

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0011	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/22/2008 TIME 11:12

PART I - CERTIFICATION

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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MARION GENERAL HOSPITAL 15-0011  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*Robyn A Powell*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 CPD  
 TITLE  
 11/26/08  
 DATE

-----  
 ECR ENCRYPTION INFORMATION  
 DATE: 11/22/2008 TIME 11:12  
 -----  
 JwAfUjbhn:u1IP0LJSErHYJrtdeYCO  
 R01LL06ZcrgF9ImSZD0S743I7R3ADS  
 .2c20:Oqji03pw:h  
 -----  
 PI ENCRYPTION INFORMATION  
 DATE: 11/22/2008 TIME 11:12  
 -----  
 u2sXmvAW:hseP2uvHNZ0K0mXBDgmV0  
 wk37L0EEYv.9G8d3LvFOJzocdSwEBb  
 ssY64IKIrp0mcgwj  
 -----

DEC 02 2008

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	270,831	-336	2,717,726
2	SUBPROVIDER	0	19,088	0	-34,381
100	TOTAL	0	289,919	-336	2,683,345

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 441 WABASH AVENUE P.O. BOX:  
 1.01 CITY: MARION STATE: IN ZIP CODE: 46952- COUNTY: GRANT

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	MARION GENERAL HOSPITAL	15-0011	2.01	3	V XVIII XIX
03.00 SUBPROVIDER	MARION GENERAL HOSPITAL REHAB	15-7011		7/ 1/1966	4 5 6
				7/ 1/2005	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 2  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2007 ENDING: 12/31/2007  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: 1/ 1/2008 ENDING: 6/30/2008  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000  
 0.00 0 0 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

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

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N  
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
 REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
 THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
 COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
 OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.  
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3,  
 CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	80	40,626	2.01	3	4	4.01	5
2 HMO					6,707		1,223
2 01 HMO - (IRF PPS SUBPROVIDER)							2,799
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	40,626			6,707		1,223
6 INTENSIVE CARE UNIT	19	6,954			1,983		
12 TOTAL	99	47,580			8,690		1,223
13 RPCH VISITS							
14 SUBPROVIDER	18	6,588			2,138		70
25 TOTAL	117						
26 OBSERVATION BED DAYS							2,565
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS					1,328		
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			15,380				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			15,380				
6 INTENSIVE CARE UNIT			3,158				
12 TOTAL			18,538				
13 RPCH VISITS							
14 SUBPROVIDER			2,724				
25 TOTAL							
26 OBSERVATION BED DAYS	567	1,998	7,809	2,124	5,685		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,210	502	4,940
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
12 TOTAL		811.02			2,210	502	4,940
13 RPCH VISITS							
14 SUBPROVIDER		16.10			194	3	240
25 TOTAL		827.12					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET 5-3  
 I I TO 6/30/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
1 TOTAL SALARY	39,887,074		39,887,074	1,712,409.00	23.29	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	305,324		305,324	3,458.00	88.29	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,727,405	316,971	4,044,376	231,199.00	17.49	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	712,652		712,652	11,978.00	59.50	
9.01 PHARMACY SERVICES UNDER CONTRACT	263,530		263,530	2,595.00	101.55	
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	11,974,744		11,974,744			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	741,203		741,203			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	819,579	5,515	825,094	37,102.00	22.24	
23 ADMINISTRATIVE & GENERAL	7,046,585	-276,148	6,770,437	234,233.00	28.90	
22.01 A & G UNDER CONTRACT	1,075,979		1,075,979	8,966.00	120.01	
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	530,401		530,401	35,010.00	15.15	
26 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT	978,678		978,678	92,238.00	10.61	
27 DIETARY						
27.01 DIETARY UNDER CONTRACT	747,574		747,574	72,924.00	10.25	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,188,876	-493,285	695,591	19,964.00	34.84	
31 CENTRAL SERVICE AND SUPPLY	264,759	24,607	289,366	17,572.00	16.47	
32 PHARMACY	1,414,927		1,414,927	44,765.00	31.61	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	39,887,074		39,887,074	1,712,409.00	23.29	
2 EXCLUDED AREA SALARIES	3,727,405	316,971	4,044,376	231,199.00	17.49	
3 SUBTOTAL SALARIES	36,159,669	-316,971	35,842,698	1,481,210.00	24.20	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	976,182		976,182	14,573.00	66.99	
5 SUBTOTAL WAGE-RELATED COSTS	11,974,744		11,974,744		33.41	
6 TOTAL	49,110,595	-316,971	48,793,624	1,495,783.00	32.62	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

