CAFETERIA** LAUNDRY & REPAIRS PLANT LINEN SERVICE 6.01 6.02 8.00 6.00 7.00 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 00600 MAINTENANCE & REPAIRS 6.00 6.00 6.01 00601 CAFETERIA 0 168,313 6.01 0 6.02 00602 CAFETERIA 166,231 166,231 6.02 00700 OPERATION OF PLANT 0 2.479.649 7.00 7.00 5.558 0 8.00 00800 LAUNDRY & LINEN SERVICE 0 0 0 25,753 87,599 8.00 00900 HOUSEKEEPING 0 39,733 9.00 0 0 9.00 10.00 01000 DIETARY 0 0 46 81,562 10,687 10.00 0 8.483 01300 NURSING ADMINISTRATION 2.691 13.00 0 0 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 0 0 1,126 29,044 3 14.00 15.00 01500 PHARMACY 0 9,148 37,417 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 0 22.897 515.475 15.671 30.00 31.00 03100 INTENSIVE CARE UNIT 0 0 6,905 133,141 4,202 31.00 40.00 0 04000 SUBPROVIDER - IPF 0 40.00 04100 SUBPROVIDER - IRF 0 0 3,306 1,073 41.00 116.821 41.00 42.00 04200 SUBPROVIDER 0 0 n 0 Λ 42.00 04300 NURSERY 0 0 4,693 43.00 43.00 0 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 14,849 419,911 8,234 50.00 51.00 05100 RECOVERY ROOM 0 0 Λ 51.00 05400 RADIOLOGY-DIAGNOSTIC 252,120 54.00 0 0 11.619 4,739 54.00 0 57.00 05700 CT SCAN 18,343 57.00 0 2,378 2,916 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 1,425 21,743 Λ 58.00 05900 CARDIAC CATHETERIZATION 0 0 3,470 61,427 960 59.00 59.00 0 60.00 06000 LABORATORY 12,552 177,603 60.00 0 60.01 06001 ONCOLOGY 0 0 0 309 60.01 60.02 06002 RADIATION ONCOLOGY 0 0 0 0 0 60.02 64.00 06400 INTRAVENOUS THERAPY 0 64.00 0 06500 RESPIRATORY THERAPY 0 3,647 81,684 796 65.00 65.00 0 06600 PHYSICAL THERAPY 3,338 85,279 1,766 66.00 0 66.00 69.00 06900 ELECTROCARDIOLOGY 0 0 4,609 96,943 738 69.00 0 15,796 69.01 06901 CARDIAC REHAB 829 0 69.01 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 0 0 0 0 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72.00 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0 0 0 0 0 73.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0 0 1,446 59,660 162 90.00 91.00 | 09100 | EMERGENCY 0 17,904 91.00 0 134.933 32.591 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 0 92.01 92.01 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 0 7.874 50.580 2.515 95.00 102.00 10200 OPIOID TREATMENT PROGRAM 0 n 0 102.00 0 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 118.00 0 166,231 142,310 2,463,451 87,362 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 117 16,198 0 190.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192.00 192.01 19201 PACT REV PHYSICIANS 0 419 0 0 192.01 0 192.02 192.02 19202 VISITOR MEALS 0 2.082 0 0 192.03 19203 GREAT BEGINNINGS/MATERNAL 0 0 0 0 192.03 0 0 0 192.04 192.04 19204 LIFELINE 0 0 192.05 19205 OWNED PROPERTIES 0 0 0 192.05 0 0 192.06 19206 UROLOGY 0 0 2,555 0 0 192.06 192.07 19207 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 192.07 0 192.08 19211 PARISH NURSING 0 267 0 0 192.08 0 0 0 192.09 192.09 19212 BIOTERRORISM GRANT 0 0 0 0 192.10 19214 BREAST PUMPS 0 0 0 192.10 192.11 19208 MGH EMERGENCY PHYSICIANS 0 0 0 192.11 0 0 192.12 19209 LUNG CENTER 0 845 0 192.12 119 192.13 192.13 19213 MGH EXPRESS 0 0 0 0 0 192.14 19210 MGH PHYS PRACT MGMT 0 10.070 0 0 192.14 192.15 19215 MGH MARION SURGEONS 0 0 6 192.15 2,876 0 0 192.16 19216 MGH MGH MED ONC 0 0 0 192.16 0 12 192.17 192.17 19217 MGH FMC SOUTH 0 0 0 192.18 19218 MGH FAIRM MED ASSOC 0 0 0 0 3 192.18 192.19 19219 MGH FMC MARION 0 0 3,011 2 192.19 193.00 19300 NONPAID WORKERS 0 193.00 0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0011

Period: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Pi

Date/Time Prepared: 11/28/2023 11:19 am Cost Center Description MAINTENANCE & CAFETERIA CAFETERIA OPERATION OF LAUNDRY & REPAIRS PLANT LINEN SERVICE 6.00 6.01 6.02 7.00 8.00 193.01 19301 MGH FMC NORTHWOOD 0 193.01 0 0 0 0 193.02 19302 MGH FMC GAS CITY 0 0 0 9 193.02 193.03 19303 MGH HOSPITALISTS 0 0 0 0 0 193.03 0 0 37 193.04 193.04 19304 MGH MAR FAM PRACT 0 0 0 193.05 19305 MGH FMC SWAYZEE 0 0 0 193.05 193.06 19306 MGH PEDIATRIC CTR 0 0 1,632 0 3 193.06 193.07 19307 MGH SPECIALTY PHYS 0 0 0 193.07 596 0 10 193.08 193.08 19308 MGH FMC CONVERSE 0 0 0 25 193.09 193.09 19309 MGH UPLAND HEALTH 0 0 0 0 193.10 19310 MGH MGH WOMENS CTR 0 0 0 0 193.10 193.11 19311 MGH MGH PSYCHIATRY 0 0 0 0 0 193.11 193.12 19312 OB/GYN 0 0 0 5 193.12 0 0 193.15 19315 MGH RIVER VIEW BLDG 0 0 193.15 193.16 19316 MGH NEONATOLOGY 0 0 0 0 0 193.16 0 193.18 19318 MGH WOUND CARE 0 0 0 0 193.18 0 0 0 194.00 194.00 07963 HEART FAILURE CLINIC 0 0 194.01 07950 MOW 0 0 0 0 194.01 194.02 07951 MENTAL HEALTH 0 0 0 194.02 0 0 0 0 194.03 194.03 07952 ADVERTISING 0 1,071 194.04 07953 MGH WORK SOLUTIONS 6 194.04 0 0 194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0 194.05 194.06 07955 OPIOID IMPL GRANT 0 0 0 0 194.06 0 0 0 194.07 07956 ASTHMA GRANT 0 0 194.07 0 0 0 194.08 194.08 07957 MGH SMMP BLDG 0 0 0 194.09 07958 MGH AMBUCARE BLDG 0 0 0 0 0 194.09 0 0 194.10 07959 MGH 106 LYONS BLDG 0 0 0 194.10 0 0 194.11 194.11 07960 FAIRMOUNT 0 194.12 07961 GAS CITY 0 0 0 0 0 194.12 194.13 07969 LYONS 0 0 0 194.13 0 194.14 07964 WABASH 0 194.14 0 0 0 0 194.15 07965 TOBACCO GRANT 0 0 0 93 0 194.15 194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 194.16 194.17 07967 HRSA OPIOID PLANNING 194.18 07962 ECHO GRANT 0 0 0 0 0 194.17 0 0 0 n 0 194.18 0 194.19 07968 RURAL QI GRANT 0 369 0 194.19 194.20 07970 MGH DIABETES GRANT 0 0 0 194.20 0 194.21 07971 MGH MGH ORTHO 0 ol 0 0 0 194.21 0 194.22 07972 MGH BELLA BLDG 0 0 194.22 0 0 194.23 07973 DIABETES GRANT 0 0 0 0 0 194.23 194.24 07974 HEALTH SYS GRANT 0 0 0 194.24 0 194.25 07975 MGH MGH ORTHO 0 0 0 0 194.25 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 0 0 201.00

168,313

166,231

2,479,649

87,599 202.00

202.00

TOTAL (sum lines 118 through 201)

Period: From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am

						11/28/2023 11	:19 am
	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
6.01	00601 CAFETERIA						6.01
6.02	00602 CAFETERIA						6.02
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE	100.073					8.00
9.00	00900 HOUSEKEEPING	196,072	202 252				9.00
10.00 13.00	01000 DIETARY 01300 NURSING ADMINISTRATION	2,754 1,033	283,252	64,296			10.00
14.00	01400 CENTRAL SERVICES & SUPPLY	5,164	0	681	113,241		14.00
15.00	01500 PHARMACY	2,410	0	0	0	253,280	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	50,957	136,293	13,846	14,721	0	30.00
31.00	03100 INTENSIVE CARE UNIT	9,640	36,631	4,174	5,662	0	31.00
40.00 41.00	04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	0 263	17 216	1 000	1 122	0	40.00
42.00	04200 SUBPROVIDER - IRF	8,263	17,216	1,999	1,132	0	41.00
43.00	04300 NURSERY	0	0	2,837	0	0	43.00
	ANCILLARY SERVICE COST CENTERS		·		-1		
50.00	05000 OPERATING ROOM	25,477	0	8,977	21,522	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,017	0	0	3,397	0	54.00
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,443	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	5,164	0	2,098	5,662	0	59.00
60.00	06000 LABORATORY	9,640	0	0	3,397	0	60.00
60.01	06001 ONCOLOGY	0	0	3,114	1,132	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,230	0	2,539	1,132	0	65.00
66.00 69.00	06600 PHYSICAL THERAPY 06900 ELECTROCARDIOLOGY	6,197	0	2,018 2,786	3,397	0	66.00
69.01	06901 CARDIAC REHAB	5,164	0	501	0,337	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	Ö	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	253,280	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
90.00	09000 CLINIC	3,443	0	874	ol	0	90.00
91.00	09100 EMERGENCY	34,429	12,223		5,662	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	31,123	12,223	10,02	3,002	Ŭ	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1,377	0		1,132	0	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00		192,802	202,363	62,028	67,948	253,280	
	NONREIMBURSABLE COST CENTERS	,		,	, ,		
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	516	0	0	0		190.00
	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
	l 19201 PACT REV PHYSICIANS 2 19202 VISITOR MEALS	0	0	0	0		192.01 192.02
	19202 VISITOR MEALS 19203 GREAT BEGINNINGS/MATERNAL	0	0	0	0		192.02
	19204 LIFELINE	0	0	0	0		192.04
	19205 OWNED PROPERTIES	0	0	Ö	Ö		192.05
	5 19206 UROLOGY	0	0	0	3,397		192.06
	7 19207 PHYSICIANS' PRIVATE OFFICES	689	0	0	0		192.07
	3 19211 PARISH NURSING	344	0	0	0		192.08
	19212 BIOTERRORISM GRANT	0	0	0	0		192.09 192.10
)19214 BREAST PUMPS L19208 MGH EMERGENCY PHYSICIANS		0		0		192.10
	19208 MGH EMERGENCY PHYSICIANS 219209 LUNG CENTER		0	0	0		192.11
	3 19213 MGH EXPRESS		0	2,268	2,265		192.13
	19210 MGH PHYS PRACT MGMT	1,721	0	0	0		192.14
192.1	19215 MGH MARION SURGEONS	0	0	0	3,397	0	192.15
	19216 MGH MGH MED ONC	0	0	0	0		192.16
	7 19217 MGH FMC SOUTH	0	0	0	3,397		192.17
	3 19218 MGH FAIRM MED ASSOC 9 19219 MGH FMC MARION	0	0	0	0 3,397		192.18 192.19
134.1	NTACTA MICH LIME MAKTON	ı U	0	l 0	3,39/	0	1727.12

Period: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared:

					11/28/2023 11	:19 am
Cost Center Description	HOUSEKEEPING	DIETARY	NURSING	CENTRAL	PHARMACY	
			ADMINISTRATIO	SERVICES &		
			N	SUPPLY		
	9.00	10.00	13.00	14.00	15.00	
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	0	1,132	0	193.01
193.02 19302 MGH FMC GAS CITY	0	0	0	1,132	0	193.02
193.03 19303 MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04 19304 MGH MAR FAM PRACT	0	0	0	6,794	0	193.04
193.05 19305 MGH FMC SWAYZEE	0	0	0	1,132	0	193.05
193.06 19306 MGH PEDIATRIC CTR	0	0	0	1,132	0	193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08 19308 MGH FMC CONVERSE	0	0	0	1,132	0	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0		193.11
193.12 19312 OB/GYN	0	0	0	11,324		193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0		193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0		193.16
193.18 19318 MGH WOUND CARE	0	0	0	0		193.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0		194.00
194.01 07950 MOW	0	59,507	o o	0		194.01
194.02 07951 MENTAL HEALTH	0	21,382	0	0		194.02
194.03 07952 ADVERTISING	0	21,302	0	0		194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	2,265		194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	2,203		194.05
194.06 07955 OPIOID IMPL GRANT	0	0	0	0		194.06
194.07 07956 ASTHMA GRANT	0	0	0	0		194.07
194.08 07957 MGH SMMP BLDG	0	0	0	0		194.07
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0		194.09
194.10107959 MGH 106 LYONS BLDG	0	0	0	0		194.10
194.11 07960 FAIRMOUNT	0	0	0	0		194.10
194.11 07960 FAIRMOONT 194.12 07961 GAS CITY	0	0	0	1 122		194.11
194.13 07969 LYONS	0	0	0	1,132		194.12
194.14 07964 WABASH	0	0	0	0		194.13
194.15 07965 TOBACCO GRANT	0	0	0	0		194.14
	0	0	0	0		
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	-	0		194.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0		194.17
194.18 07962 ECHO GRANT	0	0		0		194.18
194.19 07968 RURAL QI GRANT	0	0	0	0		194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0		194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0		194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0		194.22
194.23 07973 DIABETES GRANT	0	0	0	0		194.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0		194.24
194.25 07975 MGH MGH ORTHO	0	0	0	2,265	0	194.25
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	196,072	283,252	64,296	113,241	253,280	202.00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared:

				T	Date/Time Prepared: 11/28/2023 11:19 am
	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown	Total	
		24.00	Adjustments 25.00	26.00	
	GENERAL SERVICE COST CENTERS	24.00	23.00	20.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL				4.00
6.00	00600 MAINTENANCE & REPAIRS				6.00
6.01	00601 CAFETERIA				6.01
6.02	00602 CAFETERIA				6.02
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE				7.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY				13.00 14.00
	01500 PHARMACY				15.00
	INPATIENT ROUTINE SERVICE COST CENTERS				
	03000 ADULTS & PEDIATRICS	2,123,505	0	2,123,505	30.00
	03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	611,577	0	611,577	31.00 40.00
	04100 SUBPROVIDER - IRF	449,632	0	449,632	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	61,655	0	61,655	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	1,644,594	ol	1,644,594	50.00
	05100 RECOVERY ROOM	0	Ö	0	51.00
	05400 RADIOLOGY-DIAGNOSTIC	948,639	0	948,639	54.00
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	93,432 85,896	0	93,432 85,896	57.00 58.00
	05900 CARDIAC CATHETERIZATION	278,874	0	278,874	59.00
	06000 LABORATORY	834,761	Ö	834,761	60.00
	06001 ONCOLOGY	54,787	0	54,787	60.01
	06002 RADIATION ONCOLOGY 06400 INTRAVENOUS THERAPY	0	0	0	60.02
	06500 RESPIRATORY THERAPY	368,740	0	368,740	65.00
66.00	06600 PHYSICAL THERAPY	352,724	0	352,724	66.00
	06900 ELECTROCARDIOLOGY	354,440	0	354,440	69.00
	06901 CARDIAC REHAB 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	63,550 0	0	63,550 0	69.01
	07200 IMPL. DEV. CHARGED TO PATIENTS	Ö	Ö	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	532,118	0	532,118	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	77.00
90.00	09000 CLINIC	217,976	0	217,976	90.00
	09100 EMERGENCY	807,273	0	807,273	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	0	0	92.01
	09500 AMBULANCE SERVICES	226,221	0	226,221	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE		1		113.00
118.00	l	10,110,394	0	10,110,394	118.00
	NONREIMBURSABLE COST CENTERS		-1		
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	52,047 0	0	52,047 0	190.00 192.00
	19201 PACT REV PHYSICIANS	25,203	0	25,203	192.00
	19202 VISITOR MEALS	2,082	Ö	2,082	192.02
	19203 GREAT BEGINNINGS/MATERNAL	0	0	0	192.03
	19204 LIFELINE 19205 OWNED PROPERTIES	0 13,911	0	0 13,911	192.04 192.05
	19206 UROLOGY	51,401	Ö	51,401	192.06
	19207 PHYSICIANS' PRIVATE OFFICES	689	0	689	192.07
	19211 PARISH NURSING	2,948	0	2,948	192.08 192.09
	19212 BIOTERRORISM GRANT 19214 BREAST PUMPS	0	0	0	192.10
192.11	19208 MGH EMERGENCY PHYSICIANS	130	ő	130	192.11
	19209 LUNG CENTER	23,520	0	23,520	192.12
	19213 MGH EXPRESS 19210 MGH PHYS PRACT MGMT	62,786 90,249	0	62,786 90,249	192.13 192.14
	19215 MGH MARION SURGEONS	71,263	0	71,263	192.14
192.16	19216 MGH MGH MED ONC	54,468	0	54,468	192.16
192.17	19217 MGH FMC SOUTH	51,341	0	51,341	192.17

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 07/01/2022 Part II Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0011

					o 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am
	Cost Center Description	Subtotal	Intern &	Total	11/28/2023 11:19 am
	·		Residents		
			Cost & Post		
			Stepdown		
			Adjustments		
		24.00	25.00	26.00	
	MGH FAIRM MED ASSOC	15,487	0	15,487	
	MGH FMC MARION	45,214	0	- /	
	NONPAID WORKERS	0	0	0	
	MGH FMC NORTHWOOD	39,558	0	39,558	1
	MGH FMC GAS CITY	30,544	0	30,544	
•	MGH HOSPITALISTS	122,533	0	122,533	
	MGH MAR FAM PRACT	123,660	0	123,660	
1	MGH FMC SWAYZEE	9,211	0	9,211	1
	MGH PEDIATRIC CTR MGH SPECIALTY PHYS	31,509 10,055	0	31,509 10,055	
	MGH FMC CONVERSE	12,859	0	12,859	
1	MGH UPLAND HEALTH	25	0	25	
	MGH MGH WOMENS CTR	0	0	23	
	MGH MGH PSYCHIATRY	0	0		· · · · · · · · · · · · · · · · · · ·
193.12 19312		80,205	0	80,205	
	MGH RIVER VIEW BLDG	00,203	0	00,200	
	MGH NEONATOLOGY	21,445	0	21,445	
	MGH WOUND CARE	943	0	943	
	HEART FAILURE CLINIC	1,748	0	1,748	
194.01 07950		59,507	0	59,507	
	MENTAL HEALTH	21,382	0	21,382	
194.03 07952		16,327	0	16,327	
1	MGH WORK SOLUTIONS	23,435	0	23,435	
	MGH TAYLOR UNIVERSITY	0	0	ĺ	
	OPIOID IMPL GRANT	1,211	0	1,211	194.06
194.07 07956	ASTHMA GRANT	0	0	[c	194.07
194.08 07957	MGH SMMP BLDG	0	0	C	194.08
194.09 07958	MGH AMBUCARE BLDG	0	0	C	194.09
194.10 07959	MGH 106 LYONS BLDG	0	0	[C	-
194.11 07960		0	0	(
194.12 07961		1,132	0	1,132	
194.13 07969		0	0	C	-
194.14 07964		0	0	C	
	TOBACCO GRANT	1,232	0	1,232	
	HRSA NETWORK DEV PLANNING	0	0	C	-
	HRSA OPIOID PLANNING	0	0	C	·
194.18 07962		5 106	0	5 100	194.18
	RURAL QI GRANT	5,106	0	5,106	
	MGH DIABETES GRANT	0	0	C	
	MGH MGH ORTHO	0	0	C	
	MGH BELLA BLDG	0	0	C	
	DIABETES GRANT HEALTH SYS GRANT	0	0		
	MGH MGH ORTHO	57,548	0	57,548	-
200.00	Cross Foot Adjustments	37,348	0	57,548	
201.00	Negative Cost Centers		0		
202.00	TOTAL (sum lines 118 through 201)	11,344,308	0		1
202.00	TOTAL (Sail Tilles IIO Cillough 201)	11,544,500	O	1 11,544,500	202.00

Period: Worksheet B-1 Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS MARION GENERAL HOSPITAL Provider CCN: 15-0011

					o 06/30/2023		pared:
		CAPITAL				11/28/2023 11	:19 am
	Cook Cooken Decembration	RELATED COSTS	ENDLOYEE	B	ABMINISTRATIV		
	Cost Center Description	NEW BLDG & FIXT	EMPLOYEE BENEFITS	n	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	
		(SQUARE	DEPARTMENT	"	(ACCUM.	(SQUARE	
		FEET)	(GROSS		COST)	FEET)	
		,	SALARIES)		333.7	. ==.,	
		1.00	4.00	5A	5.00	6.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	451,142	70 520 100				1.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	10,834 142,286	78,520,109 13,023,328	1	150,020,361		4.00
6.00	00600 MAINTENANCE & REPAIRS	142,280	13,023,320) -33,233,30	130,020,301	298,022	1
6.01	00601 CAFETERIA	4,857	0		1,912,222	4,857	6.01
6.02	00602 CAFETERIA	0	0		0	0	1
7.00	00700 OPERATION OF PLANT	89,714	897,004		8,904,788	89,714	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	2,113	0		360,786	2,113	1
9.00	00900 HOUSEKEEPING	3,260	21 664		-,		1
10.00 13.00	01000 DIETARY 01300 NURSING ADMINISTRATION	6,692 696	21,664 959,929	1	822,076 1,294,281	6,692 696	1
14.00	01400 CENTRAL SERVICES & SUPPLY	2,383	158,239	1			1
15.00	01500 PHARMACY	3,070	2,696,754	1	1	3,070	1
	INPATIENT ROUTINE SERVICE COST CENTERS		, , .		, , , , ,	, , , , ,	
30.00	03000 ADULTS & PEDIATRICS	42,294	6,302,252	1	, , .	42,294	
31.00	03100 INTENSIVE CARE UNIT	10,924	2,260,894	1		10,924	1
40.00	04000 SUBPROVIDER - IPF	0	0		1	0	
41.00 42.00	04100 SUBPROVIDER - IRF 04200 SUBPROVIDER	9,585	867,321		, , -	9,585 0	1
43.00	04300 NURSERY	0	1,382,385	1	,	0	
43.00	ANCILLARY SERVICE COST CENTERS	<u> </u>	1,302,303	′1	2,042,304		43.00
50.00	05000 OPERATING ROOM	34,453	3,537,632	2	11,055,945	34,453	50.00
51.00	05100 RECOVERY ROOM	0	0) (0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,686	2,691,431	1	-,,	20,686	1
57.00	05700 CT SCAN	1,505	523,331		, , .	1,505	1
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	1,784 5,040	313,617 865,837	1		1,784 5,040	1
60.00	06000 LABORATORY	14,572	2,318,076	1		14,572	1
60.01	06001 ONCOLOGY	0	1,043,685		1,930,041	0	1
60.02	06002 RADIATION ONCOLOGY	0	0		0	0	1
64.00	06400 INTRAVENOUS THERAPY	0	0) (0	0	
65.00	06500 RESPIRATORY THERAPY	6,702	1,352,999	1	., ., .,	6,702	1
66.00	06600 PHYSICAL THERAPY	6,997	1,814,515		-,,	6,997	1
69.00 69.01	06900 ELECTROCARDIOLOGY 06901 CARDIAC REHAB	7,954 1,296	823,662 208,846		1,528,084 329,033	7,954 1,296	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,290	200,840) 329,033	1,290	1
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		o o	ő	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		11,544,077	0	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0) (0	77.00
	OUTPATIENT SERVICE COST CENTERS	4 005	276 547	,	4 472 640	4 005	
90.00	09000 CLINIC	4,895	276,517	1	, -,		
92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,071	8,954,517	'	10,320,738	11,071	91.00
	09201 OBSERVATION BEDS (NON DISTINCT PART)	0	0		0	0	
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES	4,150	1,362,736	6 (2,024,784		
102.00	10200 OPIOID TREATMENT PROGRAM	0	0) (0	0	102.00
112 00	SPECIAL PURPOSE COST CENTERS						112 00
113.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117)	449,813	54,657,171	-33,255,304	110,950,763	296,693	113.00
110.00	NONREIMBURSABLE COST CENTERS	449,613	34,037,171		110,930,703	290,093	1110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,329	23,521	. (71,022	1,329	190.00
	19200 PHYSICIANS' PRIVATE OFFICES	0	, 0		0		192.00
	19201 PACT REV PHYSICIANS	0	644,814		933,580		192.01
	19202 VISITOR MEALS	0	0) (0		192.02
	19203 GREAT BEGINNINGS/MATERNAL	0	0		0		192.03
	19204 LIFELINE 19205 OWNED PROPERTIES	0	0		576,041		192.04 192.05
	19206 UROLOGY	0	1,054,549		1		192.06
	19200 DROLOGY 19207 PHYSICIANS' PRIVATE OFFICES	0	2,054,549		0	0	192.07
	19211 PARISH NURSING	0	58,896	s	88,323		192.08
	19212 BIOTERRORISM GRANT	0	0) (0	0	192.09
	19214 BREAST PUMPS	0	0) (0		192.10
	19208 MGH EMERGENCY PHYSICIANS	0	3,888		4,834		192.11
	19209 LUNG CENTER	0	603,512	1	852,227		192.12
	19213 MGH EXPRESS 19210 MGH PHYS PRACT MGMT	0	1,262,731 1,738,447		, -,		192.13 192.14
	19215 MGH MARION SURGEONS	0	1,737,977				192.14
	1	·	-,,	'		·	

Provider CCN: 15-0011 Period: Worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

CAPITAL RELATED COSTS Cost Center Description Cost Center Description New BLDG & EMPLOYEE Reconciliatio ADMINISTRATIV MAINT FIXT BENEFITS n E & GENERAL RE	S/2023 11 ENANCE & PAIRS QUARE	l I I S Cili
Cost Center Description	PAIRS	
FIXT BENEFITS n E & GENERAL RE	PAIRS	
	DUARE	
	EET)	
SALARIES) 1.00 4.00 5A 5.00	.00	
192.16 19216 MGH MGH MED ONC 0 1,484,638 0 2,042,085		192.16
192.17 19217 MGH FMC SOUTH 0 1,027,866 0 1,837,046		192.17
192.18 NGH FAIRM MED ASSOC 0 386,885 0 585,592	0	192.18
192.19 MGH FMC MARION 0 978,086 0 1,466,233	0	192.19
193.00 19300 NONPAID WORKERS 0 0 0 0		193.00
193.01 19301 MGH FMC NORTHWOOD 0 955,310 0 1,453,868		193.01
193.02 19302 MGH FMC GAS CITY 0 641,427 0 1,125,322		193.02
193.03 19303 MGH HOSPITALISTS 0 3,323,691 0 4,596,270		193.03 193.04
193.04 193.04 MGH MAR FAM PRACT 0 2,808,725 0 4,434,079 193.05 193.05 MGH FMC SWAYZEE 0 306,620		193.04
193.06 19306 MGH PEDIATRIC CTR 0 666,897 0 1,094,318		193.06
193.07 19307 MgH SPECIALTY PHYS 0 241,201 0 357,022		193.07
193.08 NGH FMC CONVERSE 0 259,962 0 447,814		193.08
193.09 MGH UPLAND HEALTH 0 0 0 0	0	193.09
193.10 19310 MGH MGH WOMENS CTR 0 0 0 0		193.10
193.11 MGH MGH PSYCHIATRY 0 0 0 0		193.11
193.12 19312 OB/GYN		193.12
193.15 19315 MGH RIVER VIEW BLDG 0 0 0		193.15
193.16 19316 MGH NEONATOLOGY 0 0 888,000		193.16 193.18
193.18 19318 MGH WOUND CARE 0 25,571 0 35,369 194.00 07963 HEART FAILURE CLINIC 0 37,821 0 66,957		194.00
194.01 07950 MOW 0 0 0 0		194.01
194.02 07951 MENTAL HEALTH 0 0 0 0		194.02
194.03 07952 ADVERTISING 0 242,092 0 596,929		194.03
194.04 07953 MGH WORK SOLUTIONS 0 422,102 0 815,687	0	194.04
194.05 07954 MGH TAYLOR UNIVERSITY 0 0 0 0		194.05
194.06 07955 OPIOID IMPL GRANT 0 0 0 50,132		194.06
194.07 07956 ASTHMA GRANT 0 0 0		194.07
194.08 07957 MGH SMMP BLDG 0 0 0 0		194.08
194.09 07958 MGH AMBUCARE BLDG 0 0 0 0 0 194.10 07959 MGH 106 LYONS BLDG 0 0 0 0		194.09 194.10
194.11 07960 FAIRMOUNT 0 0 0 0		194.10
194.12[07961] GAS CITY 0 0 0 0		194.12
194.13 07969 LYONS 0 0 0 0	0	194.13
194.14 07964 WABASH 0 0 0 0	0	194.14
194.15 07965 TOBACCO GRANT 0 15,711 0 44,902		194.15
194.16 07966 HRSA NETWORK DEV PLANNING 0 0 0 0		194.16
194.17 07967 HRSA OPIOID PLANNING 0 0 0 0		194.17
194.18 07962 ECHO GRANT		194.18 194.19
194.20 07970 MGH DIABETES GRANT 0 0 0 0		194.19
194.21 07971 MGH MGH ORTHO 0 0 0		194.21
194.22 07972 MGH BELLA BLDG 0 0 0		194.22
194.23 07973 DIABETES GRANT 0 0 0 0		194.23
194.24 07974 HEALTH SYS GRANT 0 0 0 0	0	194.24
194.25 07975 MGH MGH ORTHO 0 1,389,164 0 2,089,545	0	194.25
200.00 Cross Foot Adjustments		200.00
201.00 Negative Cost Centers	•	201.00
202.00 Cost to be allocated (per Wkst. B, 11,344,308 19,108,780 33,255,304 Part I) 33,255,304	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I) 25.145759 0.243362 0.221672	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, 272,429 3,623,044		204.00
Part II)		
205.00 Unit cost multiplier (Wkst. B, Part 0.003470 0.024150	0.000000	205.00
206.00 NAHE adjustment amount to be allocated		206.00
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,		207.00
Parts III and IV)		207.00

					06/30/2023	Date/Time Pre 11/28/2023 11	
	Cost Center Description	CAFETERIA	CAFETERIA	OPERATION OF	LAUNDRY &	HOUSEKEEPING	. 19 aiii
	·	(MEALS	(HOURS	PLANT	LINEN SERVICE	(HOURS OF	
		SERVED)	WORKED)	(SQUARE	(POUNDS OF	SERVICE)	
		6.01	6.02	FEET) 7.00	LAUNDRY) 8.00	9.00	
	GENERAL SERVICE COST CENTERS	0.01	0.02	7.00	0.00	3.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6.00 6.01	00600 MAINTENANCE & REPAIRS 00601 CAFETERIA	241,218					6.00 6.01
6.02	00602 CAFETERIA	238,234	1,132,410				6.02
7.00	00700 OPERATION OF PLANT	0	37,861	203,451			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	2,113			8.00
9.00	00900 HOUSEKEEPING	0	0	3,260		59,228	9.00
10.00	01000 DIETARY	0	313	6,692	· · ·	832	10.00
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	18,335 7,671	696 2,383		312 1,560	13.00 14.00
	01500 PHARMACY	o	62,316	3,070		728	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS	,		í			
30.00	03000 ADULTS & PEDIATRICS	0	155,998	42,294		15,392	30.00
31.00	03100 INTENSIVE CARE UNIT	0	47,037	10,924	32,629	2,912	31.00
40.00 41.00	04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	0	0 22,523	0 9,585	8,334	0 2,496	40.00 41.00
42.00	04200 SUBPROVIDER	Ö	0	0,383	0,334	2,430	42.00
	04300 NURSERY	Ö	31,967	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	101,154	34,453		7,696	1
51.00 54.00	05100 RECOVERY ROOM 05400 RADIOLOGY-DIAGNOSTIC	0	0 79,152	0 20,686	0 36,798	0 3,328	51.00 54.00
	05700 CT SCAN	0	16,197	1,505	22,645	1,040	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	Ö	9,707	1,784	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,641	5,040	7,452	1,560	59.00
60.00	06000 LABORATORY	0	85,509	14,572		2,912	60.00
60.01 60.02	06001 ONCOLOGY	0	0	0	2,399	0	60.01 60.02
64.00	06002 RADIATION ONCOLOGY 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
	06500 RESPIRATORY THERAPY	ő	24,844	6,702	6,183	2,184	1
66.00	06600 PHYSICAL THERAPY	0	22,739			0	66.00
	06900 ELECTROCARDIOLOGY	0	31,396			1,872	69.00
69.01	06901 CARDIAC REHAB	0	5,650	1,296	0	1,560	1
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	ő	0	Ö	0	0	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC 09100 EMERGENCY	0	9,848			1,040	90.00
91.00 92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	121,965	11,071	253,058	10,400	91.00 92.00
	09201 OBSERVATION BEDS (NON DISTINCT PART)	0	0	0	0	0	ł
	OTHER REIMBURSABLE COST CENTERS	·,			· · ·		
	09500 AMBULANCE SERVICES	0	53,641	4,150	19,527		95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00		238,234	969,464	202,122	678,351	58,240	118.00
	NONREIMBURSABLE COST CENTERS		,	,			
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	795				190.00
	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
	19201 PACT REV PHYSICIANS 19202 VISITOR MEALS	2,984	2,852	0	0		192.01 192.02
	19203 GREAT BEGINNINGS/MATERNAL	2,964	0	0	0		192.02
	19204 LIFELINE	Ö	0	ő	0		192.04
192.05	19205 OWNED PROPERTIES	0	0	0	0		192.05
	19206 UROLOGY	0	17,403	0	0		192.06
	19207 PHYSICIANS' PRIVATE OFFICES	0	1 021	0	0		192.07
	19211 PARISH NURSING 19212 BIOTERRORISM GRANT	0	1,821	0	0		192.08 192.09
	19214 BREAST PUMPS	0	0	0	0		192.10
	19208 MGH EMERGENCY PHYSICIANS	ő	0		l o		192.11
192.12	19209 LUNG CENTER	0	5,754	0	0	0	192.12
	19213 MGH EXPRESS	0	0	0	924		192.13
	19210 MGH PHYS PRACT MGMT 19215 MGH MARION SURGEONS	0	68,598 19,595	0	0 45		192.14 192.15
	19216 MGH MGH MED ONC	0	19,595	"	45		192.15
	19217 MGH FMC SOUTH	ő	0	Ö	94		192.17
	19218 MGH FAIRM MED ASSOC	0	0	0	25		192.18

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0011 Period: Worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			T	06/30/2023	Date/Time Prepa 11/28/2023 11:1	
Cost Center Description	CAFETERIA	CAFETERIA	OPERATION OF	LAUNDRY &	HOUSEKEEPING	LS am
	(MEALS	(HOURS	PLANT	LINEN SERVICE	(HOURS OF	
	SERVED)	WORKED)	(SQUARE	(POUNDS OF	SERVICE)	
	6.01		FEET)	LAUNDRY)		
102 10 10210 MCH TMC MARTON	6.01	6.02	7.00	8.00	9.00	02 10
192.19 19219 MGH FMC MARION 193.00 19300 NONPAID WORKERS	0	20,512		12 0		92.19 93.00
193.01 19301 MGH FMC NORTHWOOD	0	0	0	0	l I	93.00
193.02 19302 MGH FMC GAS CITY	0	0	0	68	l I	93.01
193.03 19303 MGH HOSPITALISTS	0	0	0	0	l I	93.03
193.04 19304 MGH MAR FAM PRACT	0	0	0	286		93.04
193.05 19305 MGH FMC SWAYZEE	0	0	0	0	l I	93.05
193.06 19306 MGH PEDIATRIC CTR	0	11,116	0	22		93.06
193.07 19307 MGH SPECIALTY PHYS	0	4,061		0		93.07
193.08 19308 MGH FMC CONVERSE	0	0	0	74		93.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	197	0 19	93.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0 19	93.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0 19	93.11
193.12 19312 OB/GYN	0	0	0	40	0 19	93.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0 19	93.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0		93.16
193.18 19318 MGH WOUND CARE	0	0	0	0	l I	93.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0		94.00
194.01 07950 MOW	0	0	0	0		94.01
194.02 07951 MENTAL HEALTH	0	0	0	0		94.02
194.03 07952 ADVERTISING	0	7,295	0	0		94.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	48		94.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0		94.05
194.06 07955 0PIOID IMPL GRANT 194.07 07956 ASTHMA GRANT	0	0	0	0		94.06 94.07
194.08 07957 MGH SMMP BLDG	0	0	0	0		94.07
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0		94.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0		94.10
194.11 07960 FAIRMOUNT	0	0	0	0	l I	94.11
194.12 07961 GAS CITY	0	0	0	0	l I	94.12
194.13 07969 LYONS	0	0	0	0	l I	94.13
194.14 07964 WABASH	o	0	0	0	l I	94.14
194.15 07965 TOBACCO GRANT	0	632	0	0		94.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	0 19	94.16
194.17 07967 HRSA OPIOID PLANNING	0	0	0	0	0 19	94.17
194.18 07962 ECHO GRANT	0	0	0	0	0 19	94.18
194.19 07968 RURAL QI GRANT	0	2,512	0	0	0 19	94.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0		94.20
194.21 07971 MGH MGH ORTHO	0	0	0	0		94.21
194.22 07972 MGH BELLA BLDG	0	0	0	0		94.22
194.23 07973 DIABETES GRANT	0	0	0	0	l	94.23
194.24 07974 HEALTH SYS GRANT	0	0	0	0	l I	94.24
194.25 07975 MGH MGH ORTHO	0	0	0	0		94.25
200.00 Cross Foot Adjustments						00.00
201.00 Negative Cost Centers	2 226 100	2 207 200	10 055 960	FF4 F47		01.00
202.00 Cost to be allocated (per wkst. B, Part I)	2,336,108	2,307,209	10,955,869	554,547	3,937,393 20	J2.00
203.00 Unit cost multiplier (Wkst. B, Part I	9.684634	2.037433	53.850160	0.815287	66.478574 20	03 00
204.00 Cost to be allocated (per Wkst. B,	168,313	166,231		87,599	i i	
Part II)	100,515	100,231	2,475,045	67,555	150,072	J+.00
205.00 Unit cost multiplier (Wkst. B, Part	0.697763	0.146794	12.187942	0.128787	3.310461 20	05.00
II)						
206.00 NAHE adjustment amount to be allocate	d				21	06.00
(per Wkst. B-2)					ı l	
207.00 NAHE unit cost multiplier (Wkst. D,					20	07.00
Parts III and IV)]		, I	

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0011 Period: Worksheet B-1 From 07/01/2022 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Cost Center Description DIETARY NURSING CENTRAL PHARMACY (MEALS ADMINISTRATIO SERVICES & (COSTED SERVED) SUPPLY REQUIS.) (DTRFCT (COSTED NRSING HRS) REQUIS.) 10.00 15.00 13.00 14.00 GENERAL SERVICE COST CENTERS 1.00 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 6.00 00600 MAINTENANCE & REPAIRS 6.00 00601 CAFETERIA 6.01 6.01 6.02 00602 CAFETERIA 6.02 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9 00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 83,681 10.00 13.00 01300 NURSING ADMINISTRATION 724,483 13.00 01400 CENTRAL SERVICES & SUPPLY 0 7,671 100 14.00 14.00 100 15.00 01500 PHARMACY 0 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 40,265 155,998 13 0 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 10,822 47,037 5 0 40.00 | 04000 | SUBPROVIDER - IPF C 0 0 40.00 04100 SUBPROVIDER - IRF 5,086 1 41.00 22,523 0 41.00 04200 SUBPROVIDER 0 42.00 42.00 0 0 43.00 04300 NURSERY 0 31,967 0 0 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 101,154 19 50.00 51.00 05100 RECOVERY ROOM 0 0 0 51.00 54.00 | 05400 RADIOLOGY-DIAGNOSTIC 0 0 3 0 54.00 0 57.00 05700 CT SCAN 0 0 57.00 0 0 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 0 5 3 0 59.00 05900 CARDIAC CATHETERIZATION 23,641 59.00 0 60.00 | 06000 | LABORATORY 0 60.00 60.01 06001 ONCOLOGY 0 35,083 1 0 60.01 0 60.02 06002 RADIATION ONCOLOGY 0 0 60.02 64.00 0 0 64.00 06400 INTRAVENOUS THERAPY 0 65.00 06500 RESPIRATORY THERAPY 0 28,614 1 0 65.00 0 0 66.00 06600 PHYSICAL THERAPY 22,739 66.00 0 69.00 06900 ELECTROCARDIOLOGY 31,396 3 0 69.00 0 69.01 06901 CARDIAC REHAB 5,650 0 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 0 100 73.00 73.00 0 0 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 9,848 90.00 0 09000 CLINIC 0 09100 EMERGENCY 91.00 3.611 121.965 5 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 53,641 1 0 95.00 102.00 10200 OPIOID TREATMENT PROGRAM 0 102.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 59,784 698,927 60 100 118.00 NONREIMBURSABLE COST CENTERS 0 0 190.00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 192.00 0 192.01 19201 PACT REV PHYSICIANS 0 0 0 192.01 192.02 19202 VISITOR MEALS 0 0 0 192.02 0 0 0 0 192.03 192.03 19203 GREAT BEGINNINGS/MATERNAL 192.04 19204 LIFELINE 0 0 0 0 192.04 192.05 19205 OWNED PROPERTIES 0 0 0 0 192.05 0 3 0 192.06 19206 UROLOGY 0 192.06 0 0 0 192.07 19207 PHYSICIANS' PRIVATE OFFICES 0 192.07 0 0 192.08 19211 PARISH NURSING 0 192.08 192.09 19212 BIOTERRORISM GRANT 0 0 0 0 192.09 0 0 192.10 19214 BREAST PUMPS 0 0 192.10 0 0 0 0 192.11 192.11 19208 MGH EMERGENCY PHYSICIANS 192.12 19209 LUNG CENTER 0 0 0 0 192.12 0 0 192.13 19213 MGH EXPRESS 25,556 2 192.13 192.14 19210 MGH PHYS PRACT MGMT 0 0 0 192.14 0 0 3 192.15 19215 MGH MARION SURGEONS 0 0 192.15 0 192.16 19216 MGH MGH MED ONC 0 0 192.16 0 192.17 19217 MGH FMC SOUTH 3 192.17

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0011 Period: Worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepa

			T	06/30/2023	Date/Time Prepared: 11/28/2023 11:19 am
Cost Center Description	DIETARY	NURSING	CENTRAL	PHARMACY	
	(MEALS	ADMINISTRATIO	SERVICES &	(COSTED	
	SERVED)	N	SUPPLY	REQUIS.)	
		(DIRECT NRSING HRS)	(COSTED REQUIS.)		
	10.00	13.00	14.00	15.00	
192.18 19218 MGH FAIRM MED ASSOC	0			0	192.18
192.19 19219 MGH FMC MARION	0	0	3	0	192.19
193.00 19300 NONPAID WORKERS	0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	0	0	1	0	193.01
193.02 19302 MGH FMC GAS CITY	0	0	1	0	193.02
193.03 19303 MGH HOSPITALISTS 193.04 19304 MGH MAR FAM PRACT	0	0	0	0	193.03 193.04
193.05 19305 MGH FMC SWAYZEE	0	0	1	0	193.05
193.06 19306 MGH PEDIATRIC CTR	Ö	0	$\bar{1}$	Ö	193.06
193.07 19307 MGH SPECIALTY PHYS	0	0	0	0	193.07
193.08 19308 MGH FMC CONVERSE	0	0	1	0	193.08
193.09 19309 MGH UPLAND HEALTH	0	0	0	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	193.11
193.12 19312 OB/GYN 193.15 19315 MGH RIVER VIEW BLDG	0	0	10	0	193.12 193.15
193.16 19316 MGH NEONATOLOGY	0	0	0	0	193.16
193.18 19318 MGH WOUND CARE	Ö	0	ő	0	193.18
194.00 07963 HEART FAILURE CLINIC	0	0	0	0	194.00
194.01 07950 MOW	17,580	0	0	0	194.01
194.02 07951 MENTAL HEALTH	6,317	0	0	0	194.02
194.03 07952 ADVERTISING	0	0	0	0	194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	2	0	194.04
194.05 07954 MGH TAYLOR UNIVERSITY 194.06 07955 0PIOID IMPL GRANT	0	0	0	0	194.05 194.06
194.07 07956 ASTHMA GRANT	0	0	0	0	194.07
194.08 07957 MGH SMMP BLDG	Ö	0	ő	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	194.10
194.11 07960 FAIRMOUNT	0	0	0	0	194.11
194.12 07961 GAS CITY	0	0	1	0	194.12
194.13 07969 LYONS	0	0	0	0	194.13
194.14 07964 WABASH 194.15 07965 TOBACCO GRANT	0	0	0	0	194.14 194.15
194.16 07966 HRSA NETWORK DEV PLANNING	0	0	0	0	194.16
194.17 07967 HRSA OPIOID PLANNING	o o	0	ő	Ö	194.17
194.18 07962 ECHO GRANT	0	0	0	0	194.18
194.19 07968 RURAL QI GRANT	0	0	0	0	194.19
194.20 07970 MGH DIABETES GRANT	0	0	0	0	194.20
194.21 07971 MGH MGH ORTHO	0	0	0	0	194.21
194.22 07972 MGH BELLA BLDG	0	0	0	0	194.22
194.23 07973 DIABETES GRANT 194.24 07974 HEALTH SYS GRANT	0	0	0	0	194.23 194.24
194.25 07975 MGH MGH ORTHO	0	0	2	0	194.25
200.00 Cross Foot Adjustments			_		200.00
201.00 Negative Cost Centers					201.00
Cost to be allocated (per Wkst. B,	1,488,277	1,676,764	1,112,844	6,297,265	202.00
Part I)	4	2 24 44 = =	44 420	60 070 070	
203.00 Unit cost multiplier (Wkst. B, Part I)	17.785124	1	11,128.440000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	283,252	64,296	113,241	253,280	204.00
205.00 Unit cost multiplier (Wkst. B, Part	3.384902	0.088747	1,132.410000	2,532.800000	205.00
II)			_,	.,	200.00
NAHE adjustment amount to be allocated					206.00
(per Wkst. B-2)					207 22
NAHE unit cost multiplier (Wkst. D,					207.00
Parts III and IV)	I	I		I	

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 15-0011		Worksheet C
		From 07/01/2022	
		To 06 /20 /2022	Data /Time Drangrade

				Т	o 06/30/2023	Date/Time Pre 11/28/2023 11	
-			Title	XVIII	Hospital	PPS	
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I,	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		col. 26)					
		1.00	2.00	3.00	4.00	5.00	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	40 540 444		40 540 444		40 540 444	20.00
30.00	03000 ADULTS & PEDIATRICS	18,510,111		18,510,111	l .	18,510,111	
31.00	03100 INTENSIVE CARE UNIT	7,771,018		7,771,018	0	7,771,018	
40.00	04000 SUBPROVIDER - IPF	2 710 706		2 710 706	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,710,706		3,710,706	0	3,710,706	
42.00	04200 SUBPROVIDER	2 624 404		0	0	0	42.00
43.00	04300 NURSERY	2,634,484		2,634,484	0	2,634,484	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	16,577,436		16,577,436	O	16,577,436	50.00
51.00	05100 RECOVERY ROOM	10,377,430		10,377,430	0	10,377,430	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,451,919		8,451,919	0	8,451,919	
57.00	05700 CT SCAN	1,551,902		1,551,902		1,551,902	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	964,678		964,678		964,678	
59.00	05900 CARDIAC CATHETERIZATION	4,098,681		4,098,681		4,098,681	
60.00	06000 LABORATORY	14,191,802		14,191,802		14,191,802	
60.00	06001 ONCOLOGY	2,452,158		2,452,158		2,452,158	
60.02	06002 RADIATION ONCOLOGY	2,432,130		2,432,130	0	2,432,138	60.02
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	5,621,411	0	5,621,411	0	5,621,411	
66.00	06600 PHYSICAL THERAPY	4,436,835	0	4,436,835		4,436,835	
69.00	06900 ELECTROCARDIOLOGY	2,594,275	O I	2,594,275		2,594,275	
69.01	06901 CARDIAC REHAB	600,055		600,055		600,055	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	000,033		000,033	0	000,033	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,400,329		20,400,329	0	20,400,329	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0,100,323	0	0	77.00
77.00	OUTPATIENT SERVICE COST CENTERS	•			<u> </u>		77.00
90.00	09000 CLINIC	1,810,397		1,810,397	0	1,810,397	90.00
91.00	09100 EMERGENCY	14,753,062		14,753,062	0	14,753,062	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,722,643		5,722,643		5,722,643	
	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	o	0	92.01
	OTHER REIMBURSABLE COST CENTERS	- 1			-1		
95.00	09500 AMBULANCE SERVICES	2,985,241		2,985,241	0	2,985,241	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0		0	102.00
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE						113.00
200.00		139,839,143	0	139,839,143	l .	139,839,143	
201.00	1 1	5,722,643		5,722,643	l .	5,722,643	
202.00	Total (see instructions)	134,116,500	0	134,116,500	0	134,116,500	202.00