HOSPITAL WAGE INDEX INFORMATION

IN LIEU OF FORM CMS-2552-96 (05/2004)  
I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
I 15-0011 I FROM 7/ 1/2007 I WORKSHEET S-3  
I I TO 6/30/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	14,067,358	-739,311	13,328,047	562,774.00	23.68	

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
  - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
    - 2.01 IS IT AT THE TIME OF ADMISSION?
    - 2.02 IS IT AT THE TIME OF FIRST BILLING?
    - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
    - 2.04
  - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
  - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
  - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
  - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
  - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
  - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
    - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
  - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
  - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
    - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
    - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
    - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
    - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
  - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
  - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
  - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
    - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
    - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
  - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
  - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
    - 17.01 GROSS MEDICAID REVENUES
    - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
    - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
    - 20 RESTRICTED GRANTS
    - 21 NON-RESTRICTED GRANTS
    - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .384156
  - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
  - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

HOSPITAL UNCOMPENSATED CARE DATA

I  
I  
I  
I

PROVIDER NO:  
15-0011

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)

I PERIOD:

I FROM 7/ 1/2007  
I TO 6/30/2008  
I

I PREPARED 11/22/2008  
I WORKSHEET S-10  
I

DESCRIPTION

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)  
28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS  
29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)  
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS  
31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)  
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-0011  
I

I PERIOD:  
I FROM 7/ 1/2007 I PREPARED 11/22/2008  
I TO 6/30/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
			1	2				
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT			10,650,335	10,650,335	2,891,094	13,541,429
3	0300	NEW CAP REL COSTS-BLDG & FIXT						
5	0500	EMPLOYEE BENEFITS	819,579	13,031,314	13,850,893	13,850,893	5,515	13,856,408
6	0600	ADMINISTRATIVE & GENERAL	7,046,585	12,567,788	19,614,373	19,614,373	-314,521	19,299,852
7	0700	MAINTENANCE & REPAIRS						
7.01	0701	CAFETERIA						
7.02	0702	CAFETERIA					1,035,380	1,035,380
8	0800	OPERATION OF PLANT	530,401	3,529,461	4,059,862	4,059,862	249,606	4,309,468
9	0900	LAUNDRY & LINEN SERVICE		331,422	331,422	331,422		331,422
10	1000	HOUSEKEEPING		1,885,367	1,885,367	1,885,367	3,671	1,889,038
11	1100	DIETARY		1,783,253	1,783,253	1,783,253	-1,079,883	703,370
14	1400	NURSING ADMINISTRATION	1,188,876	54,828	1,243,704	1,243,704	-493,285	750,419
15	1500	CENTRAL SERVICES & SUPPLY	264,759	320,135	584,894	584,894	24,607	609,501
16	1600	PHARMACY	1,414,927	8,926,769	10,341,696	10,341,696	-8,478,774	1,862,922
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	8,243,716	791,584	9,035,300	9,035,300	163,065	9,198,365
26	2600	INTENSIVE CARE UNIT	2,108,530	210,312	2,318,842	2,318,842	39,321	2,358,163
31	3100	SUBPROVIDER	711,143	599,215	1,310,358	1,310,358	11,980	1,322,338
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	1,908,609	4,305,413	6,214,022	6,214,022	71,493	6,285,515
41	4100	RADIOLOGY-DIAGNOSTIC	2,993,610	2,692,537	5,686,147	5,686,147	40,594	5,726,741
44	4400	LABORATORY	2,562,797	2,891,407	5,454,204	5,454,204	8,363	5,462,567
44.01	4401	ONCOLOGY	794,559	352,775	1,147,334	1,147,334		1,147,334
44.02	4402	RADIATION ONCOLOGY						
49	4900	RESPIRATORY THERAPY	884,908	882,411	1,767,319	1,767,319	79,024	1,846,343
50	5000	PHYSICAL THERAPY	1,239,129	150,332	1,389,461	1,389,461	44,236	1,433,697
53	5300	ELECTROCARDIOLOGY	528,036	100,465	628,501	628,501	72,518	701,019
53.01	5301	CARDIAC REHAB	89,835	10,698	100,533	100,533	25,566	126,099
53.03	5303	CARDIAC CATH	389,193	1,831,344	2,220,537	2,220,537	47,241	2,267,778
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS						
56	5600	DRUGS CHARGED TO PATIENTS					8,478,774	8,478,774
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	185,519	70,434	255,953	255,953	29,809	285,762
61	6100	EMERGENCY	2,966,101	438,778	3,404,879	3,404,879	-58,811	3,346,068
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
65	6500	AMBULANCE SERVICES	797,678	159,883	957,561	957,561	48,119	1,005,680
		SPEC PURPOSE COST CENTERS						
88	8800	INTEREST EXPENSE		3,504,770	3,504,770	3,504,770	-3,504,770	
95		AMBULANCE SERVICES (07/01/2003 LIMIT NONREIMBURS COST CENTERS	37,668,490	72,073,030	109,741,520	109,741,520	-560,068	109,181,452
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,820	15,755	49,575	49,575	5,143	54,718
96.01	9601	PHYSICIAN OFFICES	1,805,618	5,202,936	7,008,554	7,008,554	253,760	7,262,314
96.02	9602	VISITOR MEALS						
96.03	9603	GREAT BEGINNINGS/MATERNAL	124,625	2,572	127,197	127,197	12,042	139,239
96.04	9604	LIFELINE	144,606	54,169	198,775	198,775	5,515	204,290
96.05	9605	LEASED PROPERTIES		924,121	924,121	924,121	-100,280	823,841
96.06	9606	OCCUPATIONAL HEALTH					55,234	55,234
96.07	9607	PROFESSIONAL ARTS PHARMACY	80,685		80,685	80,685		80,685
96.08	9608	PARISH NURSING	26,996	18,636	45,632	45,632	7,731	53,363
96.09	9609	BIOTERRORISM GRANT	2,234	48,768	51,002	51,002		51,002
96.10	9610	BREAST PUMPS		3,151	3,151	3,151	1,085	4,236
96.11	9611	MEALS ON WHEELS						
96.12	9612	MENTAL HEALTH MEALS						
96.13	9613	ADVERTISING					319,838	319,838
96.14	9614	TOBACCO CESSATION GRANT						
101		TOTAL	39,887,074	78,343,138	118,230,212	118,230,212	-0-	118,230,212