				Т	0 06/30/2023	Date/Time Pre 11/28/2023 11	
			Title	XVIII	Hospital	PPS	
			Charges				
	Cost Center Description	Inpatient	Outpatient	Total (col. 6	Cost or Other	TEFRA	
	•	·	•	+ col. 7)	Ratio	Inpatient	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
IN	PATIENT ROUTINE SERVICE COST CENTERS						
30.00 03	000 ADULTS & PEDIATRICS	12,777,795		12,777,795			30.00
31.00 03	100 INTENSIVE CARE UNIT	7,254,743		7,254,743			31.00
40.00 04	000 SUBPROVIDER - IPF	0		0			40.00
41.00 04	100 SUBPROVIDER - IRF	2,373,554		2,373,554			41.00
42.00 04	200 SUBPROVIDER	0		0			42.00
43.00 04	300 NURSERY	2,575,655		2,575,655			43.00
	CILLARY SERVICE COST CENTERS						
	000 OPERATING ROOM	31,593,354	90,065,987	121,659,341		0.000000	50.00
51.00 05	100 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00 05	400 RADIOLOGY-DIAGNOSTIC	2,082,394	31,879,423	33,961,817	0.248865	0.000000	54.00
57.00 05	700 CT SCAN	5,568,580	36,754,045	42,322,625	0.036668	0.000000	57.00
58.00 05	800 MAGNETIC RESONANCE IMAGING (MRI)	328,567	3,511,665	3,840,232	0.251203	0.000000	58.00
	900 CARDIAC CATHETERIZATION	4,065,077	9,894,522	13,959,599	0.293610	0.000000	59.00
	0000 LABORATORY	3,690,782	17,180,485	20,871,267	0.679968	0.000000	60.00
60.01 06	001 ONCOLOGY	24,057	6,864,053	6,888,110	0.355999	0.000000	60.01
60.02 06	002 RADIATION ONCOLOGY	0	0	0	0.000000	0.000000	60.02
	400 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00 06	500 RESPIRATORY THERAPY	2,126,485	7,777,045	9,903,530	0.567617	0.000000	65.00
66.00 06	600 PHYSICAL THERAPY	3,972,586	7,066,564	11,039,150	0.401918	0.000000	66.00
69.00 06	900 ELECTROCARDIOLOGY	3,721,572	10,278,628	14,000,200	0.185303	0.000000	69.00
69.01 06	901 CARDIAC REHAB	0	1,210,749		0.495606	0.000000	69.01
71.00 07	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00 07	200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00 07	300 DRUGS CHARGED TO PATIENTS	7,259,046	85,255,980	92,515,026	0.220508	0.000000	73.00
77.00 07	700 ALLOGENEIC HSCT ACQUISITION	0	. 0	0	0.000000	0.000000	77.00
	TPATIENT SERVICE COST CENTERS						
90.00 09	000 CLINIC	500	3,420,099	3,420,599	0.529263	0.000000	90.00
91.00 09	100 EMERGENCY	13,067,084	80,686,368	93,753,452	0.157360	0.000000	91.00
92.00 09	200 OBSERVATION BEDS (NON-DISTINCT PART)	240,000	11,187,255	11,427,255	0.500789	0.000000	92.00
92.01 09	201 OBSERVATION BEDS (DISTINCT PART)	0	0		0.000000	0.000000	92.01
	HER REIMBURSABLE COST CENTERS						
95.00 09	500 AMBULANCE SERVICES	0	6,403,313	6,403,313	0.466203	0.000000	95.00
	200 OPIOID TREATMENT PROGRAM	0	0	0			102.00
	ECIAL PURPOSE COST CENTERS						
	300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	102,721,831	409,436,181	512,158,012			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	102,721,831	409,436,181	512,158,012			202.00

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011
Period: From 07/01/2022 TO 06/30/2023 TO 11:19 am

Date/Time Prepared: 11/28/2023 11:19 am

					11/28/2023 11:19 am
			Title XVIII	Hospital	PPS
	Cost Center Description	PPS Inpatient			
		Ratio			
		11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00					30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00					40.00
41.00					41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00		0.136261			50.00
	05100 RECOVERY ROOM	0.000000			51.00
54.00		0.248865			54.00
57.00		0.036668			57.00
58.00		0.251203			58.00
59.00		0.293610			59.00
60.00		0.679968			60.00
60.01	06001 ONCOLOGY	0.355999			60.01
60.02		0.000000			60.02
64.00		0.000000			64.00
65.00		0.567617			65.00
66.00		0.401918			66.00
69.00		0.185303			69.00
69.01		0.495606			69.01
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00		0.000000			72.00
73.00		0.220508			73.00
77.00		0.000000			77.00
	OUTPATIENT SERVICE COST CENTERS				
	09000 CLINIC	0.529263			90.00
91.00		0.157360			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500789			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
	OTHER REIMBURSABLE COST CENTERS				
	09500 AMBULANCE SERVICES	0.466203			95.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
	SPECIAL PURPOSE COST CENTERS				
	11300 INTEREST EXPENSE				113.00
200.00					200.00
201.00					201.00
202.00	Total (see instructions)				202.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 15-0011	Period:	Worksheet C
		From 07/01/2022	
			Data /Time December

					To 06/30/2023	Date/Time Pre 11/28/2023 11	
			Titl	e XIX	Hospital	Cost	15 am
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I,	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		col. 26)					
		1.00	2.00	3.00	4.00	5.00	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	40 540 444	I	10 510 111		40 540 444	20.00
	03000 ADULTS & PEDIATRICS	18,510,111		18,510,111		18,510,111	
31.00	03100 INTENSIVE CARE UNIT	7,771,018		7,771,018	0	7,771,018	
40.00	04000 SUBPROVIDER - IPF	0		2 710 70	0	0	
41.00	04100 SUBPROVIDER - IRF	3,710,706		3,710,706	0	3,710,706	
42.00	04200 SUBPROVIDER	0		2 624 40	0	0	42.00
43.00	04300 NURSERY	2,634,484		2,634,484	1 0	2,634,484	43.00
FO 00	ANCILLARY SERVICE COST CENTERS	16 577 436	ı	16 577 424	- 0	16 577 426	F0 00
	05000 OPERATING ROOM	16,577,436		16,577,436		16,577,436	
	05100 RECOVERY ROOM	0 451 010		0 451 016	0	0 451 010	51.00
	05400 RADIOLOGY-DIAGNOSTIC	8,451,919		8,451,919		8,451,919	
57.00	05700 CT SCAN	1,551,902		1,551,902		1,551,902	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	964,678		964,678		964,678	
59.00	05900 CARDIAC CATHETERIZATION	4,098,681		4,098,681		4,098,681	
60.00	06000 LABORATORY	14,191,802		14,191,802		14,191,802	
60.01	06001 ONCOLOGY	2,452,158		2,452,158	0	2,452,158	
60.02	06002 RADIATION ONCOLOGY	0				0	60.02
64.00	06400 INTRAVENOUS THERAPY	F C21 411		F 621 411		0	64.00
65.00	06500 RESPIRATORY THERAPY	5,621,411		-,,		5,621,411	
66.00	06600 PHYSICAL THERAPY	4,436,835		4,436,835		4,436,835	
69.00	06900 ELECTROCARDIOLOGY	2,594,275		2,594,275		2,594,275	
	06901 CARDIAC REHAB	600,055		600,055		600,055	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	20 400 220		20 400 220	9 0	· ·	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,400,329		20,400,329	1	20,400,329	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0			0	0	77.00
00 00	OUTPATIENT SERVICE COST CENTERS	1 010 207		1 010 20	7	1 010 207	00 00
	09100 EMERGENCY	1,810,397		1,810,397		1,810,397	
91.00		14,753,062		14,753,062		14,753,062	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,722,643		5,722,643		5,722,643 0	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0)	0	92.01
05 00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	2,985,241	I	2,985,241	L O	2,985,241	95.00
	10200 OPIOID TREATMENT PROGRAM	2,965,241		2,903,241	i d		102.00
102.00	SPECIAL PURPOSE COST CENTERS	0			/	0	102.00
112 00	11300 INTEREST EXPENSE			1			113.00
200.00	1 1	139,839,143	0	139,839,143	0	139,839,143	
200.00		5,722,643		5,722,643		5,722,643	
202.00		134,116,500				134,116,500	
202.00	Total (see Ilistructions)	157,110,500	1	1 137,110,300	ή · · · · · · · · · · · · · · · · · · ·	137,110,300	1202.00

			Т	0 06/30/2023	Date/Time Pre 11/28/2023 11	pared: .:19 am
		Titl	e XIX	Hospital	Cost	
·		Charges		·		
Cost Center Description	Inpatient	Outpatient	Total (col. 6	Cost or Other	TEFRA	
		·	+ col. 7)	Ratio	Inpatient	
					Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,777,795		12,777,795			30.00
31.00 03100 INTENSIVE CARE UNIT	7,254,743		7,254,743			31.00
40.00 04000 SUBPROVIDER - IPF	0		0			40.00
41.00 04100 SUBPROVIDER - IRF	2,373,554		2,373,554			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	2,575,655		2,575,655			43.00
ANCILLARY SERVICE COST CENTERS						1
50.00 05000 OPERATING ROOM	31,593,354	90,065,987	121,659,341	0.136261	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,082,394	31,879,423	33,961,817	0.248865	0.000000	54.00
57.00 05700 CT SCAN	5,568,580	36,754,045	42,322,625	0.036668	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	328,567	3,511,665	3,840,232	0.251203	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,065,077	9,894,522	13,959,599	0.293610	0.000000	59.00
60.00 06000 LABORATORY	3,690,782	17,180,485		0.679968	0.000000	60.00
60.01 06001 ONCOLOGY	24,057	6,864,053	6,888,110	0.355999	0.000000	60.01
60.02 06002 RADIATION ONCOLOGY	0	0	0	0.000000	0.000000	60.02
64.00 06400 INTRAVENOUS THERAPY	o	0	0	0.000000	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	2,126,485	7,777,045	9,903,530	0.567617	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	3,972,586	7,066,564	11,039,150	0.401918	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	3,721,572	10,278,628	14,000,200	0.185303	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	1,210,749		0.495606	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	ol	. 0	0	0.000000	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	o	0	0	0.000000	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,259,046	85,255,980	92,515,026	0.220508	0.000000	73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	500	3,420,099	3,420,599	0.529263	0.000000	90.00
91.00 09100 EMERGENCY	13,067,084	80,686,368	93,753,452	0.157360	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	240,000	11,187,255	11,427,255	0.500789	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						1
95.00 09500 AMBULANCE SERVICES	0	6,403,313	6,403,313	0.466203	0.000000	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS						1
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	102,721,831	409,436,181	512,158,012			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	102,721,831	409,436,181	512,158,012			202.00

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011
Feriod:
From 07/01/2022
To 06/30/2023
Worksheet C
Part I
Date/Time Prepared:
11/28/2023 11:19 am

Title XIX						11/28/2023 11:19 am
TIMPATIENT ROUTINE SERVICE COST CENTERS				Title XIX	Hospital	Cost
INPATZENT ROUTINE SERVICE COST CENTERS 30.00 31.		Cost Center Description				
IMPATIENT ROUTINE SERVICE COST CENTERS 30.00 30.00 30.00 30.00 30.00 30.00 30.00 31.						
30.00 03000 ADULTS & PEDIATRICS 30.00 31.00			11.00			
1.00 0.00 0.000 0.000 0.0000 0.000000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.0000000 0.0000000 0.0000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.000000 0.00		INPATIENT ROUTINE SERVICE COST CENTERS				
A0.00 A0.00 O4.000 SUBPROVIDER - IPF	30.00	03000 ADULTS & PEDIATRICS				30.00
41.00 0420	31.00	03100 INTENSIVE CARE UNIT				31.00
42.00 04300 04300 NURSERY	40.00	04000 SUBPROVIDER - IPF				40.00
43.00 0430 NURSERY NOTILIARY SERVICE COST CENTERS	41.00	04100 SUBPROVIDER - IRF				
NOTILIARY SERVICE COST CENTERS Service CO	42.00	04200 SUBPROVIDER				42.00
S0.00 S000 OPERATING ROOM O.000000 S1.00 S	43.00	04300 NURSERY				43.00
S1.00 OS100 RECOVERY ROOM O.000000 O.000000 S1.00 O.000000 O.0000000 O.000000 O.0000000 O.00000000 O.000000000 O.000000000 O.0000000000		ANCILLARY SERVICE COST CENTERS				
54.00 05400 RADIOLOGY-DIAGNOSTIC 0.000000 54.00 57.00 05700 CT SCAN 0.000000 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.00 60.01 GOOI ONCOLOGY 0.000000 60.01 60.02 06002 RADIATION ONCOLOGY 0.000000 60.02 64.00 06400 INTRAVENOUS THERAPY 0.000000 64.00 65.00 06500 RESPIRATORY THERAPY 0.000000 65.00 66.00 06600 PHYSICAL THERAPY 0.000000 66.00 69.00 06900 LECTROCARDIOLOGY 0.000000 66.00 69.01 06901 CARDIAC REHAB 0.000000 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 72.00 77.00 0700 ALLOGENETC HSCT ACQUISITION 0.000000 77.00 90.00 09000 ELREGENCY 0.000000 91.00 92.01 09200 DEBREVATION BEDS (NON-DISTINCT PART) 0.000000 92.01 09201 085ERVATION BEDS (DISTINCT PART) 0.000000 92.01 095.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 09200 OFFICE AN	50.00	05000 OPERATING ROOM	0.000000			50.00
57.00 05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 58.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 0.000000 0.00000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.00000000		05100 RECOVERY ROOM	0.000000			51.00
\$8.00 \$0.00 \$0.00 \$0.00 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.0000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.0000000 \$0.000000000 \$0.0000000000	54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
59.00 05900 CARDIAC CATHETERIZATION 0.000000 0.000000 0.00000 0.00000 0.00000 0.00000 0.00000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.0000000 0.0000000 0.0000000 0.00000000	57.00	05700 CT SCAN	0.000000			57.00
60.00 06000 LABORATORY 0.000000 60.00 60.00 60.01 60.01 06001 0NCOLOGY 0.000000 60.01 60.02 60.02 60.02 60.02 60.02 60.02 60.02 60.00 60.02 60.00 60.02 60.00	58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
60.01 06001 0KOCLOGY 0.000000 60.01 60.02 RADIATION ONCOLOGY 0.000000 60.02 64.00 06400 INTRAVENOUS THERAPY 0.000000 65.00 65.00 06500 RESPIRATORY THERAPY 0.000000 65.00 66.00 06600 PHYSICAL THERAPY 0.000000 66.00 69.00 06600 PHYSICAL THERAPY 0.000000 66.00 69.01 06901 CARDIAC REHAB 0.000000 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 72.00 07200 TMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 77.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 77.00 90.00 09100 EMERGENCY 0.000000 91.00 91.00 09100 EMERGENCY 0.000000 92.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 92.00 92.01 OPTOR REIMBURSABLE COST CENTERS 0.000000 92.00 95.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 00000 00000 000000 000000 000000	59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.02 06002 RADIATION ONCOLOGY 0.000000 66.0	60.00	06000 LABORATORY	0.000000			60.00
64.00 06400 INTRAVENOUS THERAPY 0.000000 65.00 66.00 06500 RESPIRATORY THERAPY 0.000000 65.00 66.00 06600 PHYSICAL THERAPY 0.000000 66.00 06900 ELECTROCARDIOLOGY 0.000000 69.01 06901 CARDIAC REHAB 0.000000 69.01 071.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 71.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 71.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 71.00 000000 71.00 000000 71.00 000000 71.00 000000 00000 00000 000000 000000 0000	60.01	06001 ONCOLOGY	0.000000			60.01
65.00 06500 RESPIRATORY THERAPY 0.000000 66.00	60.02	06002 RADIATION ONCOLOGY	0.000000			60.02
66.00 06600 PHYSICAL THERAPY 0.000000 66.00 69.00 06900 ELECTROCARDIOLOGY 0.000000 69.00 69.01 06901 CARDIAC REHAB 0.000000 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 72.00 73.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 77.00 0017ATIENT SERVICE COST CENTERS 0.000000 91.00 91.00 09100 EMERGENCY 0.000000 91.00 92.01 09201 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 10200 OPIOID TREATMENT PROGRAM 102.00	64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
69.00 06900 CARDIAC REHAB 0.000000 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 72.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 77.00 00TPATIENT SERVICE COST CENTERS 0.000000 91.00 91.00 09100 EMERGENCY 0.000000 91.00 92.01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 92.01 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 09100 TREATMENT PROGRAM 95.00	65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
69.01 06901 CARDIAC REHAB 0.000000 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 73.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 77.00 00179ATIENT SERVICE COST CENTERS 0.000000 90.00 90.00 09100 EMERGENCY 0.000000 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 92.00 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 0.000000 92.01 0010 OTHER REIMBURSABLE COST CENTERS 0.000000 92.01 95.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 10200 OPIOID TREATMENT PROGRAM 102.00	66.00	06600 PHYSICAL THERAPY	0.000000			66.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 73.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 077.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 077.00 09000 CLINIC 0.000000 91.00 09100 EMERGENCY 0.000000 91.00 09100 EMERGENCY 0.000000 92.00 09200 08SERVATION BEDS (NON-DISTINCT PART) 0.000000 92.01 09201 08SERVATION BEDS (DISTINCT PART) 0.000000 092	69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 73.00 73.00 73.00 73.00 77	69.01	06901 CARDIAC REHAB	0.000000			69.01
73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 77.00	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 77.00	72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0.000000 0.000000 91.	73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
90.00 09000 CLINIC 0.000000 91.00 91.00 91.00 92	77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
91.00 09100 EMERGENCY 0.000000 92.00 09200 095ERVATION BEDS (NON-DISTINCT PART) 0.000000 92.01 09201 095ERVATION BEDS (DISTINCT PART) 0.000000 92.01 005ERVATION BEDS (DISTINCT PART) 0.0000000 0.0000000 005ERVATION BEDS (DISTINCT PART) 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000						
92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0.000000 92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0.000000 92.01 0THER REIMBURSABLE COST CENTERS 0.000000 95.00 102.00 10200 0PIOID TREATMENT PROGRAM 102.00 102.						
92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0.000000 92.01	91.00	09100 EMERGENCY	0.000000			91.00
OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 10200 OPIOID TREATMENT PROGRAM 102.00	92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
95.00 09500 AMBULANCE SERVICES 0.000000 95.00 102.00 10200 0PIOID TREATMENT PROGRAM 102.00 10	92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
102.00 10200 OPIOID TREATMENT PROGRAM						
			0.000000			
	102.00					102.00
		SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE 113.00						
200.00 Subtotal (see instructions) 200.00						
201.00 Less Observation Beds 201.00						
202.00 Total (see instructions) 202.00	202.00	Total (see instructions)				202.00

Health Financial Systems	MARION GENERA	NI HOSPITAL		Tn Lia	u of Form CMS-2	2552_10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL		Provider C		Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I	pared:
		Title	2 XVIII	Hospital	PPS	
Cost Center Description	Capital	Swing Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capital	Days	(col. 3 /	
	(from Wkst.		Related Cost		col. 4)	
	B, Part II,		(col. 1 -			
	col. 26)		col. 2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,123,505	0	2,123,50	5 13,818	153.68	30.00
31.00 INTENSIVE CARE UNIT	611,577		611,57	7 4,101	149.13	31.00
40.00 SUBPROVIDER - IPF	0	0		0	0.00	40.00
41.00 SUBPROVIDER - IRF	449,632	0	449,63	2 1,781	252.46	41.00
42.00 SUBPROVIDER	0	0		0	0.00	42.00
43.00 NURSERY	61,655		61,65	5 1,455	42.37	43.00
200.00 Total (lines 30 through 199)	3,246,369		3,246,36	9 21,155	I	200.00
Cost Center Description	Inpatient	Inpatient				
	Program days	Program				
		Capital Cost				
		(col. 5 x				
		col. 6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,799	583,830				30.00
31.00 INTENSIVE CARE UNIT	589	87,838				31.00
40.00 SUBPROVIDER - IPF	0	0				40.00
41.00 SUBPROVIDER - IRF	1,086	274,172				41.00
42.00 SUBPROVIDER	0	0				42.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	5,474	945,840				200.00

Health Financial Systems	MARION GENERA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider Co		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre 11/28/2023 11	pared: :19 am
			XVIII	Hospital	PPS	
Cost Center Description	Capital	Total Charges			Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(co]. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)			
	col. 26)	2.00	2.00	4.00	F 00	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	1 644 504	121 (50 241	0.01351	0 001 710	120 720	
50.00 05000 OPERATING ROOM	1,644,594	121,659,341	•		120,739	
51.00 05100 RECOVERY ROOM 54.00 05400 RADIOLOGY-DIAGNOSTIC	948,639	33,961,817	0.00000		0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC 57.00 05700 CT SCAN	93,432	, ,			22,209 5,915	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	85,896	, ,				
59.00 05900 CARDIAC CATHETERIZATION	278,874					
60.00 06000 LABORATORY	834,761					
60.01 06001 ONCOLOGY	54,787	6,888,110			34,323	
60.02 06002 RADIATION ONCOLOGY	0	0,000,110	0.00000		0	60.02
64.00 06400 INTRAVENOUS THERAPY	0	, o	0.00000		o o	64.00
65.00 06500 RESPIRATORY THERAPY	368,740	9,903,530			24,853	
66.00 06600 PHYSICAL THERAPY	352,724	, ,		,		66.00
69.00 06900 ELECTROCARDIOLOGY	354,440	, ,			37,328	
69.01 06901 CARDIAC REHAB	63,550				0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.00000		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.00000		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	532,118	92,515,026			14,217	73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.00000	00 0	0	77.00
OUTPATIENT SERVICE COST CENTERS			'	-		1
90.00 09000 CLINIC	217,976	3,420,599	0.06372	25 0	0	90.00
91.00 09100 EMERGENCY	807,273	93,753,452	0.00861	4,710,669	40,564	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	656,507	11,427,255	0.05745	212,947	12,234	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.00000	00	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	7,294,311	480,772,952		25,176,735	378,278	200.00

Health Financial Systems	MARION GENER			CN - 15 0011		u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS	515 Pr	ovider C		Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Pre 11/28/2023 11	pared:
			Title	XVIII	Hospital	PPS	
Cost Center Description	Nursing Program Post-Stepdown Adjustments	Pro	rsing ogram	Allied Healt Post-Stepdow Adjustments	h Allied Health Cost	All Other Medical Education Cost	
INPATIENT ROUTINE SERVICE COST CENTERS	1A		.00	ZA	2.00	3.00	
30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 40.00 04000 SUBPROVIDER - IPF 41.00 04100 SUBPROVIDER - IRF 42.00 04200 SUBPROVIDER 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0 0 0 0 0	1	0 0 0 0 0	1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	31.00 40.00 41.00 42.00
Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	(sum o	Costs of cols. ough 3, col. 4)	Total Patien Days	t Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5	.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0 0 0 0 0		0 0 0 0	1,78	0.00 0 0.00 1 0.00 0 0.00	589 0 1,086	31.00 40.00 41.00 42.00
43.00 04300 NURSERY 200.00 Total (lines 30 through 199)			0	1,45			
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00	Other Educ C	dj. All Medical ation ost	21,13	J	, 3,474	200.00
INPATIENT ROUTINE SERVICE COST CENTERS		N.		N .			30.00
30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 40.00 04000 SUBPROVIDER - IPF 41.00 04100 SUBPROVIDER - IRF 42.00 04200 SUBPROVIDER	000000000000000000000000000000000000000	1	0 0 0				30.00 31.00 40.00 41.00 42.00
43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0		0	1			43.00

Health Financial Systems MARION GENERAL HOSPITAL

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0011 In Lieu of Form CMS-2552-10

Period: Worksheet D
From 07/01/2022 Part IV
To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am THROUGH COSTS

			Title	. XVIII	Hospital	PPS	
	Cost Center Description	Non Physician	Nursing	Nursing	Allied Health	Allied Health	
		Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0	0	
51.00	05100 RECOVERY ROOM	0	0		0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		0	0	54.00
57.00	05700 CT SCAN	0	0		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		0	0	59.00
60.00	06000 LABORATORY	0	0		0	0	60.00
60.01	06001 ONCOLOGY	0	0		0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0		0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0		0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0		0	0	69.00
69.01	06901 CARDIAC REHAB	0	0		0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	(0	0	77.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0		0	0	90.00
91.00	09100 EMERGENCY	0	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	(0	0	200.00

Health Financial Systems	MARION GENERAL	HOSPITAL	In Lieu	ı of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0011	Period:	Worksheet D
THROUGH COSTS			From 07/01/2022	Part IV

THROUG	SH COSTS				o 06/30/2023	Date/Time Pre 11/28/2023 11	
				XVIII	Hospital	PPS	
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medical	(sum of cols.	Outpatient	(from Wkst.	to Charges	
		Education	1, 2, 3, and	Cost (sum of	C, Part I,	(col. 5 ÷	
		Cost	4)	cols. 2, 3,	col. 8)	col. 7)	
				and 4)		(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS	_	_				
	05000 OPERATING ROOM	0	0	(121,659,341		l
	05100 RECOVERY ROOM	0	0	(0	0.000000	l
	05400 RADIOLOGY-DIAGNOSTIC	0	0	(33,961,817		
	05700 CT SCAN	0	0	(42,322,625		
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		3,840,232		ı
	05900 CARDIAC CATHETERIZATION	0	0		13,959,599		ı
	06000 LABORATORY	0	0		20,871,267		ı
	06001 ONCOLOGY	0	0	(6,888,110		
	06002 RADIATION ONCOLOGY	0	0	(0	0.000000	
	06400 INTRAVENOUS THERAPY	0	0	(0	0.000000	
	06500 RESPIRATORY THERAPY	0	0	(9,903,530		
	06600 PHYSICAL THERAPY	0	0	(11,039,150		
	06900 ELECTROCARDIOLOGY	0	0	(14,000,200		
	06901 CARDIAC REHAB	0	0	(1,210,749		ł
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(0	0.000000	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	(0	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	(92,515,026		
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	(0	0.000000	77.00
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	0	0	(3,420,599		
91.00	09100 EMERGENCY	0	0	(93,753,452	0.000000	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	(11,427,255	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(0	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	(480,772,952		200.00

Health Financial Systems	MARION GENERAL	HOSPITAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0011		Worksheet D
THROUGH COSTS			From 07/01/2022	Part IV

THROUGH CUSTS				o 06/30/2023	Date/Time Pre 11/28/2023 11	
			XVIII	Hospital	PPS	
Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷		Costs (col. 8		Costs (col. 9	
	col. 7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS	T		T.			
50.00 05000 OPERATING ROOM	0.000000	8,931,712	(14,202,677	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0		0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	795,074	•	6,689,927	0	54.00
57.00 05700 CT SCAN	0.000000	2,679,065	•	6,667,666	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	126,677		777,937	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	1,065,332		3,039,620	0	59.00
60.00 06000 LABORATORY	0.000000	1,363,266		1,444,248	0	60.00
60.01 06001 ONCOLOGY	0.000000	4,000		2,330,309	0	60.01
60.02 06002 RADIATION ONCOLOGY	0.000000	0		0	0	60.02
64.00 06400 INTRAVENOUS THERAPY	0.000000	0		0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	667,499		1,620,504	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	674,367		21,200	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	1,474,442		2,176,395	0	69.00
69.01 06901 CARDIAC REHAB	0.000000	0		375,549	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	(0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	2,471,685	(31,231,056	0	73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	(0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0		997,926	0	90.00
91.00 09100 EMERGENCY	0.000000	4,710,669	(10,373,756	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	212,947		747,366	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	(0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		25,176,735	(82,696,136	0	200.00

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

Period: From 07/01/2022 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

					10 00/30/2023	11/28/2023 11:	
				XVIII	Hospital	PPS	
	Cost Center Description	PSA Adj. Non	PSA Adj. All				
		Physician	Other Medical				
		Anesthetist	Education				
		Cost	Cost				
		21.00	24.00				
	ANCILLARY SERVICE COST CENTERS	_					
	05000 OPERATING ROOM	0	0			I	50.00
	05100 RECOVERY ROOM	0	0				51.00
	05400 RADIOLOGY-DIAGNOSTIC	0	0				54.00
	05700 CT SCAN	0	0				57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
	05900 CARDIAC CATHETERIZATION	0	0				59.00
	06000 LABORATORY	0	0				60.00
	06001 ONCOLOGY	0	0				60.01
	06002 RADIATION ONCOLOGY	0	0				60.02
	06400 INTRAVENOUS THERAPY	0	0				64.00
	06500 RESPIRATORY THERAPY	0	0				65.00
	06600 PHYSICAL THERAPY	0	0				66.00
	06900 ELECTROCARDIOLOGY	0	0				69.00
	06901 CARDIAC REHAB	0	0				69.01
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0				77.00
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	0	0				90.00
	09100 EMERGENCY	0	0				91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0			2	200.00

Period: Worksheet D From 07/01/2022 Part V To 06/30/2023 Date/Time Prepared:

				0 00/30/2023	11/28/2023 11	
		Title	XVIII	Hospital	PPS	
			Charges		Costs	
Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	
	Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
	From	Services (see	Services	Services Not		
	Worksheet C,	inst.)	Subject To	Subject To		
	Part I, col.		Ded. & Coins.	Ded. & Coins.		
	9		(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.136261	14,202,677	(0	1,935,271	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	(0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.248865	6,689,927	(0	1,664,889	54.00
57.00 05700 CT SCAN	0.036668	6,667,666	(0	244,490	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.251203	777,937	(0	195,420	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.293610	3,039,620	(0	892,463	59.00
60.00 06000 LABORATORY	0.679968	1,444,248	3,671	0	982,042	60.00
60.01 06001 ONCOLOGY	0.355999	2,330,309		0	829,588	60.01
60.02 06002 RADIATION ONCOLOGY	0.000000	0	(0	0	60.02
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	(0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.567617	1,620,504		0	919,826	65.00
66.00 06600 PHYSICAL THERAPY	0.401918	21,200		0	8,521	66.00
69.00 06900 ELECTROCARDIOLOGY	0.185303	2,176,395	(0	403,293	69.00
69.01 06901 CARDIAC REHAB	0.495606			0	186,124	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		(0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	(0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.220508	31,231,056		3,191	6,886,698	73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000				0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.529263	997,926	(0	528,165	90.00
91.00 09100 EMERGENCY	0.157360	10,373,756		230	1,632,414	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500789	747,366		0	374,273	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			0	0	92.01
OTHER REIMBURSABLE COST CENTERS						1
95.00 09500 AMBULANCE SERVICES	0.466203		()		95.00
200.00 Subtotal (see instructions)		82,696,136	3,671	3,421	17,683,477	200.00
201.00 Less PBP Clinic Lab. Services-Program		' '	1	0	, ,	201.00
Only Charges]			
202.00 Net Charges (line 200 - line 201)		82,696,136	3,671	3,421	17,683,477	202.00

Health Financial Systems MARION GENERAL APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL Provider CCN: 15-0011

Period: Worksheet D From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am

						11/28/2023 11	L:19 am
			Title	2 XVIII	Hospital	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Services	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
ANCIL	LARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0				50.00
51.00 05100	RECOVERY ROOM	0	0				51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
57.00 05700	CT SCAN	0	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
	CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000		2,496	0				60.00
	ONCOLOGY	0	0				60.01
	RADIATION ONCOLOGY	0	0				60.02
	INTRAVENOUS THERAPY	0	i o				64.00
	RESPIRATORY THERAPY	0	0				65.00
	PHYSICAL THERAPY	0	0				66.00
	ELECTROCARDIOLOGY	i o	i o				69.00
	CARDIAC REHAB	i o	i o				69.01
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
	DRUGS CHARGED TO PATIENTS	0	704				73.00
	ALLOGENEIC HSCT ACQUISITION	0	0				77.00
	TIENT SERVICE COST CENTERS	0	0	1			77.00
90.00 09000		0	0	1			90.00
91.00 09100		0	36				91.00
	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	1			92.00
	OBSERVATION BEDS (NON DISTINCT PART)	0	0	1			92.01
	REIMBURSABLE COST CENTERS	0	0	1			92.01
	AMBULANCE SERVICES	0					95.00
200.00	Subtotal (see instructions)	2,496	740				200.00
201.00	Less PBP Clinic Lab. Services-Program	2,490	/40				201.00
201.00	Only Charges						201.00
202.00	Net Charges (line 200 - line 201)	2,496	740				202.00
202.00	inet charges (Title 200 - Title 201)	2,490	740	T.			1202.00

7.1						6	2552 40
	Financial Systems	MARION GENERA		av. 15 0011		u of Form CMS-2	2552-10
APPORT	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0011	Period: From 07/01/2022	Worksheet D Part II	
			Component	CCN: 15-T011	To 06/30/2023		nared:
			Copoc		.0 00,00,2020	11/28/2023 11	:19 am
			Title	. XVIII	Subprovider -	PPS	
					IRF		
	Cost Center Description	Capital	Total Charges			Capital Costs	
		Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
		(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
		B, Part II,	col. 8)	col. 2)			
		col. 26)					
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	1,644,594	121,659,341			1,256	
51.00	05100 RECOVERY ROOM	0	0	0.00000		0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	948,639	, ,		,	637	54.00
57.00	05700 CT SCAN	93,432				79	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	85,896			,		
59.00	05900 CARDIAC CATHETERIZATION	278,874				3	59.00
60.00	06000 LABORATORY	834,761	' '	l .		1,698	
60.01	06001 ONCOLOGY	54,787	6,888,110			0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.00000		0	60.02
64.00	06400 INTRAVENOUS THERAPY	0	0	0.00000		0	64.00
65.00	06500 RESPIRATORY THERAPY	368,740			,		
66.00	06600 PHYSICAL THERAPY	352,724	' '	l .	, ,		
69.00	06900 ELECTROCARDIOLOGY	354,440				453	69.00
69.01	06901 CARDIAC REHAB	63,550	1,210,749			0	69.01
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.00000		0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.00000		0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	532,118	92,515,026		, -	678	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.00000	00	0	77.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	217,976				0	
	09100 EMERGENCY	807,273				475	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,427,255			0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.00000	00	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	6,637,804	480,772,952	l	1,799,520	50,500	200.00

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

Period: From 07/01/2022 Form 07/01/2022 To 06/30/2023 Date/Time Prepared:

11/28/2023 11:19 am Title XVIII Subprovider -IRF Non Physician Allied Health Allied Health Cost Center Description Nursing Nursing Anesthetist Program Post-Stepdown Program Post-Stepdown Cost Adjustments Adjustments 1.00 2.00 ЗА 3.00 2A ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 0 0 0 51.00 | 05100 | RECOVERY ROOM 0 0 0 51.00 54.00 05400 RADIOLOGY-DIAGNOSTIC 0 0 0 0 54.00 0 57.00 05700 CT SCAN 0 0 57.00 0 0 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 59.00 60.00 06000 LABORATORY 0 0 0 0 60.00 0 0 60.01 06001 ONCOLOGY 0 60.01 0 Ω 0 0 0 60.02 06002 RADIATION ONCOLOGY 0 0 60.02 64.00 06400 INTRAVENOUS THERAPY 0 0 64.00 0 0 65.00 06500 RESPIRATORY THERAPY 0 0 0 65.00 0 66.00 06600 PHYSICAL THERAPY 0 66.00 0 69.00 06900 ELECTROCARDIOLOGY 0 0 0 0 69.00 69.01 06901 CARDIAC REHAB 0 69.01 0 0 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 71.00 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 73.00 07700 ALLOGENEIC HSCT ACQUISITION 77.00 77.00 0 0 0 0 0 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 90.00 0 0 0 0 0 91.00 | 09100 | EMERGENCY 0 0 0 0 0 91.00 92.00 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 92.01 |09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 92.01 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 95.00

0

0

0

0

0 200.00

200.00

Total (lines 50 through 199)

	Financial Systems	MARION GENERA				u of Form CMS-2	2552-10
	TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	RVICE OTHER PAS	S Provider C	CN: 15-0011	Period:	Worksheet D	
THROUG	SH COSTS		Component	CCN: 15-T011	From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre	nared:
			Component	CCN113 TO11	10 00/30/2023	11/28/2023 11	
			Title	: XVIII	Subprovider -	PPS	
				_	IRF		
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medical	(sum of cols.	Outpatient	(from Wkst.	to Charges	
		Education	1, 2, 3, and	Cost (sum of		(col. 5 ÷	
		Cost	4)	cols. 2, 3,	col. 8)	col. 7)	
				and 4)		(see	
		4.00		6.00	7.00	instructions)	
	I	4.00	5.00	6.00	7.00	8.00	
FO 00	ANCILLARY SERVICE COST CENTERS			I	0 121 050 241	0.000000	
	05000 OPERATING ROOM	0	0		0 121,659,341	0.000000	
	05100 RECOVERY ROOM	0	0		0 22 061 017		
	05400 RADIOLOGY-DIAGNOSTIC	0	0		0 33,961,817		
	05700 CT SCAN	0	0		0 42,322,625		
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 3,840,232	l .	
	05900 CARDIAC CATHETERIZATION	0	0		0 13,959,599	1	
	06000 LABORATORY	0	0		0 20,871,267		
	06001 ONCOLOGY	0	0		0 6,888,110		
	06002 RADIATION ONCOLOGY	0	0		0	0.000000	
	06400 INTRAVENOUS THERAPY	0	0		0 003 530	0.000000	
	06500 RESPIRATORY THERAPY	0	0		0 9,903,530		
	06600 PHYSICAL THERAPY	0	0		0 11,039,150		
	06900 ELECTROCARDIOLOGY	0	0		0 14,000,200		
	06901 CARDIAC REHAB	0	0		0 1,210,749		
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0.000000	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		02 515 020	0.000000	
	07300 DRUGS CHARGED TO PATIENTS	0	0		0 92,515,026		
//.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0	0.000000	77.00
00 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC		^	I	0 2 420 500	0.000000	00.00
		0	0		0 3,420,599		
	09100 EMERGENCY	1 0	0		0 93,753,452	0.000000	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	^	^		0 11,427,255	0.000000	92.00

0

0

0

0

0 0

480,772,952

0.000000

92.01

95.00 200.00

90.00 | 09000 | CLINIC 91.00 | 09100 | EMERGENCY 92.00 | 09200 | 0BSERVATION BEDS (NON-DISTINCT PART) 92.01 | 09201 | 0BSERVATION BEDS (DISTINCT PART) | OTHER REIMBURSABLE COST CENTERS 95.00 | 09500 | AMBULANCE SERVICES 200.00 | Total (lines 50 through 199)

Health Financial Systems	MARION GENERAL	_			u of Form CMS-2	2332-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PASS	Provider Co	CN: 15-0011	Period: From 07/01/2022	Worksheet D Part IV	
Timosan costs		Component	CCN: 15-T011	то 06/30/2023	Date/Time Pre 11/28/2023 11	pared: :19 am
			XVIII	Subprovider - IRF	PPS	
Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Througl		Pass-Through	
	(col. 6 ÷		Costs (col.	8	Costs (col. 9	
	col. 7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	92,932		0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0		0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	22,807		0 0	0	54.00
57.00 05700 CT SCAN	0.000000	35,796		0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,970		0 0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	172		0 0	0	59.00
60.00 06000 LABORATORY	0.000000	42,452		0 0	0	60.00
60.01 06001 ONCOLOGY	0.000000	0		0	0	60.01
60.02 06002 RADIATION ONCOLOGY	0.000000	0		0 0	0	60.02
64.00 06400 INTRAVENOUS THERAPY	0.000000	0		0 0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	11,155		0 0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	1,400,238		0 0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	17,912		0 0	0	69.00
69.01 06901 CARDIAC REHAB	0.000000	0		0 0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	117,871		0 0	0	73.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0		0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS						1
90.00 09000 CLINIC	0.000000	0		0 0	0	90.00
91.00 09100 EMERGENCY	0.000000	55,215		0 0	Ö	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0 0	Ö	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0		0 0	Ö	92.01
OTHER REIMBURSABLE COST CENTERS	0.000000			-, -		1
95.00 09500 AMBULANCE SERVICES						95.00
33.00 3330030121			I	1	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Health Financial Systems MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

THROUGH COSTS

Omponent CCN:15-0011
Component CCN:15-T011

Title XVIII

On 6/30/2023
Title XVIII

Subprovider
PPS

				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IRF		
	Cost Center Description	PSA Adj. Non	PSA Adj. All		2.111		
		Physician	Other Medical				
		Anesthetist	Education				
		Cost	Cost				
		21.00	24.00				
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	0	0				50.00
	05100 RECOVERY ROOM	0	0				51.00
	05400 RADIOLOGY-DIAGNOSTIC	0	0				54.00
57.00	05700 CT SCAN	0	0				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
	05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000 LABORATORY	0	0				60.00
	06001 ONCOLOGY	0	0				60.01
60.02	06002 RADIATION ONCOLOGY	0	0				60.02
	06400 INTRAVENOUS THERAPY	0	0				64.00
	06500 RESPIRATORY THERAPY	0	0				65.00
	06600 PHYSICAL THERAPY	0	0				66.00
	06900 ELECTROCARDIOLOGY	0	0				69.00
69.01	06901 CARDIAC REHAB	0	0				69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0				77.00
	OUTPATIENT SERVICE COST CENTERS	_					
90.00	09000 CLINIC	0	0				90.00
	09100 EMERGENCY	0	0				91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	1		l	200.00

Health Financial Systems	MARION GENERAL HOSPITAL		In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST	Provider	CCN: 15-0011	From 07/01/2022	Date/Time Prepared:		
				11/28/2023 11:19 am		
	Ti+	-la yvttt	⊎ocni+al	DDC		

		Ti+10 W/TTT	uacoi+a]	11/28/2023 11	:19 am
	Cost Center Description	Title XVIII	Hospital	PPS	
	cost center beserration			1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS		1		
1.00	Inpatient days (including private room days and swing-bed day			13,818	
2.00	Inpatient days (including private room days, excluding swing-			13,818	
3.00	Private room days (excluding swing-bed and observation bed da do not complete this line.	lys). If you have only pr	Tvate room days,	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation b	ned days)		9,546	4.00
5.00	Total swing-bed SNF type inpatient days (including private ro	er 31 of the cost	. 0	5.00	
	reporting period				
6.00	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7.00	Total swing-bed NF type inpatient days (including private roo	om days) through December	[.] 31 of the cost	0	7.00
0 00	reporting period	daa) after Barrellan 3	11 -6 -1	0	8.00
8.00	Total swing-bed NF type inpatient days (including private roc reporting period (if calendar year, enter 0 on this line)	m days) after becember :	of of the cost	U	8.00
9.00	Total inpatient days including private room days applicable t	o the Program (excluding	swing-bed and	3,799	9.00
3.00	newborn days) (see instructions)	.o ene i ogi am (exerca ing	, surring sea and	3,.33	3.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII o	only (including private m	room days)	0	10.00
	through December 31 of the cost reporting period (see instruc				
11.00	Swing-bed SNF type inpatient days applicable to title XVIII o		oom days) after	0	11.00
12 00	December 31 of the cost reporting period (if calendar year, e		a noom days)	0	12.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XI through December 31 of the cost reporting period	x only (including prival	le room days)	U	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	e room days)	0	13.00
25.00	after December 31 of the cost reporting period (if calendar y			ŭ	23.00
14.00	Medically necessary private room days applicable to the Progr			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
47.00	SWING BED ADJUSTMENT		6 . 1		47.00
17.00	1	es through December 31 o	of the cost	0.00	17.00
18.00	reporting period Medicare rate for swing-bed SNF services applicable to service	os after December 31 of	the cost	0.00	18.00
10.00	reporting period	es arter becember 31 or	the cost	0.00	10.00
19.00	Medicaid rate for swing-bed NF services applicable to service	0.00	19.00		
	reporting period	3			
20.00	Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	he cost	0.00	20.00
24 00	reporting period			10 510 111	24 00
21.00	Total general inpatient routine service cost (see instruction		ing pariod (line	18,510,111	
22.00	Swing-bed cost applicable to SNF type services through Decemb	ier 31 of the cost report	ing period (iine	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportir	na period (line 6	0	23.00
	x line 18)		.9 por 100 (11110	_	
24.00	Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reporti	ng period (line	0	24.00
	7 x line 19)				
25.00		31 of the cost reporting	period (line 8	0	25.00
26 00	x line 20) Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		18,510,111	
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Title 21 millius Title 20)		10,510,111	27.00
28.00	General inpatient routine service charges (excluding swing-be	d and observation bed ch	narges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0.000000	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	222 (222)		0.00	
34.00	Average per diem private room charge differential (line 32 mi		tions)	0.00	
35.00 36.00	Average per diem private room cost differential (line 34 x li Private room cost differential adjustment (line 3 x line 35)	11C 31)		0.00	
37.00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line		
500	27 minus line 36)	p		20,510,111	200
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ				
38.00	Adjusted general inpatient routine service cost per diem (see	-		1,339.57	
39.00	3 3 1			5,089,026	
	Medically necessary private room cost applicable to the Progr Total Program general inpatient routine service cost (line 39			0 5,089,026	
41.00	Trocal Frogram general impactent foutthe service cost (Time 35	+ Tille 40)	I	3,003,020	41.00

	Financial Systems ITION OF INPATIENT OPERATING COST	MARION GENERA		CN: 15-0011	Period: From 07/01/2022	worksheet D-1	-
					то 06/30/2023	Date/Time Pre 11/28/2023 11	
	Cost Center Description	Total Inpatient	Total Inpatient	Average Per Diem (col.		PPS Program Cost (col. 3 x	
		Cost 1.00	Days 2.00	÷ col. 2)	4.00	col. 4) 5.00	
.00	NURSERY (title V & XIX only)	0	C	0.	00 0	0	42.
	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	7,771,018	4,101	1,894.	91 589	1,116,102	43.
	CORONARY CARE UNIT	7,771,018	4,101	1,894.	369	1,110,102	44.
	BURN INTENSIVE CARE UNIT						45.
	SURGICAL INTENSIVE CARE UNIT						46.
.00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47.
						1.00	
	Program inpatient ancillary service cost (Wks			TTT 1: 1/	1)	5,102,243	
	Program inpatient cellular therapy acquisition Total Program inpatient costs (sum of lines of), column 1)	0 11,307,371	
-	PASS THROUGH COST ADJUSTMENTS	ir emougn fore	1) (366 1113614	ceronsy		11,307,371	13.
	Pass through costs applicable to Program inpa	atient routine	services (fro	m Wkst. D, sı	ım of Parts I and	671,668	50.
	III) Pass through costs applicable to Program inpa	ationt ancillar	ry sarvicas (f	rom Wkst D	sum of Parts II	378,278	51.
	and IV)	aciene anciiial	, Jeivices (I	. Jiii WKJC. D,	Jam Or Farts II	310,270	".
.00	Total Program excludable cost (sum of lines !					1,049,946	
	Total Program inpatient operating cost excluence ! medical education costs (line 49 minus line !		elated, non-ph	ysician anest	thetist, and	10,257,425	53.
	TARGET AMOUNT AND LIMIT COMPUTATION	02)					
.00	Program discharges					0	
	Target amount per discharge					0.00	
	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor :	iso only)				0.00	
	Target amount (line 54 x sum of lines 55, 55					0.00	
.00	Difference between adjusted inpatient operat			line 56 minus	s line 53)	0	1
	Bonus payment (see instructions)	1'			1	0	
	Trended costs (lesser of line 53 ÷ line 54, on the standard of the standard by the market basket)	or line 55 from	i the cost rep	orting period	ending 1996,	0.00	59
.00	market basket) Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise						61.
	enter zero. (see instructions)						
.00	Relief payment (see instructions)					0	
-	Allowable Inpatient cost plus incentive paymo PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	ictions)			0	63
-	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of th	e cost report	ing period (See	0	64
	instructions)(title XVIII only)	-		·			
	Medicare swing-bed SNF inpatient routine cos [.] instructions)(title XVIII only)	ts after Decemb	er 31 of the	cost reporti	ng period (See	0	65
	Total Medicare swing-bed SNF inpatient routing	ne costs (line	64 plus line	65)(title XVI	III only); for	0	66
	CAH, see instructions					_	
	Title V or XIX swing-bed NF inpatient routind (line 12 x line 19)	e costs through	December 31	of the cost i	reporting period	0	67
	Title V or XIX swing-bed NF inpatient routing	e costs after D	ecember 31 of	the cost rep	oorting period	0	68
	(line 13 x line 20)		71: 67 31	- (0)		_	
-	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU		`			0	69
	Skilled nursing facility/other nursing facil				7)		70
	Adjusted general inpatient routine service co		ine 70 ÷ line	2)			71
	Program routine service cost (line 9 x line : Medically necessary private room cost applica	•	1 (line 14 v l	ine 35)			72 73
	Total Program general inpatient routine serv						74
	Capital-related cost allocated to inpatient	routine service	costs (from	Worksheet B,	Part II, column		75
	26, line 45) Per diem capital-related costs (line 75 ÷ li	20. 2)					76
- 1	Program capital-related costs (line 9 x line						77
.00	Inpatient routine service cost (line 74 minus	s line 77)					78
	Aggregate charges to beneficiaries for excess				inua 14 70)		79
	Total Program routine service costs for compa Inpatient routine service cost per diem limi		ost (imitatio	n (IIne 78 m	inus iine /9)		80
	Inpatient routine service cost per drem fimile Inpatient routine service cost limitation (1:		L)				82
.00	Reasonable inpatient routine service costs (see instruction					83
	Program inpatient ancillary services (see ins		ne)				84
	Utilization review - physician compensation Total Program inpatient operating costs (sum						85 86
H	PART IV - COMPUTATION OF OBSERVATION BED PASS]

Health	Financial Systems	MARION GENERA	AL HOSPITAL		In Lieu of Form CMS-255		
COMPUT	ATION OF INPATIENT OPERATING COST		Provider Co	Provider CCN: 15-0011		Worksheet D-1	
					From 07/01/2022 To 06/30/2023		pared: :19 am
			Title	XVIII	Hospital	PPS	
	Cost Center Description						
						1.00	
89.00	Observation bed cost (line 87 x line 88) (se	e instructions)			5,722,643	89.00
	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line	column 2	Observation	Bed Pass	
			21)		Bed Cost	Through Cost	
					(from line	(col. 3 x	
					89)	col. 4) (see	
						instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00	Capital-related cost	2,123,505	18,510,111	0.11472	5,722,643	656,507	90.00
91.00	Nursing Program cost	0	18,510,111	0.00000	5,722,643	0	91.00
92.00	Allied health cost	0	18,510,111	0.00000	5,722,643	0	92.00
93.00	All other Medical Education	0	18,510,111	0.00000	5,722,643	0	93.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Period: From 07/01/2022	Worksheet D-1
	Component CCN:15-T011	то 06/30/2023	Date/Time Prepared: 11/28/2023 11:19 am
	Title XVIII	Subprovider -	PPS
		TRE	

	IRF		
	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS	1.00	
	INPATIENT DAYS		1
00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,781	1.0
00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,781	1
00	Private room days (excluding swing-bed and observation bed days). If you have only private room days		3.0
	do not complete this line.	1	
00	Semi-private room days (excluding swing-bed and observation bed days)	1,781	4.0
00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cos	t 0	5.0
	reporting period		_
00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost	0	6.0
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost	0	7.
00	reporting period	0	′.
00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost	0	8.
	reporting period (if calendar year, enter 0 on this line)		
00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and	1,086	9.
	newborn days) (see instructions)		
.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)	0	10.
00	through December 31 of the cost reporting period (see instructions)		11
.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.
.00		0	12.
	through December 31 of the cost reporting period		
.00		0	13.
	after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		
.00		0	
.00		0	15.
.00	Nursery days (title V or XIX only)	0	16.
00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost	0.00	17
.00	reporting period	0.00	17.
.00	, , , , , , , , , , , , , , , , , , , ,	0.00	18.
	reporting period		
.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost	0.00	19.
	reporting period		
.00	11	0.00	20.
.00	reporting period Total general inpatient routine service cost (see instructions)	3,710,706	21
.00			22.
.00	5 x line 17)		~~.
.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line	6 0	23.
	x line 18)		
.00		0	24.
	7 x line 19)		
.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8	0	25.
00	x line 20) Total swing-bed cost (see instructions)	0	26.
	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,710,706	
.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	3,710,700	27.
.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.
.00		0	1
.00	Semi-private room charges (excluding swing-bed charges)	0	
.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.
.00		0.00	1
.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	
.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	
.00		0.00	
.00	Private room cost differential adjustment (line 3 x line 35) [General inpatient routine service cost net of swing-bed cost and private room cost differential (line)	0 3,710,706	36. 37.
.00	27 minus line 36)	3,710,706	3/.
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		t
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1
.00		2,083.50	38
.00		2,262,681	1
.00		0	40.
	Total Program general inpatient routine service cost (line 39 + line 40)	2,262,681	1 11

	Financial Systems	MARION GENERAL		45 0044		u of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST			CCN: 15-0011 CCN: 15-T011	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Pre	pared
			Titl	e XVIII	Subprovider -	11/28/2023 11 PPS	.:19 ai
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. ÷ col. 2)	1	Program Cost (col. 3 x col. 4)	
12.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00 00 0	5.00	42.0
13 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0		0 0.	00 0	0	43.0
	CORONARY CARE UNIT			0.	00	O	44.0
	BURN INTENSIVE CARE UNIT						45.0
	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46.0
	Cost Center Description			1			
18 00	Program inpatient ancillary service cost (Wk	c+ D-3 col 3	lino 200)			1.00	48.0
18.01	Program inpatient cellular therapy acquisiti			t III. line 10	O. column 1)	030,427	1
19.00	Total Program inpatient costs (sum of lines					2,919,108	49.0
50.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inp	ationt routing	sorvices (fr	om wks+ D si	um of Barts T and	274,172	50.0
0.00	III)	acrenc roucine :	services (iii	JIII WKSC. D, SC	JIII OI PAICS I AIIC	274,172	30.0
51.00	Pass through costs applicable to Program inp	atient ancillar	y services (from Wkst. D,	sum of Parts II	50,500	51.0
52.00	and IV) Total Program excludable cost (sum of lines	50 and 51)				324,672	52.0
	Total Program inpatient operating cost exclumedical education costs (line 49 minus line	ding capital re	lated, non-p	hysician anest	thetist, and	2,594,436	
54 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54.0
	Target amount per discharge						55.0
	Permanent adjustment amount per discharge						55.0
	Adjustment amount per discharge (contractor Target amount (line 54 x sum of lines 55, 55					0.00	55.0
	Difference between adjusted inpatient operat	s line 53)	0	1			
00.88	Bonus payment (see instructions)	ddi 1006	0	1			
59.00	Trended costs (lesser of line 53 ÷ line 54, updated and compounded by the market basket)	0.00	59.0				
50.00	market basket)						60.0
51.00	Continuous improvement bonus payment (if lin 55.01, or line 59, or line 60, enter the les 53) are less than expected costs (lines 54 x enter zero. (see instructions)	ser of 50% of t	ne amount by	which operat	ing costs (line	0	61.0
	Relief payment (see instructions)					0	
3.00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	ctions)			0	63.0
54.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	mber 31 of t	he cost report	ting period (See	0	64.0
55.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after Decemb	er 31 of the	cost reportin	ng period (See	0	65.0
66.00	Total Medicare swing-bed SNF inpatient routi CAH, see instructions	ne costs (line	64 plus line	65)(title XV	III only); for	0	66.0
57.00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs through	December 31	of the cost i	reporting period	0	67.0
58.00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)			·	porting period	0	
59.00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	69.0
	Skilled nursing facility/other nursing facil	ity/ICF/IID rou	tine service	cost (line 37	7)		70.0
	Adjusted general inpatient routine service of		ine 70 ÷ lin	e 2)			71.0
	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 x	line 35)			72.0
74.00	Total Program general inpatient routine serv	ice costs (line	72 + line 7	3)	_		74.0
75.00	26, line 45)		costs (from	Worksheet B,	Part II, column		75.0
	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						77.0
78.00	Inpatient routine service cost (line 74 minu	s line 77)	• •	. 1. 2			78.0
	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp				inus line 79)		79.0
	Inpatient routine service cost per diem limi		oot rimitati	(TIME 70 III	inds tille 13)		81.0
32.00	Inpatient routine service cost limitation (1	ine 9 x line 81					82.0
33.00	,		s)				83.0
	Program inpatient ancillary services (see in Utilization review - physician compensation		ns)				85.0
34.00 35.00							
35.00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PAS	of lines 83 th					86.0

Health Financial Systems MARION GENERAL HOSPITAL In Lie					u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider Co	CN: 15-0011	Period:	Worksheet D-1	
		<u>'</u>	CCN: 15-T011	From 07/01/2022 To 06/30/2023		
		Title	XVIII	Subprovider -	PPS	
				IRF		
Cost Center Description						
					1.00	
88.00 Adjusted general inpatient routine cost per	diem (line 27 -	÷ line 2)			0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (se					0	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observation	Bed Pass	
		21)		Bed Cost	Through Cost	
		·		(from line	(col. 3 x	
				89)	col. 4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	449,632	3,710,706	0.12117	2 0	0	90.00
91.00 Nursing Program cost	0	3,710,706	0.00000	0	0	91.00
92.00 Allied health cost	0	3,710,706		0	0	92.00
93.00 All other Medical Education	0	3,710,706		0	0	93.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011	Period: From 07/01/2022	Worksheet D-1 Date/Time Prepared:
		10 00/30/2023	11/28/2023 11:19 am
	Title XIX	Hospital	Cost

		Title XIX	Hospital	11/28/2023 11 Cost	:19 am
	Cost Center Description	TICIE XIX	Ποσρτίατ	Cost	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
1 00	INPATIENT DAYS	es avaludina nauhann)		12 010	1 00
1.00 2.00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-			13,818 13,818	
3.00	Private room days (excluding swing-bed and observation bed da		rivate room days		3.00
3.00	do not complete this line.	ys). If you have only pr	Trace Toom days,		3.00
4.00	Semi-private room days (excluding swing-bed and observation b	ed days)		9,546	4.00
5.00	Total swing-bed SNF type inpatient days (including private ro	om days) through Decembe	er 31 of the cost	0	5.00
	reporting period			_	
6.00	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6.00
7.00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roo	m days) through December	s 31 of the cost	0	7.00
7.00	reporting period	m days) em dagn becember	of the cost		7.00
8.00	Total swing-bed NF type inpatient days (including private roo	m days) after December 3	31 of the cost	0	8.00
	reporting period (if calendar year, enter 0 on this line)				
9.00	Total inpatient days including private room days applicable t	o the Program (excluding	g swing-bed and	644	9.00
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private	room days)	0	10.00
10.00	through December 31 of the cost reporting period (see instruc		oom days)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII o		room days) after	0	11.00
	December 31 of the cost reporting period (if calendar year, e		-		
12.00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	te room days)	0	12.00
13.00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI	V only (including privat	to room days)	0	13.00
13.00	after December 31 of the cost reporting period (if calendar y			0	13.00
14.00	Medically necessary private room days applicable to the Progr			0	14.00
15.00			, ,	1,455	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
17 00	SWING BED ADJUSTMENT	and the same and the 21	. C I	0.00	17.00
17.00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 (or the cost	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18.00
	reporting period				
19.00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	f the cost	0.00	19.00
20.00	reporting period Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	the cost	0.00	20.00
20.00	reporting period	s areer becomber si or	che cose		
21.00	Total general inpatient routine service cost (see instruction			18,510,111	
22.00	Swing-bed cost applicable to SNF type services through Decemb	er 31 of the cost report	ting period (line	0	22.00
23.00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	na neriod (line A	0	23.00
23.00	x line 18)	or the cost reportin	ig per rou (Time t		23.00
24.00	Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost report	ing period (line	0	24.00
25 00	7 x line 19)	21 . 6 . 16			25 00
25.00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	g period (line 8	0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		18,510,111	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-be	d and observation bed ch	narges)	0	
29.00 30.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
31.00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0.000000	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)				33.00
34.00	Average per diem private room charge differential (line 32 mi		ctions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x li	ne 31)		0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	and private room cost d	illerential (IIN6	18,510,111	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	USTMENTS			
38.00				1,339.57	
39.00	Program general inpatient routine service cost (line 9 x line			862,683	
	Medically necessary private room cost applicable to the Progr			0 862,683	
41.00	Total Program general inpatient routine service cost (line 39	+ ille 40)		002,003	41.00

	Financial Systems	MARION GENERAL	_	CN . 1E 0011		u of Form CMS-	
COMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0011	Period: From 07/01/2022	Worksheet D-1	
					то 06/30/2023	Date/Time Pre 11/28/2023 11	
	Cost Conton Description	Total	Titl Total	e XIX	Hospital Program Days	Cost	
	Cost Center Description	Inpatient	Inpatient	Average Per Diem (col. : ÷ col. 2)		Program Cost (col. 3 x col. 4)	
		Cost 1.00	Days 2.00	3.00	4.00	5.00	
12.00	NURSERY (title V & XIX only)	2,634,484	1,455	1,810.	64 0	0	42.
3 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	7,771,018	4,101	1,894.9	91 0	0	43.
14.00	CORONARY CARE UNIT	7,771,010	4,101	1,054.	0	O	44.
15.00	BURN INTENSIVE CARE UNIT						45.
	SURGICAL INTENSIVE CARE UNIT						46.
7.00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47.
	<u> </u>					1.00	
8.00	Program inpatient ancillary service cost (Wks			1 1 <i>(</i>	1)	595,949	
8.01 9.00	Program inpatient cellular therapy acquisition Total Program inpatient costs (sum of lines), column 1)	0 1,458,632	1
3.00	PASS THROUGH COST ADJUSTMENTS	+1 cm ough +0.0	1) (300 1113014	<u>ccrons</u>		1,430,032	١٠٠.
0.00	Pass through costs applicable to Program inpa	atient routine	services (fro	m Wkst. D, su	ım of Parts I and	0	50.
1.00	III) Pass through costs applicable to Program inpa	ationt ancillar	v sorvicos (f	rom Wkst D	sum of Darts II	0	51.
1.00	and IV)	acrenc anciriar	y services (i	TOIII WKSC. D,	Sum of Parts II	0)1.
2.00	Total Program excludable cost (sum of lines					0	1
3.00	Total Program inpatient operating cost excluding		lated, non-ph	ysician anest	chetist, and	0	53.
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	52)					
4.00	Program discharges					0	54.
	Target amount per discharge					0.00	
5.01	Permanent adjustment amount per discharge	(براسم معر				0.00	
5.02	Adjustment amount per discharge (contractor of Target amount (line 54 x sum of lines 55, 55					0.00	
7.00	Difference between adjusted inpatient operat		rget amount (line 56 minus	s line 53)	0	
8.00	Bonus payment (see instructions)	7.1 6				0.00	1
9.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						
0.00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	m prior year	cost report,	updated by the	0.00	60
1.00	market basket) Continuous improvement bonus payment (if line					0	61.
	55.01, or line 59, or line 60, enter the less 53) are less than expected costs (lines 54 x enter zero. (see instructions)						
2.00	Relief payment (see instructions)					0	1
3.00	Allowable Inpatient cost plus incentive payme	ent (see instru	ctions)			0	63.
4.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	ts through Dece	mher 31 of th	e cost renort	ing period (See	0	64.
	instructions)(title XVIII only)	_				Ü	
5.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the	cost reportir	ng period (See	0	65
6.00	<pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routing</pre>	ne costs (line	64 nlus line	65)(title XVI	III only): for	0	66.
0.00	CAH, see instructions	ic costs (Time	or prus Time	03)(01010 //12	.11 01119), 101	ŭ	
7.00	Title V or XIX swing-bed NF inpatient routing	e costs through	December 31	of the cost r	reporting period	0	67.
8.00	<pre>(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine</pre>	e costs after D	ecember 31 of	the cost rer	orting period	0	68.
	(line 13 x line 20)				g per lou	0	
9.00	Total title V or XIX swing-bed NF inpatient					0	69.
0.00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facility				7)		70.
	Adjusted general inpatient routine service co	•			,		71.
2.00	Program routine service cost (line 9 x line	•		_			72.
3.00	Medically necessary private room cost applications of the cost application of						73
4.00 5.00	Capital-related cost allocated to inpatient			•	Part II. column		74
	26, line 45)						
6.00	Per diem capital-related costs (line 75 ÷ line						76.
7.00 8.00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77
9.00	Aggregate charges to beneficiaries for excess		rovider recor	ds)			79
0.00	Total Program routine service costs for compa	arison to the c			nus line 79)		80
1.00	Inpatient routine service cost per diem limit						81
2.00	Inpatient routine service cost limitation (1- Reasonable inpatient routine service costs (:						82.
4.00	Program inpatient ancillary services (see ins		-,				84.
5.00	Utilization review - physician compensation	(see instructio					85.
86.00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		rough 85)				86.
						4,272	87.
7.00	Total observation bed days (see instructions))				7,212	07.

Health	Financial Systems	MARION GENERA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provider Co	CN: 15-0011	Period:	Worksheet D-1	
					From 07/01/2022 To 06/30/2023		pared: :19 am
			Titl	e XIX	Hospital	Cost	
	Cost Center Description						
						1.00	
89.00	Observation bed cost (line 87 x line 88) (se	e instructions)			5,722,643	89.00
	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line	column 2	Observation	Bed Pass	
			21)		Bed Cost	Through Cost	
					(from line	(col. 3 x	
					89)	col. 4) (see	
						instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00	Capital-related cost	2,123,505	18,510,111	0.11472	5,722,643	656,507	90.00
91.00	Nursing Program cost	0	18,510,111	0.00000	5,722,643	0	91.00
92.00	Allied health cost	0	18,510,111	0.00000	5,722,643	ol	92.00
93.00	All other Medical Education	0	18,510,111	0.00000	5,722,643	ol	93.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN:15-0011 Component CCN:15-T011	Period: From 07/01/2022 To 06/30/2023	
	Title XIX	Subprovider -	Cost

	IRF		
	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS	1.00	
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,781	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days	ays, 0	3.00
4 00	do not complete this line.	1 701	4 00
4.00 5.00	Semi-private room days (excluding swing-bed and observation bed days) Total swing-bed SNF type inpatient days (including private room days) through December 31 of the	1,781 cost 0	1
3.00	reporting period	cost	3.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the co	st 0	6.00
	reporting period (if calendar year, enter 0 on this line)		
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the co	ost 0	7.00
8.00	reporting period Total swing-bed NF type inpatient days (including private room days) after December 31 of the cos	t 0	8.00
0.00	reporting period (if calendar year, enter 0 on this line)		0.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed a	nd 12	9.00
	newborn days) (see instructions)		
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) af	ter 0	11.00
11.00	December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	0	12.00
42.00	through December 31 of the cost reporting period		42.00
13.00	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 (if calendar year, enter 0 on this line)	0	13.00
14.00		0	14.00
15.00		1	15.00
16.00	Nursery days (title V or XIX only)		16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost	0.00	17.00
18.00	reporting period Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost	0.00	18.00
10.00	reporting period	0.00	10.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost	0.00	19.00
20.00	reporting period		20.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,710,706	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (1
	5 x line 17)		
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line)	ne 6 0	23.00
24.00	x line 18) Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (l	ine 0	24.00
24.00	7 x line 19)	THE O	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line	e 8 0	25.00
	x line 20)		
26.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,710,706	
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	3,710,700	27.00
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	
32.00 33.00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	0	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 3,710,706	37.00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY		-
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	2,083.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	25,002	
	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	25,002	41.00

	Financial Systems ATION OF INPATIENT OPERATING COST	MARION GENERAL	_	CCN: 15-0011	In Lie Period:	u of Form CMS-2 Worksheet D-1	
JMPUT	ATION OF INPATIENT OPERATING COST			CCN: 15-0011 CCN: 15-T011	From 07/01/2022 To 06/30/2023		- epar
			Tit	le XIX	Subprovider -	Cost	
	Cost Center Description	Total	Total	Average Per	IRF Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. : + col. 2)		(col. 3 x col. 4)	
00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	1 42
	Intensive Care Type Inpatient Hospital Units	U ₁		0.1	00 0	0	44
	INTENSIVE CARE UNIT	0		0.0	00 0	0	43
	CORONARY CARE UNIT						44
	BURN INTENSIVE CARE UNIT						4
	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						40
	Cost Center Description						
00	Program invotiont ancillary compice cost (blk	s+ D 2 sol 2	line 200)			1.00	1
	Program inpatient ancillary service cost (Wks Program inpatient cellular therapy acquisition			TIT line 10) column 1)	0,311	
	Total Program inpatient costs (sum of lines), corumn 1)	31,313	
	PASS THROUGH COST ADJUSTMENTS			,		,	
.00	Pass through costs applicable to Program inpa	atient routine	services (fr	om Wkst. D, su	um of Parts I and	0	50
.00	III) Pass through costs applicable to Program inpa	atient ancillar	v services (From Wkst D	sum of Parts II	0	5:
	and IV)	acreme uncrital	, 50, 1,005		Jam or ruits 11		
	Total Program excludable cost (sum of lines					0	1
.00	Total Program inpatient operating cost exclude	J .	lated, non-pl	nysician anest	thetist, and	0	5
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program discharges					0	5
	Target amount per discharge					0.00	
	Permanent adjustment amount per discharge					0.00	
	Adjustment amount per discharge (contractor of Target amount (line 54 x sum of lines 55, 55					0.00	
	Difference between adjusted inpatient operat			Cline 56 minus	: line 53)	0	
	Bonus payment (see instructions)	g cooc ana ca	. gee amoune		, , , , , ,	0	1
.00	Trended costs (lesser of line 53 ÷ line 54, o		the cost rep	oorting period	d ending 1996,	0.00	5
.00	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,		m nrior vear	cost report	undated by the	0.00) 6
	market basket)					0.00	
.00	Continuous improvement bonus payment (if line 55.01 , or line 59 , or line 60 , enter the less 53) are less than expected costs (lines 54×10^{-2}) are 10^{-2}	ser of 50% of t	he amount by	which operati	ing costs (line	0	6:
00	enter zero. (see instructions) Relief payment (see instructions)					0	6
	Allowable Inpatient cost plus incentive payme	ent (see instru	ctions)			0	1 -
	PROGRAM INPATIENT ROUTINE SWING BED COST					_	
.00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of tl	ne cost report	ing period (See	0	6
.00	Instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the	cost reportir	ng period (See	0	6
00	<pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient roution</pre>	no costo (lino	64 mlus lima	65)(+;+]0)0/3	rrr anly), fan	0	6
.00	CAH, see instructions	ile costs (Tille	04 plus Tille	63)(title XVI	iii oniy), ioi	0	0
.00	Title V or XIX swing-bed NF inpatient routing	e costs through	December 31	of the cost r	reporting period	0	67
.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 o	f the cost rep	oorting period	0	68
.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (line 67 + li	ne 68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER NU	URSING FACILITY	, AND ICF/II	ONLY			-
1	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service of	•			′)		70
	Program routine service cost (line 9 x line 3		ine /0 - 11110	- 4)			7
	Medically necessary private room cost applications		(line 14 x	line 35)			7
1	Total Program general inpatient routine serv						7
.00	Capital-related cost allocated to inpatient (26, line 45)	routine service	costs (from	Worksheet B,	Part II, column		7
	Per diem capital-related costs (line 75 ÷ li						76
	Program capital-related costs (line 9 x line						7
1	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		rovider reco	rds)			78
1	Total Program routine service costs for compa				inus line 79)		80
	Inpatient routine service cost per diem limi			•			8:
.00	Inpatient routine service cost limitation (1:						8
1	Reasonable inpatient routine service costs (s)				83
.00							1 X
.00	Program inpatient ancillary services (see in:		ns)				
.00	Utilization review - physician compensation Total Program inpatient operating costs (sum	(see instructio					8!

Health Financial Systems	MARION GENERA	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider Co	CN: 15-0011	Period:	Worksheet D-1	
						pared: :19 am
		Titl	e XIX	Subprovider -	Cost	
				IRF		
Cost Center Description						
					1.00	
88.00 Adjusted general inpatient routine cost per	diem (line 27 -	÷ line 2)			0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (se	e instructions)			0	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observation	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	col. 4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	449,632	3,710,706	0.12117	2 0	0	90.00
91.00 Nursing Program cost	0	3,710,706	0.00000	0	0	91.00
92.00 Allied health cost	0	3,710,706	0.00000	0	0	92.00
93.00 All other Medical Education	0	3,710,706		0	0	93.00
						•

Health Financial Systems	MARION GENERAL	HOSPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider C		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
		Title	e XVIII	Hospital	11/28/2023 11 PPS	:19 am
Cost Center Description			Ratio of Cos		Inpatient	

			То	06/30/2023	Date/Time Pre 11/28/2023 11	pared:
		Title XVIII		Hospital	PPS	115 am
	Cost Center Description	Ratio of Co	st	Inpatient	Inpatient	
	•	To Charges	5	Program	Program Costs	
				Charges	(col. 1 x	
					col. 2)	
		1.00		2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS			4,746,387		30.00
31.00	03100 INTENSIVE CARE UNIT			1,365,556		31.00
40.00	04000 SUBPROVIDER - IPF			0		40.00
41.00	04100 SUBPROVIDER - IRF			0		41.00
42.00	04200 SUBPROVIDER			0		42.00
43.00	04300 NURSERY					43.00
	ANCILLARY SERVICE COST CENTERS					
	05000 OPERATING ROOM	0.1362	-	8,931,712	1,217,044	
51.00	05100 RECOVERY ROOM	0.0000	000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.2488	365	795,074	197,866	54.00
57.00	05700 CT SCAN	0.0366	668	2,679,065	98,236	57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.2512	203	126,677	31,822	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.2936	510	1,065,332	312,792	59.00
60.00	06000 LABORATORY	0.6799	968	1,363,266	926,977	60.00
60.01	06001 ONCOLOGY	0.3559	99	4,000	1,424	60.01
60.02	06002 RADIATION ONCOLOGY	0.0000	000	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY	0.0000	000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.5676	517	667,499	378,884	65.00
66.00	06600 PHYSICAL THERAPY	0.4019	18	674,367	271,040	66.00
69.00	06900 ELECTROCARDIOLOGY	0.1853	803	1,474,442	273,219	69.00
69.01	06901 CARDIAC REHAB	0.4956	606	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.0000	000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.0000	000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.2205	808	2,471,685	545,026	73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.0000	000	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.5292	263	0	0	90.00
	09100 EMERGENCY	0.1573		4,710,669	741,271	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.5007	'89	212,947	106,642	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.0000	000	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS					
	09500 AMBULANCE SERVICES					95.00
200.00				25,176,735	5,102,243	
201.00		(line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)			25,176,735		202.00

	Financial Systems MARION G IENT ANCILLARY SERVICE COST APPORTIONMENT	ENERAL HOSPITAL Provider C	CN: 15-0011	Period:	u of Form CMS- Worksheet D-3	
INFAI.	TENT ANCILLARY SERVICE COST AFFORTIONMENT	FIOVIDE	CN. 15 0011	From 07/01/2022	WOI KSHEEL D-3	,
			CCN: 15-T011	то 06/30/2023	Date/Time Pre 11/28/2023 11	
		Title	2 XVIII	Subprovider - IRF	PPS	
	Cost Center Description		Ratio of Cos		Inpatient	
	cost center bescription		To Charges	Program	Program Costs	
			10 charges	Charges	(col. 1 x	
				cital ges	col. 2)	
			1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00						30.0
1.00	03100 INTENSIVE CARE UNIT					31.0
10.00			1			40.0
1.00	04100 SUBPROVIDER - IRF			1,509,485		41.0
12.00	04200 SUBPROVIDER			, ,		42.0
13.00	04300 NURSERY					43.0
	ANCILLARY SERVICE COST CENTERS					
0.00	05000 OPERATING ROOM		0.1362	92,932	12,663	50.0
1.00	05100 RECOVERY ROOM		0.0000	00	0	51.0
4.00	05400 RADIOLOGY-DIAGNOSTIC		0.2488	65 22,807	5,676	54.0
7.00	05700 CT SCAN		0.0366	68 35,796	1,313	57.0
00.8	05800 MAGNETIC RESONANCE IMAGING (MRI)		0.2512	03 2,970	746	58.0
59.00			0.2936	10 172	51	59.0
50.00	06000 LABORATORY		0.6799	68 42,452	28,866	60.0
50.01	06001 ONCOLOGY		0.3559	99 0	0	60.0
50.02	06002 RADIATION ONCOLOGY		0.0000	00	0	60.0
64.00	06400 INTRAVENOUS THERAPY		0.0000	00	0	64.0
55.00	06500 RESPIRATORY THERAPY		0.5676		6,332	65.0
6.00	06600 PHYSICAL THERAPY		0.4019	1,400,238	562,781	66.0
9.00	06900 ELECTROCARDIOLOGY		0.1853		3,319	69.0
9.01	06901 CARDIAC REHAB		0.4956	06 0	0	69.0
1.00			0.0000	00	0	1
2.00			0.0000		0	
3.00			0.22050		25,991	
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0.0000	00 0	0	77.0
	OUTPATIENT SERVICE COST CENTERS					
0.00			0.5292		0	
1.00	09100 EMERGENCY		0.1573		8,689	
2.00			0.5007		0	
2.01	09201 OBSERVATION BEDS (DISTINCT PART)		0.0000	00 0	0	92.0
	OTHER REIMBURSABLE COST CENTERS		1			
5.00						95.0
00.00				1,799,520	656,427	
201.00		charges (line 61)		0		201.0
202.00	Net charges (line 200 minus line 201)		1	1,799,520		202.0

Health Financial Systems	MARION GENERAL	HOSPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider (CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
		Tit	le XIX	Hospital	11/28/2023 11 Cost	:19 am
Cost Center Description			Ratio of Cos		Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x	
					col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						

		Titl	e XIX	Hospital	Cost	
	Cost Center Description		Ratio of Cost	Inpatient	Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x	
					col. 2)	
			1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
	03000 ADULTS & PEDIATRICS			669,059		30.00
	03100 INTENSIVE CARE UNIT			471,045		31.00
	04000 SUBPROVIDER - IPF			0		40.00
	04100 SUBPROVIDER - IRF			0		41.00
42.00	04200 SUBPROVIDER			0		42.00
43.00	04300 NURSERY			0		43.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		0.136261	1,407,408	191,775	50.00
51.00	05100 RECOVERY ROOM		0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		0.248865	83,060	20,671	54.00
57.00	05700 CT SCAN		0.036668	204,982	7,516	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0.251203	10,526	2,644	58.00
59.00	05900 CARDIAC CATHETERIZATION		0.293610	116,194	34,116	59.00
60.00	06000 LABORATORY		0.679968	163,019	110,848	60.00
60.01	06001 ONCOLOGY		0.355999	0	0	60.01
60.02	06002 RADIATION ONCOLOGY		0.000000	0	0	60.02
64.00	06400 INTRAVENOUS THERAPY		0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY		0.567617	96,718	54,899	65.00
66.00	06600 PHYSICAL THERAPY		0.401918	29,592	11,894	66.00
69.00	06900 ELECTROCARDIOLOGY		0.185303	70,970	13,151	69.00
69.01	06901 CARDIAC REHAB		0.495606		0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS		0.000000		0	72.00
	07300 DRUGS CHARGED TO PATIENTS		0.220508		84,576	73.00
	07700 ALLOGENEIC HSCT ACQUISITION		0.000000		0	77.00
	OUTPATIENT SERVICE COST CENTERS					
	09000 CLINIC		0.529263	0	0	90.00
91.00	09100 EMERGENCY		0.157360	405,814	63,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0.500789			92.00
	09201 OBSERVATION BEDS (DISTINCT PART)		0.000000		0	92.01
	OTHER REIMBURSABLE COST CENTERS					1
95.00	09500 AMBULANCE SERVICES					95.00
200.00				2,971,833	595,949	
201.00		(line 61)		0		201.00
202.00				2,971,833		202.00
		'	ı	, , , , , , , , , , , , , , , , , , , ,	•	

	n Financial Systems MARION GENER		CN - 1 F 0011		u of Form CMS-2	
LNPAT.	IENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0011	Period: From 07/01/2022	Worksheet D-3	5
		Component	CCN: 15-T011	To 06/30/2023	Date/Time Pre 11/28/2023 11	
		Titl	e XIX	Subprovider -	Cost	
	Cost Center Description		Ratio of Cos	IRF st Inpatient	Inpatient	
	cost center bescription		To Charges	Program Charges	Program Costs (col. 1 x	
			1.00	2.00	col. 2)	_
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	_
0.00						30.0
	03100 INTENSIVE CARE UNIT					31.0
10.00						40.0
11.00				16,428		41.0
12.00				10,420		42.0
	04300 NURSERY					43.0
73.00	ANCILLARY SERVICE COST CENTERS					۱ ۲۵.۱
0.00	05000 OPERATING ROOM		0.13620	61 0	0	50.
1.00			0.00000	00	0	
4.00	05400 RADIOLOGY-DIAGNOSTIC		0.24886	65 0	0	54.
7.00	05700 CT SCAN		0.03666	68 0	0	57.0
8.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0.25120	03	0	58.0
9.00			0.2936	10 0	0	59.0
0.00	06000 LABORATORY		0.67996	68 190	129	60.0
0.01			0.35599		0	
0.02	06002 RADIATION ONCOLOGY		0.00000	00	0	60.0
4.00			0.00000	00	0	64.0
5.00	06500 RESPIRATORY THERAPY		0.5676	17 0	0	65.0
6.00			0.4019	18 15,138	6,084	66.0
9.00	06900 ELECTROCARDIOLOGY		0.18530		0	
9.01	06901 CARDIAC REHAB		0.49560	06	0	69.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0.00000	00	0	71.0
	07200 IMPL. DEV. CHARGED TO PATIENTS		0.00000	00	0	72.0
3.00	07300 DRUGS CHARGED TO PATIENTS		0.22050	08 446	98	73.0
7.00	07700 ALLOGENEIC HSCT ACQUISITION		0.00000	00	0	77.0
	OUTPATIENT SERVICE COST CENTERS					
0.00			0.52926		0	
1.00			0.1573		0	
2.00			0.50078		0	
2.01			0.00000	00	0	92.0
	OTHER REIMBURSABLE COST CENTERS		1			١
	09500 AMBULANCE SERVICES					95.
200.0				15,774	6,311	
201.0		rges (line 61)		0		201.
202.0	Net charges (line 200 minus line 201)			15,774		202.

	Title XVIII Hospital	PPS	:19 am
		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS	1.00	
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	2,608,079	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	7,384,407	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to Octob 1 (see instructions)	per 0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2.00 2.01
2.01	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	83,317	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	34,884	2.04
3.00 4.00	Managed Care Simulated Payments Bed days available divided by number of days in the cost reporting period (see instructions)	04 08	3.00 4.00
4.00	Indirect Medical Education Adjustment	94.08	4.00
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending or before 12/31/1996.(see instructions)	on 0.00	5.00
5.01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap new programs in accordance with 42 CFR 413.79(e)	or 0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of	of 0.00	6.26
7.00	the CAA 2021 (see instructions) MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rura		7.02
	track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for	0.00	8.00
	affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12,		
8.01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the co	ost 0.00	8.01
	report straddles July 1, 2011, see instructions.		
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus of minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		10.00
11.00	in a comment of the c		11.00
12.00	Current year allowable FTE (see instructions)		12.00 13.00
13.00 14.00	Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that year ended on or after September 30, 199		14.00
	otherwise enter zero.		
15.00			15.00
	Adjustment for residents in initial years of the program (see instructions)		16.00
18.00	Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count		17.00 18.00
19.00		0.000000	
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	
	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA	0	22.01
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105	0.00	23.00
24.00	(f)(1)(iv)(C).	0.00	24 00
25.00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see		24.00 25.00
23.00	instructions)	0.00	23.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	
	IME payments adjustment factor. (see instructions)	0.000000	
28.00	IME add-on adjustment amount (see instructions) IME add-on adjustment amount - Managed Care (see instructions)	0 0	28.00 28.01
29.00		0	29.00
	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		30.00
31.00	Percentage of Medicaid patient days (see instructions) Sum of lines 30 and 31		31.00 32.00
	Allowable disproportionate share percentage (see instructions)		33.00

	Financial Systems MARION GENERAL H	Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	u of Form CMS-2 Worksheet E Part A Date/Time Pre 11/28/2023 11	pared:
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			427,679	34.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
	Uncompensated Care Payment Adjustment		1.00	2.00	
35.00	Total uncompensated care amount (see instructions)		7,192,008,710 0.000282243	6,874,403,459	
35.01 35.02	Factor 3 (see instructions) Hospital UCP, including supplemental UCP (If line 34 is zero,	0.000316018 2,172,436			
35.03	(see instructions) Pro rata share of the hospital UCP, including supplemental UCP	P (see instructions)	511,645	1,624,863	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	shaumaa (linaa 40 thus	2,136,508		36.00
40.00	Additional payment for high percentage of ESRD beneficiary dis Total Medicare discharges (see instructions)	scharges (Times 40 thro	ugn 46)		40.00
	,		Before 1/1	On/After 1/1	
44			1.00	1.01	4.2.
	Total ESRD Medicare discharges (see instructions) Total ESRD Medicare covered and paid discharges (see instructi	ions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualif		0.00	U	42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	.,	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided k days)	by line 41 divided by 7	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.	.01)	12 674 974		46.00
47.00 48.00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH, sm	12,674,874 11,047,289		47.00	
40.00	only. (see instructions)	nati tutai nospicais	11,047,209		40.00
				Amount	
49.00	Total payment for inpatient operating costs (see instructions))		1.00	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and)	765,605	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt.			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, lir	ne 49 see instructions)		0	
53.00 54.00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			0 11,940	53.00
54.00	Islet isolation add-on payment			11,940	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69	9)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.03
56.00	Cost of physicians' services in a teaching hospital (see intru			0	56.00
57.00 58.00	Routine service other pass through costs (from Wkst. D, Pt. II Ancillary service other pass through costs from Wkst. D, Pt. I		through 35).	0	57.00
59.00	Total (sum of amounts on lines 49 through 58)	iv, cor. ii rine 200)		13,452,419	
60.00	Primary payer payments			8,739	60.00
61.00		line 60)		13,443,680	
62.00	Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries			1,313,764 26,426	
64.00	Allowable bad debts (see instructions)			59,455	
65.00	Adjusted reimbursable bad debts (see instructions)			38,646	1
66.00	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		19,701	1
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			12,142,136	1
68.00 69.00	Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96).		-	0	68.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	(101 Sell See Histiactio	,	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstr	ration) adjustment (see	instructions)	0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.87 70.88	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)			0	70.87
70.88	Pioneer ACO demonstration payment adjustment amount (see instr	ructions)		U	70.88
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.93
70.92	Bundled Model 1 discount amount (see instructions)			0	70.9
	HVBP payment adjustment amount (see instructions)			0	70.93
70.93 70.94	HRR adjustment amount (see instructions)			-4,046	70.9

Health Financial Systems	HOSPITAL		In Lie	u of Form CMS-2552-10			
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider C	CN: 15-0011	From 07/01/2022		Worksheet E Part A Date/Time Prepared: 11/28/2023 11:19 am	
		Title	XVIII	Hospital	PPS		
			FFY	(yyyy)	Amount		
				0	1.00		
70.06	7 () (- : '	7 0				70.00	

			1		11/28/2023 11	pared:
		Title	XVIII	Hospital	PPS	J am
				(уууу)	Amount	
				0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column 0		0	0	70.96
70 07	the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter i				0	70.07
70.97	the corresponding federal year for the period ending on or af			0	U	70.97
70.98	Low Volume Payment-3	20, 20, 2)		0	0	70.98
70.99	HAC adjustment amount (see instructions)				0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			12,138,090	71.00
71.01	Sequestration adjustment (see instructions)				242,762	71.01
71.02	Demonstration payment adjustment amount after sequestration				0	
71.03	, ,					71.03
	Interim payments				11,475,542	
	Interim payments-PARHM					72.01
73.00	Tentative settlement (for contractor use only)				0	
74.00	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (line 71 minus lines 71.01, 71.0	12 72 and			410 706	73.01
74.00	73)	12, 72, allu			419,786	74.00
74.01						74.01
75.00	Protested amounts (nonallowable cost report items) in accorda	nce with			224,632	
	CMS Pub. 15-2, chapter 1, §115.2				22.,032	
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		<u>'</u>			1
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2.03			0	90.00
	plus 2.04 (see instructions)					
91.00	Capital outlier from Wkst. L, Pt. I, line 2				0	
92.00	Operating outlier reconciliation adjustment amount (see instr				0	
93.00	1 '				0	
	The rate used to calculate the time value of money (see instr					94.00
	Time value of money for operating expenses (see instructions)				0	
96.00	Time value of money for capital related expenses (see instruc	tions)		Prior to 10/1	0 / After 10/1	96.00
	HSP Bonus Payment Amount			1.00	2.00	
100.00	HSP Bonus Payment Amount HSP bonus amount (see instructions)			0		100.00
	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			0	0	
101.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)			0.000000000	0.000000000	101.00
101.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction	ıs)		0	0.000000000	101.00
101.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment	ıs)		0.0000000000000000000000000000000000000	0.0000000000	101.00 102.00
101.00 102.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)			0.0000000000000000000000000000000000000	0.0000000000000000000000000000000000000	101.00 102.00 103.00
101.00 102.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions)	5)		0.0000000000000000000000000000000000000	0.0000000000000000000000000000000000000	101.00 102.00
101.00 102.00 103.00 104.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst	ration) Adju		0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00
101.00 102.00 103.00 104.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe	ration) Adju		0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00
101.00 102.00 103.00 104.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no.	ration) Adju		0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00
101.00 102.00 103.00 104.00 200.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	ration) Adju		0.0000000000000000000000000000000000000	0.0000000000 0.00000 0.0000 0	101.00 102.00 103.00 104.00 200.00
101.00 102.00 103.00 104.00 200.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no.	ration) Adju		0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00
101.00 102.00 103.00 104.00 200.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions RUFAL COMMUNITY HOSPITAL DEMONSTRATION PROJECT (§410A DEMONST IS this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin	ration) Adju		0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00
101.00 102.00 103.00 104.00 200.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions)	ration) Adjuriod under	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)	ration) Adjuriod under	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.00000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount	ration) Adjuriod under	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.00000000000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	ration) Adjuriod under 1	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)	ration) Adjuriod under 1	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pecentury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	ration) Adjuriod under fine 49)	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 207.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction) HVBP adjustment for HSP Bonus Payment HRR Adjustment for HSP Bonus Payment HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pecentury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst	ration) Adjuriod under fine 49) first year	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	ration) Adjuriod under fine 49) first year	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)	ration) Adjuriod under fine 49) first year	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the \$410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	ration) Adjuriod under the 49) first year ructions) line 59)	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 205.00 206.00 207.00 209.00 210.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	ration) Adjuriod under the 49) first year ructions) line 59)	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 205.00 206.00 207.00 209.00 210.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 209.00 211.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pecentury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	ration) Adjuriod under see 49) first year ructions) line 59)	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 205.00 206.00 207.00 208.00 209.00 211.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 209.00 210.00 211.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	ration) Adjuriod under see 49) first year ructions) line 59)	the 21st	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 205.00 206.00 207.00 209.00 210.00
101.00 102.00 103.00 104.00 200.00 201.00 203.00 204.00 205.00 206.00 207.00 209.00 211.00 212.00 213.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient Reimbursement (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line	ration) Adjuriod under in the 49) first year ructions) line 59)	of the curren	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 205.00 205.00 206.00 207.00 208.00 210.00 211.00
101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 207.00 209.00 211.00 211.00 212.00 213.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient Reimbursement (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line Low-volume adjustment (see instructions)	ration) Adjuriod under in the 49) first year ructions) line 59)	of the curren	0.0000000000000000000000000000000000000	0.0000000000 0.0000 0.0000 0	101.00 102.00 103.00 104.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 211.00 211.00 212.00 213.00

Period: Worksheet DSH From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am

						11/28/2023 11	:19 am
				XVIII	Hospital	PPS	
		Original	Adjusted	HFS Look Up	Override	Revised Value	
		.mcrx Values	.mcax Values		Value		
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare	5.02	0.00	0.00	0.00	0.00	1.00
	Part A days (Previous from E, Part A, line						
	30 - Revised from CMS)						
2.00	Percentage of Medicaid patient days to total	28.81	0.00			28.81	2.00
	days (From line 27)						
3.00	Sum of lines 1 and 2, if less than 15% DSH	33.83	0.00			28.81	3.00
	Payment Percentage = 0						
4.00	Provider Type * (urban, rural, SCH, RRC,	RRC				RRC	4.00
	pickle - If pickle worksheet NA)						
5.00	Bed days available divided by number of days	94.08	0.00			94.08	5.00
	in the cost reporting period (Worksheet E,						
	Part A, Line 4)						
6.00	Disproportionate Share Payment Percentage	17.12	0.00			12.98	6.00
	(transferred from Worksheet E, Part A, line						
	33)						
7.00	Qualify for Operating DSH Eligibility (DPP	Yes				Yes	7.00
0.00	15% or more)?						0.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban	No				No	9.00
10 00	with 100 or more beds)?	N-				Na	10.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully	Yes				Yes	11.00
	prospective method? (Worksheet L, Part I,						
12.00	line 1 geater than -0-) Percentage of SSI patient days to Medicare	0.00	0.00	0.00	0.00	0.00	12.00
12.00	Part A days (Previous from L, Part I, line 7	0.00	0.00	0.00	0.00	0.00	12.00
	- Revised from CMS)						
12 00	Is this an IRF provider or a provider with	Yes				Yes	13.00
13.00	an IRF excluded unit (Worksheet S-2, line	163				163	13.00
	75, column $1 = "Y"$)						
14.00	Medicare SSI ratio (Previous from E-3, Part	1.79	0.00	0.00	0.00	0.00	14.00
14.00	III, line 2 - Revised from CMS)	1.73	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAY	YS TO TOTAL DAY	'S				
15.00	In-State Medicaid paid days (Worksheet S-2,	644	0			644	15.00
	line 24, column 1)						
16.00	In-State Medicaid eligible unpaid paid days	591	0			591	16.00
	(Worksheet S-2, line 24, column 2)						
17.00	Out-of-State Medicaid paid days (Worksheet	0	0			0	17.00
	S-2, line 24, column 3)						
18.00	Out-of-State Medicaid eligible unpaid days	25	0			25	18.00
	(Worksheet S-2, line 24, column 4)						
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24,	3,125	0			3,125	19.00
	column 5)						
20.00	Other Medicaid days (Worksheet S-2, line 24,	0	0			0	20.00
21 00	column 6)	4 205	0			4 205	21 00
21.00	7 7 1 (4,385	0			4,385	21.00
22.00	calculation (sum of lines 15-20)	15,102	0			15,102	22.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	13,102	U			13,102	22.00
23.00		0	0			0	23.00
23.00	Part I, Column 8, Line 32)		O			O	23.00
24.00	Plus total employee discount days (Worksheet	120	0			120	24.00
200	S-3, Part I, Column 8, Line 30)		ŭ			220	
25.00	Less total Swing-bed SNF and NF patient days	0	0			0	25.00
	(Worksheet S-3, Part I, Column 8, Lines 5					·	
	and 6)						
26.00	Total Medicaid patient days for the DSH	15,222	0			15,222	26.00
	calculation (sum of lines 22-24, less line	·				<i>,</i>	
	25)						
27.00	Percentage of Medicaid patient days to total	28.81	0.00			28.81	27.00
	days (Line 21 divided by line 26)						

Health Financial Systems
CALCULATION OF DSH PAYMENT PERCENTAGE In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL Period: Worksheet DSH From 07/01/2022 To 06/30/2023 Date/Time Prepared: Provider CCN: 15-0011

					ТО	06/30/2023	Date/Time Pre 11/28/2023 11	
			Title	XVIII		Hospital	PPS	
		Original .m	crx Values	Adjusted	.mca	ax Values	Revised	
		Condition	Percentage	Condition		Percentage	Condition	
		1.00	2.00	3.00		4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	17.12			0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00			0.00	False	29.00
30.00	Line 28 or 29 as applicable		17.12			0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and		17.12			0.00		31.00
	fewer than 500 beds, or an SCH with less							
	than 100 beds the lower of line 30 or .1200,							
	if RRC, MDH or otherwise enter line 30.							
		Original	Adjusted	HFS Look Up)	Override	Revised Value	
		.mcrx Values	.mcax Values			Value		
		1.00	2.00	3.00		4.00	5.00	
	DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle	False					False	32.00
	ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")							
33.00	Is This a Rural Referral Center? (Worksheet	True					True	33.00
	S-2, Part I, line 116, column 1 = "Y")							
34.00	Is this a Medicare Dependant Hospital?	False					False	34.00
	(Worksheet S-2, Part I, Line 37 greater than -0-)							
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	True					True	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural					Rural	36.00

Health Financial Systems	MARION GENERA	L HOSPITAL	In Lie	u of Form CMS-2	2552-10
CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0011	Period: From 07/01/2022	Worksheet DSH	
			то 06/30/2023	Date/Time Pre 11/28/2023 11	pared: :19 am
		Title XVIII	Hospital	PPS	
	Revised	·			
	Percentage				

			Title XVIII	Hospital	PPS	
		Revised				
		Percentage				
		6.00				
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE	E				
28.00	If line 3 is greater than 20.2% - 5.88% plus	12.98				28.00
	82.5% of the difference between 20.2% and					
	line 3					
29.00	If line 3 is less than 20.2% - 2.5% plus 65%	0.00				29.00
	of the difference between 15% and line 3					
30.00	Line 28 or 29 as applicable	12.98				30.00
31.00	If Urban and fewer than 100 beds, Rural and	12.98				31.00
	fewer than 500 beds, or an SCH with less					
	than 100 beds the lower of line 30 or .1200,					
	if RRC, MDH or otherwise enter line 30.					

Period: Worksheet E From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Provider CCN: 15-0011

					'	00/30/2023	11/28/2023 11	
				_	XVIII	Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After	Total (Col 2 through 4)	
					·	10/01		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges	1.01	2,608,079	0	2,608,079		2,608,079	1.01
1.02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1.02	7,384,407	0		7,384,407	7,384,407	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1.03	0	0	0		0	1.03
1.04	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for	2.02	0	0	0	0	0	2.01
2.02	discharges for Model 4 BPCI Outlier payments for discharges occurring prior to	2.03	83,317	0	83,317		83,317	2.02
2.03	October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see	2.04	34,884	0		34,884	34,884	2.03
3.00	instructions) Operating outlier	2.01	0	0	0	0	0	3.00
4.00	reconciliation Managed care simulated	3.00	0	0	0	0	0	4.00
	payments Indirect Medical Education Adju	ıctmont						
5.00	Amount from Worksheet E, Part	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	A, line 21 (see instructions) IME payment adjustment (see	22.00	0	0	0	0	0	6.00
6.01	instructions) IME payment adjustment for managed care (see	22.01	0	0	0	0	0	6.01
	instructions)				l			
7.00	<pre>Indirect Medical Education Adj IME payment adjustment factor</pre>	27.00	0.000000	0.000000		0.000000		7.00
8.00	(see instructions) IME adjustment (see	28.00	0	0	0	0	0	8.00
8.01	instructions) IME payment adjustment add on for managed care (see	28.01	0	0	0	0	0	8.01
9.00	instructions) Total IME payment (sum of	29.00	0	0	0	0	0	9.00
9.01	lines 6 and 8) Total IME payment for managed care (sum of lines 6.01 and	29.01	0	0	0	0	0	9.0
	8.01)							
	Disproportionate Share Adjustm							
10.00	Allowable disproportionate share percentage (see	33.00	0.1712	0.1712	0.1712	0.1712		10.00
11.00	<pre>instructions) Disproportionate share adjustment (see instructions)</pre>	34.00	427,679	0	111,626	316,053	427,679	11.00
11.01	Uncompensated care payments	36.00	2,136,508	0	511,645	1,624,863	2,136,508	11.0
12.00	Additional payment for high pe Total ESRD additional payment	rcentage of ESI 46.00	RD beneficiary 0	discharges 0	0	0	0	12.00
13.00 14.00	(see instructions) Subtotal (see instructions) Hospital specific payments	47.00 48.00	12,674,874 0	0	3,314,667 0	9,360,207 0	12,674,874 0	13.00 14.00
15.00	(completed by SCH and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see instructions)	49.00	12,674,874	0	3,314,667	9,360,207	12,674,874	15.00

						To 06/30/2023	Date/Time Pre 11/28/2023 11	pared:
				Title	2 XVIII	Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	765,605	C	207,45	9 558,146	765,605	16.00
	Special add-on payments for new technologies	54.00	11,940	C	2,15	1 9,789	11,940	17.00
	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	C		0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	O		0 0	0	18.00
19.00	SUBTOTAL			0	3,524,27	7 9,928,142	13,452,419	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier	1.00 1.01	745,505 0	0	194,11	551,393 0 0	745,505 0	
	Capital DRG outlier payments Model 4 BPCI Capital DRG	2.00 2.01	20,100	0	13,34	7 6,753 0 0	20,100 0	1
22.00	outlier payments Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	C		0 0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0		0	0	
26.00	Total prospective capital payments (see instructions)	12.00	765,605	0	207,45	9 558,146	765,605	26.00
		W/S E, Part A	(Amounts to					
		line O	E, Part A) 1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor	U	1.00	2.00	0.00000		3.00	27.00
28.00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0.00000	0.000000	0	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

In Lieu of Form CMS-2552-10

Period: Worksheet E
From 07/01/2022 Part A Exhibit 5
To 06/30/2023 Date/Time Prepared: HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0011

New York					Т	o 06/30/2023	Date/Time Pre 11/28/2023 11	
A,				Title	XVIII	Hospital	PPS	
0			Wkst. E, Pt.	Amt. from	Period to	Period on	Total (cols.	
DRG amounts other than outlier payments for 1.00 2.00 3.00 4.00 1.00 1.00 DRG amounts other than outlier payments for 1.01 2.608,079 2.608,079 2.608,079 1.00			A, line	Wkst. E, Pt.	10/01	after 10/01	2 and 3)	
1.00 DRG amounts other than outlier payments 1.00 2,608,079 2,608,079 2,608,079 1.00								
1.01 DRC amounts other than outlier payments for discharges occurring prior to October 1 DRC amounts other than outlier payments for discharges occurring on or after of the things of things of the things of things of the things of things of the things of the things of the things of things				1.00	2.00	3.00	4.00	
discharges occurring prior to October 1 1.02 7,384,407 7,384,407 7,384,407 1.02 1.03 Dok For Federal specific operating payment for Model 4 BPCL occurring prior to October of Model 4 BPCL occurring payment for Model 4 BPCL occurring on or after October 1 1.04 0 <								
1.02 ORC amounts other than outlier payments for discharges occurring on or after other to october 1 1.03 0 0 0 0 0 0 0 0 0	1.01		1.01	2,608,079	2,608,079		2,608,079	1.01
discharges occurring on or after October								
1.03 DRC for Federal Specific Operating payment 1.03 0 0 0 0 1.03 1.03 1.04 1.04 0 0 0 0 0 1.04 1.04 1.04 0 0 0 0 0 1.04 1.04 1.04 0 0 0 0 0 1.04 1.04 1.04 0 0 0 0 0 1.04 1.04 1.04 0 0 0 0 0 0 1.04 1.04 1.05 1.0	1.02		1.02	7,384,407		7,384,407	7,384,407	1.02
for Model 4 BPCI occurring prior to october 1.04	1 02		1 02	,	,		0	1 02
1.04 DRR for Federal specific operating payment 1.04 0 0 0 0 1.04	1.03		1.03	0	١		U	1.03
For Model 4 BPCT occurring on or after		1						
For Model 4 BPCT occurring on or after	1 04	DRG for Federal specific operating navment	1 04	0		0	0	1 04
October 1	1.04		1.04				O	1.04
2.00 outlier payments for discharges (see 2.00 outlier payments for discharges for Model 4 2.02 outlier payments for discharges for Model 4 2.02 outlier payments for discharges occurring prior to October 1 (see instructions) 2.03 83,317 83,317 83,317 2.02 prior to October 1 (see instructions) 2.04 34,884 34,884 34,884 2.03 or after October 1 (see instructions) 2.01 outlier payments for discharges occurring or 2.04 34,884 34,884 34,884 2.03 or after October 1 (see instructions) 2.01 outlier payment and under payments 3.00 outlier payment and payment payment and payment payment payment and payment pay								
Instructions	2.00		2.00					2.00
BPCT Countrier payments for discharges occurring 2.03 83,317 83,317 83,317 2.02								
BPCT 2.02	2.01	Outlier payments for discharges for Model 4	2.02	0	l c	0	0	2.01
prior to October 1 (see instructions) 2.04 34,884 34,884 2.03 0 0 0 0 0 0 0 0 0		BPCI						
2.03 Outlier payments for discharges occurring on 2.04 34,884 34,884 34,884 34,884 34,884 34,884 34,884 34,884 34,884 34,884 34,884 34,884 34,884 30,00 0 0 0 0 0 0 0 0 0	2.02	Outlier payments for discharges occurring	2.03	83,317	83,317	'	83,317	2.02
Or after October 1 (see instructions) 2.01 0 0 0 0 0 3.00								
3.00 Operating outlier reconciliation 2.01 0 0 0 0 0 3.00 10 10 10 10 10 10 10	2.03		2.04	34,884		34,884	34,884	2.03
Managed care simulated payments				_				
Indirect Medical Education Adjustment					0	0	-	
Solid Amount from worksheet E, Part A, line 21 21.00 0.0000000 0.00000000	4.00		3.00	0		0	0	4.00
See instructions Compared adjustment (see instructions) 22.00	г оо		21 00	0.000000	0.000000	0.000000		F 00
Two payment adjustment (see instructions) 22.00 0 0 0 0 0 6.00	5.00		21.00	0.000000	0.000000	0.000000		5.00
TME payment adjustment for managed care (see 22.01 0 0 0 0 0 0 0 0 0	6 00		22 00	0		0	0	6.00
Instructions Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				, 0	ď	0	-	
Todirect Medical Education Adjustment for the Add-on for Section 422 of the MMA	0.02		22.02	Ĭ	_		· ·	0.02
The payment adjustment factor (see 27.00 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000		Indirect Medical Education Adjustment for the	e Add-on for Se	ection 422 of 1	the MMA			
8.00 IME adjustment (see instructions)	7.00					0.000000		7.00
8.01 IME payment adjustment add on for managed care (see instructions) 9.01 Total IME payment (sum of lines 6 and 8) 9.02 Total IME payment for managed care (sum of lines 6 and 8) 9.03 Total IME payment for managed care (sum of lines 6.01 and 8.01) 10.00 Improportionate Share Adjustment 10.00 Allowable disproportionate share percentage (see instructions) 11.00 Disproportionate share adjustment (see 34.00 427,679 111,626 316,053 427,679 11.00 instructions) 11.01 Uncompensated care payments 36.00 2,136,508 511,645 1,624,863 2,136,508 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46.00 0 0 0 0 0 12.00 instructions) 13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) 15.00 Total payment for inpatient operating costs (see instructions) 15.00 Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) Wkst. L, Pt. I, if applicable MS-DRGS 17.01 Net organ acquisition cost replaced devices for applicable MS-DRGS 18.00 Capital outlier reconciliation adjustment 93.00 0 0 0 0 0 0 18.00 18.								
Care (see instructions)				0	C	0	-	
9.00 Total IME payment (sum of lines 6 and 8) 29.00 0 0 0 0 0 0 9.01 Total IME payment for managed care (sum of lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 427,679 111,626 316,053 427,679 11.00 instructions) 11.01 Uncompensated care payments 36.00 2,136,508 511,645 1,624,863 2,136,508 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46.00 0 0 0 0 0 12.00 instructions) 13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) 15.00 Total payment for inpatient operating costs 49.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 (see instructions) 16.00 Payment for inpatient program capital (from bayment for inpatient operating costs 49.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 (see instructions) 17.01 Net organ acquisition cost 17.01 Net organ acquisition cost 17.01 Net organ acquisition cost 17.02 (credits received from manufacturers for replaced devices for applicable MS-DRGS (apont) (see instructions) 18.00 Capital outlier reconciliation adjustment 93.00 0 0 0 0 0 0 18.00 18.00	8.01		28.01	0	C	0	0	8.01
Total IME payment for managed care (sum of lines 6.01 and 8.01) Total IME payment for managed care (sum of lines 6.01 and 8.01) Total IME payment for managed care (sum of lines 6.01 and 8.01) Total IME payment for managed care (sum of lines 6.01 and 8.01) Total IME payment for managed care (sum of lines 6.01 and 8.01) Total IME payment for managed care payment (see 34.00 0.1712				_				
lines 6.01 and 8.01 Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 33.00 0.1712 0.1712 0.1712 10.00 (see instructions) Disproportionate share adjustment (see 34.00 427,679 111,626 316,053 427,679 11.00 instructions) Uncompensated care payments 36.00 2,136,508 511,645 1,624,863 2,136,508 11.01 Additional payment for high percentage of ESRD beneficiary discharges 46.00 0 0 0 0 0 12.00 13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 40.				0		0		
Disproportionate Share Adjustment	9.01		29.01	0	· ·	0	0	9.01
10.00 Allowable disproportionate share percentage (see instructions) 11.00 Disproportionate share adjustment (see 34.00 427,679 111,626 316,053 427,679 11.00 instructions) 11.01 Uncompensated care payments 36.00 2,136,508 511,645 1,624,863 2,136,508 11.01								
11.00 Disproportionate share adjustment (see 34.00 427,679 111,626 316,053 427,679 11.00 11.01 11.	10 00	Allowable disproportionate share percentage	33.00	0 1712	0 1712	0 1712		10 00
11.00 Disproportionate share adjustment (see 34.00 427,679 111,626 316,053 427,679 11.00 instructions) 11.01 Uncompensated care payments 36.00 2,136,508 511,645 1,624,863 2,136,508 11.01 Additional payment for high percentage of ESRD beneficiary discharges	10.00		33.00	0.1712	0.1712	0.1712		10.00
11.01	11.00		34.00	427.679	111.626	316.053	427.679	11.00
Additional payment for high percentage of ESRD beneficiary discharges Total ESRD additional payment (see 46.00 0 0 0 0 0 12.00 instructions) 13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 Hospital specific payments (completed by SCH 48.00 0 0 0 0 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 49.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 (see instructions) 16.00 Payment for inpatient program capital (from 50.00 765,605 207,459 558,146 765,605 16.00 Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for 68.00 0 0 0 0 0 17.02 replaced devices for applicable MS-DRGS 18.00 Capital outlier reconciliation adjustment 93.00 0 0 0 0 0 0 18.00 amount (see instructions)				, , ,	,	,	,	
12.00 Total ESRD additional payment (see instructions) 13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 14.00 14.00 12,674,874 13.00 14.00 12,674,874 13.00 14.00 14.00 12,674,874 13.00 14.00 14.00 14.00 12,674,874 15.00 14.00 12,674,874 15.00 14.00 12,674,874 15.00 14.00 12,674,874 15.00 14.00 12,674,874 15.00 12,674,874 15.00 16.0	11.01	Uncompensated care payments			511,645	1,624,863	2,136,508	11.01
instructions) 13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 14.00 Hospital specific payments (completed by SCH 48.00 0 0 0 0 15.00 Total payment for inpatient operating costs (see instructions) 16.00 Payment for inpatient program capital (from 50.00 765,605 207,459 558,146 765,605 16.00 17.00 Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost 17.01 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment 93.00 0 0 0 0 18.00 18.00 Subtotal (see instructions) 12,674,874 3,314,667 9,360,207 12,674,874 15.00 18.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 19,360,207 12,674,874 15.00 10,400 12,674,874 3,314,667 9,360,207 12,674,874 15.00 10,400 12,674,874 3,314,667 9,360,207 12,674,874 15.00 11,400 207,459 558,146 765,605 16.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 13,000 12,674,874 3,314,667 9,360,207 12,674,874 15.00 14,000 12,674,874 3,314,667 9,360,207 12,674,874		Additional payment for high percentage of ESI	RD beneficiary	discharges				
13.00 Subtotal (see instructions) 47.00 12,674,874 3,314,667 9,360,207 12,674,874 13.00 14.00 14.00 14.00 14.00 15.00 15.00 16.00 16.00 16.00 16.00 17.01 17.01 17.02 17.02 17.02 18.00 18.00 18.00 18.00 18.00 18.00 18.00 16.00 16.00 16.00 16.00 16.00 17.02 17.02 17.02 17.02 17.02 17.02 17.00 17.0	12.00	Total ESRD additional payment (see		0	C	0	0	12.00
14.00 Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) 15.00 Total payment for inpatient operating costs (see instructions) 16.00 Payment for inpatient program capital (from Wst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) 48.00 0 0 0 0 0 0 14.00 0 0 14.00 0 0 14.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
and MDH, small rural hospitals only.) (see instructions) 15.00 Total payment for inpatient operating costs (see instructions) 16.00 Payment for inpatient program capital (from wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions) and MDH, small rural hospitals only.) (see instructions) 12,674,874 3,314,667 9,360,207 12,674,874 15.00 12,674,874 12,674								
instructions) Total payment for inpatient operating costs (see instructions) 16.00 Payment for inpatient program capital (from wkst. L, Pt. I, if applicable) Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 Net organ acquisition cost 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs (apital outlier reconciliation adjustment amount (see instructions) 15.00 12,674,874 3,314,667 9,360,207 12,674,874 15.00 17.00 765,605 207,459 558,146 765,605 16.00 17.00 11,940 2,151 9,789 11,940 17.00 17.01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14.00		48.00	0	C	0	0	14.00
15.00 Total payment for inpatient operating costs (see instructions) 12,674,874 3,314,667 9,360,207 12,674,874 15.00 16.00 Payment for inpatient program capital (from wkst. L, Pt. I, if applicable) 50.00 765,605 207,459 558,146 765,605 16.00 17.00 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) 93.00 0 0 0 0 18.00 18.00 18.00 17.00 18.00 18.00 18.00 17.00 18.00 18.00 18.00 18.00 19.00								
(see instructions) 16.00 Payment for inpatient program capital (from wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 17.01 Net organ acquisition cost 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) (see instructions) 50.00 765,605 207,459 558,146 765,605 11,940 2,151 9,789 11,940 17.00 0 0 0 0 0 0 17.02 18.00	15.00		40.00	12 674 074	2 214 66	0 200 207	12 674 074	15 00
16.00 Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) 93.00 0 0 0 0 0 18.00	15.00		49.00	12,6/4,8/4	3,314,667	9,360,207	12,674,874	15.00
Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions) 93.00 0 0 0 0 18.00	16 00		FO 00	765 605	207 450	FF0 14C	765 605	16 00
17.00 Special add-on payments for new technologies 54.00 11,940 2,151 9,789 11,940 17.00 17.01 Net organ acquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs (apital outlier reconciliation adjustment amount (see instructions) 93.00 0 0 0 0 18.00	10.00		30.00	703,003	207,438	330,140	763,603	10.00
17.01 Net organ acquisition cost 17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) 17.01 0 0 0 0 0 17.02 18.00	17 00		54 00	11 0/10	2 151	9 780	11 940	17 00
17.02 Credits received from manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) 68.00 0 0 0 0 17.02 0 0 0 0 0 18.00		, , , , , , , , , , , , , , , , , , , ,	54.00	11,540	2,131	5,769	11,540	
replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment amount (see instructions) 93.00 0 0 0 18.00			68.00	n	0	n	n	
18.00 Capital outlier reconciliation adjustment 93.00 0 0 0 18.00 amount (see instructions)			33.00					
amount (see instructions)	18.00		93.00	0	[c	o	0	18.00
19.00 SUBTOTAL 3,524,277 9,928,142 13,452,419 19.00								
	19.00	SUBTOTAL			3,524,277	9,928,142	13,452,419	19.00

Health Financial Systems	MARION GENERAL	HOSPITAL	In Lieu o		
HOSPITAL ACQUIRED CONDITION (HAC	C) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0011	From 07/01/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared:	

					From 07/01/2022 Fo 06/30/2023		pared:
				XVIII	Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	745,505	194,112	551,393	745,505	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	(0	0	20.01
21.00	Capital DRG outlier payments	2.00	20,100	13,347	6,753	20,100	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	(0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	(0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	(0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	765,605	207,459	558,146	765,605	26.00
		Wkst. E, Pt.	(Amt. from				
		A, line	Wkst. E. Pt.				
		,	A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	()	0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	(0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	(0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-4,046	-1,827	-2,219	-4,046	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	(0	0	31.01
						(Amt. to	
						Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		(0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

	Title XVIII	Hospital	PPS	. 15 alli
			1.00	
1 00	PART B - MEDICAL AND OTHER HEALTH SERVICES		2 220	1 00
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instructions)		3,236 17,683,477	1
3.00	OPPS or REH payments		14,688,155	ı
4.00	Outlier payment (see instructions)		107,409	1
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	
6.00	Line 2 times line 5		0	6.00
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)		0.00	7.00 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00			o o	10.00
	Total cost (sum of lines 1 and 10) (see instructions)		3,236	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12.00				12.00
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69) Total reasonable charges (sum of lines 12 and 13)		0 7,092	13.00 14.00
14.00	Customary charges		7,032	14.00
15.00	Aggregate amount actually collected from patients liable for payment for services on		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services	on a chargebasis	0	16.00
	had such payment been made in accordance with 42 CFR §413.13(e)			
17.00			0.000000	1
18.00 19.00		ina 11) (saa	7,092	18.00 19.00
13.00	instructions)	1116 11) (366	3,030	13.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds l	ine 18) (see	0	20.00
	instructions)			
	Lesser of cost or charges (see instructions)			21.00
	Interns and residents (see instructions)		0	22.00
23.00			0 14,795,564	23.00 24.00
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		14,793,304	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see inst	ructions)	2,693,628	26.00
27.00		2 and 23] (see	12,105,172	27.00
20.00	instructions)			20.00
28.00 28.50			0	28.00
29.00			0	29.00
30.00			12,105,172	
31.00			992	1
32.00			12,104,180	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
	Composite rate ESRD (from Wkst. I-5, line 11)		0	
	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)		338,759 220,193	1
	Allowable bad debts for dual eligible beneficiaries (see instructions)		257,857	
	Subtotal (see instructions)		12,324,373	
	MSP-LCC reconciliation amount from PS&R		-61	
39.00			0	
39.50				39.50
39.75			0	39.75
39.97 39.98	, , , ,	ctions)	0 1,684	39.97 39.98
39.99		CCTOIIS)	1,004	39.99
40.00			12,324,434	
40.01			246,489	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03				40.03
	Interim payments		12,192,966	
	Interim payments-PARHM			41.01
42.00 42.01			0	42.00 42.01
43.00	, , , , , , , , , , , , , , , , , , , ,		-115,021	1
43.01				43.01
44.00		chapter 1,	0	
	§115.2			
00.00	TO BE COMPLETED BY CONTRACTOR		-	00.00
	Original outlier amount (see instructions)		0	90.00
	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money		0	91.00 92.00
	Time Value of Money (see instructions)		0.00	
	Total (sum of lines 91 and 93)			94.00

Health Financial Systems	MARION G	ENERAL I	HOSPITAL	In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT			Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023		
			Title XVIII	Hospital	PPS	
					Overrides	
					1.00	
WORKSHEET OVERRIDE VALUES						
112.00 Override of Ancillary service charges (line 1	.2)				0	112.00
					1.00	
MEDICARE PART B ANCILLARY COSTS						
200.00 Part B Combined Billed Days		-			0	200.00

In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL

Health Financial Systems MARIANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0011 Period: Worksheet E-1
From 07/01/2022 Part I
TO 06/30/2023 Date/Time Prepared:

					11/28/2023 11	:19 am
			XVIII	Hospital	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		11,475,54	2	12,192,966	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	0	2.00
3.00	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. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER			0	0	3.01
3.02				0	0	3.02
3.03				0	0	3.03
3.04				0	0	3.04
3.05				0	0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51				0	0	3.51
3.52				0	0	3.52
3.53				0	0	3.53
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		11,475,54	2	12,192,966	4.00
	appropriate)					
F 00	TO BE COMPLETED BY CONTRACTOR		I			F 00
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER			0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM			0	0	5.50
5.51				0	0	5.51
5.52				0	0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		419,78	6	0	6.01
6.02	SETTLEMENT TO PROGRAM			0	115,021	6.02
7.00	Total Medicare program liability (see instructions)		11,895,32	8	12,077,945	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		()	1.00	2.00	
8.00	Name of Contractor					8.00

Health Financial Systems MARIANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL Period: Worksheet E-1
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Provider CCN: 15-0011 Component CCN: 15-T011

		Title	. XVIII	Subprovider -	PPS	.15 diii
		Inpatier	t Part A		rt B	
	-	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,279,93		0	1.00
2.00	Interim payments payable on individual bills, either		, ,	0	0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3.00
	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. (1)					
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER			0	0	3.01
3.02				0	0	3.02
3.03				0	0	3.03
3.04				0	0	3.04
3.05				0	0	3.05
	Provider to Program		1	_		
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51 3.52				0	0	3.51 3.52
3.53				0	0	3.53
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			Ö	0	3.99
	3.50-3.98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		2,279,93	3	0	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate)					
г оо	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after		I			5.00
5.00	desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5.01	TENTATIVE TO PROVIDER			0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM			0	0	5.50
5.51			1	0	0	5.51
5.52 5.99				0	0	5.52 5.99
3.99	5.50-5.98)			U .	0	3.99
6.00	Determined net settlement amount (balance due) based on					6.00
0.00	the cost report. (1)					0.00
6.01	SETTLEMENT TO PROVIDER		3,53	8	0	6.01
6.02	SETTLEMENT TO PROGRAM			0	0	6.02
7.00	Total Medicare program liability (see instructions)		2,283,47		0	7.00
				Contractor	NPR Date	
			0	Number	(Mo/Day/Yr)	
8.00	Name of Contractor		J	1.00	2.00	8.00
0.00	name of contractor			T	1	0.00

Healt	Financial Systems MARION GENERAL	HOSPITAL	In Lie	u of Form CMS-	2552-10	
	CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 15-0011 Period: From 07/01/2022 To 06/30/2023 Date of the control of the contr					
		Title XVIII	Hospital	PPS		
				1.00		
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				1	
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				1	
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.	. S-3, Pt. I col. 15 lin	e 14		1.00	
2.00 Medicare days (see instructions) 3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2					2.00	
3.00		3.00 4.00				
	4.00 Total inpatient days (see instructions)					
	5.00 Total hospital charges from Wkst C, Pt. I, col. 8 line 200					
6.00	Total hospital charity care charges from Wkst. S-10, col. 3				6.00	
7.00	CAH only - The reasonable cost incurred for the purchase of a line 168	certified HIT technology	Wkst. S-2, Pt. I		7.00	
8.00	Calculation of the HIT incentive payment (see instructions)				8.00	
9.00	Sequestration adjustment amount (see instructions)				9.00	
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00	
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	<pre>Initial/interim HIT payment adjustment (see instructions)</pre>				30.00	
31.00	Other Adjustment (specify)				31.00	
32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	line 31) (see instructio	ns)		32.00	
				Overrides		
				1.00		

108.00

CONTRACTOR OVERRIDES
108.00 Override of HIT payment

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		From 07/01/2022	
	Component CCN: 15-T011	To 06/30/2023	Date/Time Prepared: 11/28/2023 11:19 am
	Title XVIII	Subprovider -	PPS
		TDE	

	THE CONTRACTOR OF THE CONTRACT	Z XVIII	IRF	113	
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,258,614	
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0179	
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			71,146	
4.00	Outlier Payments			37,978	
5.00	Unweighted intern and resident FTE count in the most recent cost reporti to November 15, 2004 (see instructions)			0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for resident program or hospital closure, that would not be counted without a tempora CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new pro teaching program" (see instructions)	gram growth	period of a "new	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new pro teaching program" (see instructions)	gram growth	period of a "new	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see	instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)			4.879452	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000	11.00
12.00	Teaching Adjustment (see instructions)			0	12.00
13.00				2,367,738	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00					15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00				2,367,738	
18.00				0	
19.00				2,367,738	
20.00				31,560	
	Subtotal (line 19 minus line 20)			2,336,178	21.00
22.00					22.00
	Subtotal (line 21 minus line 22)			2,329,378	1
24.00	, , , , , , , , , , , , , , , , , , , ,	nstructions)		1,068	1
	Adjusted reimbursable bad debts (see instructions)			694	
26.00				0	
27.00				2,330,072	
28.00				0	28.00
29.00				0	29.00
30.00				0	30.00
31.00	, , , ,			0	31.00
	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50 31.98
31.98	Recovery of accelerated depreciation. Demonstration payment adjustment amount before sequestration			0	ł
32.00				2,330,072	ł
32.00				46,601	ł
32.01	1 '			40,001	ı
	Interim payments			2,279,933	
	Tentative settlement (for contractor use only)			2,273,333	34.00
35.00		34)		3,538	
36.00			chanter 1	0,330	36.00
30.00	§115.2		chapter 1,		30.00
50 00	TO BE COMPLETED BY CONTRACTOR Original outlier amount from Wkst. E-3, Pt. III, line 4			37,978	50 00
	Outlier reconciliation adjustment amount (see instructions)			37,376 0	51.00
	The rate used to calculate the Time Value of Money			0 00	52.00
	Time Value of Money (see instructions)			0.00	53.00
55.00	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING COVID-19 PHE)	ON OR BEFORE	MAY 11, 2023 (TH		33.00
99.00	Teaching Adjustment Factor for the cost reporting period immediately pre	cedina Febru	ary 29, 2020.	0.000000	99.00
	Calculated Teaching Adjustment Factor for the current year. (see instruc			0.000000	

Health Financial Systems	MARION GENERAL HOSPITAL		In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provide	r CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2023 11:19 am

			, ,	11/28/2023 11	:19 am
	Title XIX	I	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V	OR XIX S	ERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		1,458,632		1.00
2.00	Medical and other services		,,	0	
3.00	Organ acquisition (certified transplant programs only)		0	•	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,458,632	0	
5.00	Inpatient primary payer payments		1,130,032	v	5.00
6.00	Outpatient primary payer payments		o l	0	
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,458,632	0	
	COMPUTATION OF LESSER OF COST OR CHARGES		1,430,032	0	7.00
	Reasonable Charges				
8.00	Routine service charges		1 140 104		8.00
			1,140,104	0	
9.00	Ancillary service charges		2,971,833	Ü	
	Organ acquisition charges, net of revenue		0		10.00
	Incentive from target amount computation		0		11.00
12.00			4,111,937	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a cha	arge	0	0	13.00
	basis		_		
14.00		ces on	0	0	14.00
	a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				
			0.000000	0.000000	
	Total customary charges (see instructions)		4,111,937	0	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 excee	eds	2,653,305	0	17.00
	line 4) (see instructions)				
18.00		ds line	0	0	18.00
	16) (see instructions)				
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
	Cost of covered services (enter the lesser of line 4 or line 16)		1,458,632	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS	providers			
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
	Subtotal (sum of lines 22 through 26)		0	0	27.00
	Customary charges (title V or XIX PPS covered services only)		0	0	1
	Titles V or XIX (sum of lines 21 and 27)		1,458,632	0	
23.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		2, 130, 032		
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,458,632	0	
	Deductibles		1, 130, 032	0	1
	Coinsurance		0	0	1
	Allowable bad debts (see instructions)		0	0	1
			0	U	35.00
	Utilization review		1 450 633	0	
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,458,632	0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	1
	Subtotal (line 36 ± line 37)		1,458,632	0	
	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
	Total amount payable to the provider (sum of lines 38 and 39)		1,458,632	0	
	Interim payments		2,189,470	0	
42.00			-730,838	0	
	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15	5-2,	0	0	43.00
					1
	chapter 1, §115.2				
43.00	chapter 1, §115.2 OVERRIDES Override Ancillary service charges (line 9)		0		109.00

Health Financial Systems	MARION GENERAL HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0011 Component CCN: 15-T011	From 07/01/2022	Date/Time Prepared:
			11/28/2023 11:19 am
	Title XIX	Subprovider -	Cost

		IRF		
		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XI	X SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	31,313		1.0
2.00	Medical and other services		0	2.0
3.00	Organ acquisition (certified transplant programs only)	0		3.0
4.00	Subtotal (sum of lines 1, 2 and 3)	31,313	0	4.0
5.00	Inpatient primary payer payments	0		5.0
6.00	Outpatient primary payer payments		0	6.0
7.00	Subtotal (line 4 less sum of lines 5 and 6)	31,313	0	7.0
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	16,428		8.0
9.00	Ancillary service charges	15,774	0	9.0
10.00		0		10.0
11.00		0		11.0
12.00		32,202	0	12.0
	CUSTOMARY CHARGES			
13.00		0	0	13.0
	basis			
14.00	The second secon	0	0	14.0
	a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			
15.00		0.000000		15.0
16.00		32,202	- 1	16.0
17.00		889	0	17.0
40.00	line 4) (see instructions)			40.
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line	0	0	18.0
10 00	16) (see instructions)			10 (
	Interns and Residents (see instructions)	0		19.0
20.00	The state of the s	0		20.0
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	31,313	0	21.0
22.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS provided them then outlier payments.	ers.	0	22.0
	the state of the s	0		23.0
	Outlier payments	0	•	
	Program capital payments	0		24.0
	Capital exception payments (see instructions)	0		25.0
	Routine and Ancillary service other pass through costs	0		26.0
27.00 28.00	, and the second	0	- 1	27.0 28.0
		21 212		29.0
29.00	Titles V or XIX (sum of lines 21 and 27)	31,313	U	29.0
20 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		0	20.0
30.00		0		30.0
31.00		31,313		31.0
32.00		0		32.0
	Coinsurance	0		33.0
34.00		0		34.0
35.00		0		35.0
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	31,313		36.0
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		37.0
38.00		31,313		38.0
	Direct graduate medical education payments (from Wkst. E-4)	0		39.0
40.00		31,313		40.0
	Interim payments	14,626		41.0
42.00		16,687		42.0
43.00	,	0	0	43.0
	chapter 1, §115.2			
400 -	OVERRIDES			
T09.00	Override Ancillary service charges (line 9)	0	0 1	109.0

Health	Financial Systems MARION GENERAL	HOSPITAL	In Lie	u of Form CMS-2	552-10
OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT Provider CCN: 15-0011 Period: From 07/01/2022					
			To 06/30/2023	Date/Time Prep 11/28/2023 11	
		Title XVIII		PPS	
	1.00				
	TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or su	n of 2.03 plus 2.04 (see	instructions)	0	1.00
2.00	2.00 Capital outlier from Wkst. L, Pt. I, line 2			0	2.00
3.00	Operating outlier reconciliation adjustment amount (see ins	tructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instru	uctions)		0	4.00
5.00	The rate used to calculate the time value of money (see ins	tructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions	s)		0	6.00
7.00	Time value of money for capital related expenses (see instru	uctions)		0	7.00

MARION GENERAL HOSPITAL In Lieu of Form CMS-2552-10

Health Financial Systems

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/28/2023 11:19 am Provider CCN: 15-0011

on ry)			10	00/30/2023	11/28/2023 11	:19 am
		General Fund	Specific	Endowment	Plant Fund	
		1.00	Purpose Fund	Fund	4.00	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
1.00	Cash on hand in banks	10,882,639	0	0	0	1.00
2.00	Temporary investments	9,821,032	1	Ö	Ö	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,528,294	0	0	0	4.00
5.00	Other receivable	3,216,800	0	0	0	
6.00	Allowances for uncollectible notes and accounts receivable			0	0	1
7.00	Inventory	2,097,130	1	0	0	
8.00	Prepaid expenses	3,923,143		0	0	
9.00 10.00	Other current assets Due from other funds	1,345,351	. 0	0	0	9.00
11.00	Total current assets (sum of lines 1-10)	52,050,385		0	0	1
11.00	FIXED ASSETS	32,030,303	0	<u> </u>		11.00
12.00	Land	12,819,425	0	0	0	12.00
13.00	Land improvements	3,369,169	1	o	0	13.00
14.00	Accumulated depreciation	-3,233,608	0	0	0	14.00
15.00	Buildings	155,179,210	1	0	0	15.00
16.00	Accumulated depreciation	-105,376,966	1	0	0	
17.00	Leasehold improvements	1,004,506		0	0	
18.00	Accumulated depreciation	-723,443	I I	0	0	
19.00 20.00	Fixed equipment Accumulated depreciation	3,509,530	I I	U O	0	1
21.00	Automobiles and trucks	-1,632,009 1,063,716	1	0	0	
22.00	Accumulated depreciation	-957,208		0	0	1
23.00	Major movable equipment	74,692,822	I I	ő	0	
24.00	Accumulated depreciation	-62,658,594		Ö	0	24.00
25.00	Minor equipment depreciable	0	0	O	0	1
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	
	Minor equipment-nondepreciable	79,093,497	1	0	0	
30.00	Total fixed assets (sum of lines 12-29)	156,150,047	0	0	0	30.00
31.00	OTHER ASSETS Investments	302,366,890	0	0	0	31.00
32.00	Deposits on leases	0 302,300,030	0	0	0	
33.00	Due from owners/officers	0	0	ő	Ö	
34.00	Other assets	10,956,801	0	o	0	1
35.00	Total other assets (sum of lines 31-34)	313,323,691	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	521,524,123	0	0	0	36.00
	CURRENT LIABILITIES			-1		
37.00	Accounts payable	9,542,243	1	0	0	1
38.00 39.00	Salaries, wages, and fees payable Payroll taxes payable	7,574,837	0	0	0	
40.00	Notes and loans payable (short term)	0	0	0	0	1
41.00	Deferred income	0	0	0	0	
42.00	Accelerated payments	0		Ĭ	ı	42.00
43.00	Due to other funds	0	0	o	0	
44.00	Other current liabilities	6,154,101	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,271,181	. 0	0	0	45.00
	LONG TERM LIABILITIES		,			
46.00	Mortgage payable	0	0	0	0	
47.00	Notes payable	0		0	0	
48.00	Unsecured loans	145 490 022	0	0	0	
49.00 50.00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49)	145,480,923 145,480,923	1	0	0	1
51.00	Total liabilities (sum of lines 45 and 50)	168,752,104	1	0	0	
31.00	CAPITAL ACCOUNTS	100,732,101	<u> </u>			31.00
52.00	General fund balance	352,772,019				52.00
53.00	Specific purpose fund		0		l	53.00
54.00	Donor created - endowment fund balance - restricted			0	l	54.00
55.00	Donor created - endowment fund balance - unrestricted			0	l	55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	
58.00	Plant fund balance - reserve for plant improvement,				0	58.00
59.00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	352,772,019	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and	521,524,123		0	0	60.00
-0.00	59)	,,,		Ĭ	1	
		•	. "	'		•

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES In Lieu of Form CMS-2552-10 MARION GENERAL HOSPITAL

Provider CCN: 15-0011 Period: Worksheet G-1
From 07/01/2022

					To 06/30/20	23 Date/Time Pro 11/28/2023 1	epared: 1:19 am
		General	Fund	Special	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0 0 0	351,531,392 1,240,627 352,772,019		0 0 0 0 0 0	0	5.00 6.00 7.00
9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00		0 0 0 0 0 0	0 352,772,019 0 352,772,019		0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00 11.00 12.00 13.00 14.00 15.00 16.00
	sheet (line 11 minus line 18)	Endowment Fund	Plant	Fund			
		6.00	7.00	8.00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9)	0	0 0 0 0 0		0 0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0	0 0 0 0 0		0 0 0		11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

MARION GENERAL HOSPITAL

Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0011

Cost Center Description
PART I - PATIENT REVENUES 1.00 2.00 3.00
PART I - PATIENT REVENUES General Inpatient Routine Services 1.00
General Inpatient Routine Services
1.00
2.00 SUBPROVIDER - IPF 0 2.413,255 2.413,255 3.00 3
3.00 SUBPROVIDER - IRF
4.00 SUBPROVIDER 0 0 0 0 0 0 0 0 0
6.00 Swing bed - NF 7.00 SKILLED NURSING FACILITY 8.00 NURSING FACILITY 9.00 OTHER LONG TERM CARE 10.00 TIMEN LONG TERM CARE 10.00 TIMEN LONG TERM CARE 10.00 TIMEN LONG TERM CARE Services (sum of lines 1-9) 17,076,918 17,076,918 17,076,918 10.00 TIMENSIVE CARE UNIT 12.00 CORONARY CARE UNIT 13.00 BURN INTENSIVE CARE UNIT 15.00 OTHER SPECIAL CARE (SPECIFY) 16.00 Total intensive care type inpatient hospital services (sum of lines 7,303,526 7,303,526 11.50 17.00 Total inpatient routine care services (sum of lines 10 and 16) 24,380,444 24,380,444 17.00 18.00 Ancillary services 0 407,742,309 407,742,309 19.00 20.00 RURAL HEALTH CLINIC 0 0 0 0 0 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 6,421,305 6,421,305 23.00 24.00 AMBULANCE SERVICES 0 AMBULANCE SERVICES (DAME CENTER (D.P.)
7.00 SKILLED NURSING FACILITY 8.00 NURSING FACILITY 9.00 OTHER LONG TERM CARE 10.00 Total general inpatient care services (sum of lines 1-9) 11.00 INTENSIVE CARE UNIT 12.00 CORONARY CARE UNIT 13.00 BURN INTENSIVE CARE UNIT 15.00 OTHER SPECIAL CARE (SPECIFY) 16.00 Total intensive care type inpatient hospital services (sum of lines 10 and 16) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 17.00 Total inpatient services 19.00 Outpatient
7.00 SKILLED NURSING FACILITY 8.00 NURSING FACILITY 9.00 OTHER LONG TERM CARE 10.00 Total general inpatient care services (sum of lines 1-9) 11.00 INTENSIVE CARE UNIT 12.00 CORONARY CARE UNIT 13.00 BURN INTENSIVE CARE UNIT 15.00 OTHER SPECIAL CARE (SPECIFY) 16.00 Total intensive care type inpatient hospital services (sum of lines 10 and 16) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 17.00 Total inpatient services 19.00 Outpatient
9.00 OTHER LONG TERM CARE 10.00 Total general inpatient care services (sum of lines 1-9) 17,076,918 12.00 12.00 12.00 13.00 14.00 15.00 10.00 10.00 12.00 10.00
Total general inpatient care services (sum of lines 1-9) 17,076,918 17,076,918 17,076,918 10.00 Intensive Care Type Inpatient Hospital Services
Intensive Care Type Inpatient Hospital Services
Intensive Care Type Inpatient Hospital Services
11.00 INTENSIVE CARE UNIT 12.00 CORONARY CARE UNIT 13.00 BURN INTENSIVE CARE UNIT 14.00 SURGICAL INTENSIVE CARE UNIT 15.00 OTHER SPECIAL CARE (SPECIFY) 16.00 Total intensive care type inpatient hospital services (sum of lines 11-15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 17.00 Ancillary services 19.00 Outpatient services 19.00 Outpatient services 10.00 RURAL HEALTH CLINIC 10.00 RURAL HEALTH AGENCY 10.00 AMBULANCE SERVICES 10.00 CMHC 10.00 CMHC 10.00 CMHC 11.00 CMHC 12.00 AMBULATORY SURGICAL CENTER (D.P.)
13.00 BURN INTENSIVE CARE UNIT 14.00 SURGICAL INTENSIVE CARE UNIT 15.00 OTHER SPECIAL CARE (SPECIFY) 16.00 Total intensive care type inpatient hospital services (sum of lines 11-15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 18.00 Ancillary services 19.00 Outpatient services 20.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOMB HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
14.00 SURGICAL INTENSIVE CARE UNIT 15.00 OTHER SPECIAL CARE (SPECIFY) 15.00 Total intensive care type inpatient hospital services (sum of lines 11-15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 24,380,444 24,380,444 17.00 18.00 Ancillary services 79,486,536 0 79,486,536 18.00 19.00 Outpatient services 0 407,742,309 407,742,309 19.00 20.00 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 0
15.00 OTHER SPECIAL CARE (SPECIFY) 16.00 Total intensive care type inpatient hospital services (sum of lines 11-15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 18.00 Ancillary services 19.00 Outpatient services 19.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 18.00 Ancillary services 19.00 Outpatient services 19.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
11-15) 17.00 Total inpatient routine care services (sum of lines 10 and 16) 18.00 Ancillary services 19.00 Outpatient services 20.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
17.00 Total inpatient routine care services (sum of lines 10 and 16) 18.00 Ancillary services 19.00 Outpatient services 20.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.) 24,380,444 79,486,536 0 79,486,536 18.00 0 407,742,309 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
18.00 Ancillary services 79,486,536 0 79,486,536 18.00 19.00 Outpatient services 0 407,742,309 407,742,309 19.00 20.00 RURAL HEALTH CLINIC 0 0 0 0 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 21.00 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 0 6,421,305 23.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
19.00 Outpatient services 0 407,742,309 407,742,309 19.00 20.00 RURAL HEALTH CLINIC 0 0 0 0 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 21.00 22.00 AMBULANCE SERVICES 0 6,421,305 6,421,305 23.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
20.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 21.00 22.00 HOME HEALTH AGENCY 22.00 AMBULANCE SERVICES 0 6,421,305 23.00 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.)
22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.) 22.00 6,421,305 6,421,305 23.00 24.00 24.00 25.00
23.00 AMBULANCE SERVICES 0 6,421,305 23.00 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.) 0 6,421,305 23.00 24.00 25.00 AMBULATORY SURGICAL CENTER (D.P.)
24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 25.00
25.00 AMBULATORY SURGICAL CENTER (D.P.)
26.00 HOSPICE 26.00
27.00 PROFESSIONAL FEES 0 42,367,077 42,367,077 27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 103,866,980 456,530,691 560,397,671 28.00
G-3, line 1)
PART II - OPERATING EXPENSES
29.00 Operating expenses (per Wkst. A, column 3, line 200) 211,989,329 29.00
30.00 ADD RECONCILING ITEM 12 30.00
31.00
32.00
33.00
34.00
35.00
36.00 Total additions (sum of lines 30-35) 12 36.00
37.00 ELIMINATIONS 1,648,718 37.00
38.00
39.00
40.00
41.00
42.00 Total deductions (sum of lines 37-41) 1,648,718 42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 210,340,623 43.00
to Wkst. G-3, line 4)

Health	Financial Systems MARION GENERAL	HOSPITAL	In Lie	u of Form CMS-2	2552-10
	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0011	Period:	Worksheet G-3	
			From 07/01/2022 To 06/30/2023	Date/Time Pre 11/28/2023 11	
4 00				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin			560,397,671	
2.00	Less contractual allowances and discounts on patients' accounts	nts		376,929,577	
3.00	Net patient revenues (line 1 minus line 2)			183,468,094	
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		210,340,623	
5.00	Net income from service to patients (line 3 minus line 4)			-26,872,529	5.00
6.00	OTHER INCOME Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			24,785,514	
8.00	Revenues from telephone and other miscellaneous communication	a sonvicos		24,763,314	
9.00	Revenue from television and radio service	i services		0	9.00
	Purchase discounts			0	10.00
	Rebates and refunds of expenses			0	11.00
	Parking lot receipts			0	12.00
	Revenue from laundry and linen service			0	13.00
	Revenue from meals sold to employees and guests			0	14.00
	Revenue from rental of living quarters			0	
	Revenue from sale of medical and surgical supplies to other	than nationts		0	
	Revenue from sale of drugs to other than patients	chan pactenes		- 1	17.00
	Revenue from sale of medical records and abstracts			0	
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	
	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
	Rental of vending machines			0	
22.00	Rental of hospital space			ő	22.00
	Governmental appropriations			0	23.00
	OTHER OPERATING INCOME			3,232,665	
	COVID-19 PHE Funding			0	
	Total other income (sum of lines 6-24)			28,018,179	
	Total (line 5 plus line 25)			1,145,650	
	BAD DEBT EXPENSE			-94,977	
	Total other expenses (sum of line 27 and subscripts)			-94,977	
	Net income (or loss) for the period (line 26 minus line 28)			1,240,627	
23.00	ince meane (or 1033) for the period (time 20 millus fille 20)		ı	1,240,027	23.00

	· · · · · · · · · · · · · · · · · · ·	MARION GENERAL			u of Form CMS-2	2552-1
CALCUL	ATION OF CAPITAL PAYMENT		Provider CCN: 15-0011	Period: From 07/01/2022 To 06/30/2023		pared:
			Title XVIII	Hospital	PPS	.15 ai
	_		THE CONTEST			
					1.00	
	PART I - FULLY PROSPECTIVE METHOD					
	CAPITAL FEDERAL AMOUNT					
.00	Capital DRG other than outlier				745,505	1.0
01	Model 4 BPCI Capital DRG other than outlier				0	1.0
2.00	Capital DRG outlier payments				20,100	2.0
.01	Model 4 BPCI Capital DRG outlier payments				0	2.0
.00	Total inpatient days divided by number of days		porting period (see ins	tructions)	37.72	3.0
.00	Number of interns & residents (see instructions				0.00	4.0
.00	Indirect medical education percentage (see inst				0.00	5.0
.00	<pre>Indirect medical education adjustment (multiply 1.01)(see instructions)</pre>	y line 5 by the	sum of lines 1 and 1.0	I, columns I and	0	6.0
.00	Percentage of SSI recipient patient days to Med 30) (see instructions)	dicare Part A p	atient days (Worksheet	E, part A line	0.00	7.0
.00	Percentage of Medicaid patient days to total day	avs (see instru	ctions)		0.00	8.0
.00	Sum of lines 7 and 8	.,,			0.00	9.0
0.00	Allowable disproportionate share percentage (se	ee instructions			0.00	10.0
1.00	Disproportionate share adjustment (see instruct				0	11.0
L2.00	Total prospective capital payments (see instruc	ctions)			765,605	12.0
					1.00	
	PART II - PAYMENT UNDER REASONABLE COST				1.00	
L.00	Program inpatient routine capital cost (see ins	structions)			0	1.0
2.00	Program inpatient ancillary capital cost (see	instructions)			0	2.0
3.00	Total inpatient program capital cost (line 1 pl	lus line 2)			0	3.0
1.00	Capital cost payment factor (see instructions)				0	4.0
5.00	Total inpatient program capital cost (line 3 x	line 4)			0	5.0
					1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS					
L.00	Program inpatient capital costs (see instruction	ons)			0	1.0
.00	Program inpatient capital costs for extraordina	ary circumstanc	es (see instructions)		0	2.0
.00	Net program inpatient capital costs (line 1 mir	nus line 2)			0	3.0
1.00	Applicable exception percentage (see instruction	ons)			0.00	4.0
5.00	Capital cost for comparison to payments (line 3				0	5.0
5.00	Percentage adjustment for extraordinary circums				0.00	
7.00	Adjustment to capital minimum payment level for	r extraordinary	circumstances (line 2	x line 6)	0	7.0

8.00

9.00

10.00 0

11.00

14.00

15.00

0 17.00

0

0 12.00

n l 13.00

0

0 16.00

9.00

14.00

Capital minimum payment level (line 5 plus line 7)

(if line 12 is negative, enter the amount on this line)

16.00 | Current year operating and capital costs (see instructions)

17.00 | Current year exception offset amount (see instructions)

Current year capital payments (from Part I, line 12, as applicable)

15.00 Current year allowable operating and capital payment (see instructions)

10.00 | Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)

Carryover of accumulated capital minimum payment level over capital payment for the following period

11.00 | Carryover of accumulated capital minimum payment level over capital payment (from prior year

Worksheet L, Part III, line 14)

12.00 Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)

13.00 | Current year exception payment (if line 12 is positive, enter the amount on this line)