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-0011  
I

I PERIOD:  
I FROM 7/ 1/2007  
I TO 6/30/2008

I PREPARED 11/22/2008  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-2,292,175	11,249,254
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
5	0500 EMPLOYEE BENEFITS	-258,646	13,597,762
6	0600 ADMINISTRATIVE & GENERAL	-3,884,267	15,415,585
7	0700 MAINTENANCE & REPAIRS		
7.01	0701 CAFETERIA		1,035,380
7.02	0702 CAFETERIA		
8	0800 OPERATION OF PLANT	-102,345	4,207,123
9	0900 LAUNDRY & LINEN SERVICE	-6,900	324,522
10	1000 HOUSEKEEPING	-3,188	1,885,850
11	1100 DIETARY	-42,743	660,627
14	1400 NURSING ADMINISTRATION	-111	750,308
15	1500 CENTRAL SERVICES & SUPPLY	-21,132	588,369
16	1600 PHARMACY	-550,459	1,312,463
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-36,267	9,162,098
26	2600 INTENSIVE CARE UNIT	-2,855	2,355,308
31	3100 SUBPROVIDER	-61,140	1,261,198
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-60,695	6,224,820
41	4100 RADIOLOGY-DIAGNOSTIC	-416,955	5,309,786
44	4400 LABORATORY	-45,470	5,417,097
44.01	4401 ONCOLOGY	-954	1,146,380
44.02	4402 RADIATION ONCOLOGY		
49	4900 RESPIRATORY THERAPY	-1,677	1,844,666
50	5000 PHYSICAL THERAPY	-1,161	1,432,536
53	5300 ELECTROCARDIOLOGY	-44,044	656,975
53.01	5301 CARDIAC REHAB	-38	126,061
53.03	5303 CARDIAC CATH	-22,629	2,245,149
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	-3,000	8,475,774
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-373	285,389
61	6100 EMERGENCY	-2,904	3,343,164
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-67,493	938,187
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	9500 AMBULANCE SERVICES (07/01/2003 LIMIT)	-7,929,621	101,251,831
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		54,718
96.01	9601 PHYSICIAN OFFICES		7,262,314
96.02	9602 VISITOR MEALS		
96.03	9603 GREAT BEGINNINGS/MATERNAL		139,239
96.04	9604 LIFELINE		204,290
96.05	9605 LEASED PROPERTIES		823,841
96.06	9606 OCCUPATIONAL HEALTH		55,234
96.07	9607 PROFESSIONAL ARTS PHARMACY		80,685
96.08	9608 PARISH NURSING		53,363
96.09	9609 BIOTERRORISM GRANT		51,002
96.10	9610 BREAST PUMPS		4,236
96.11	9611 MEALS ON WHEELS		
96.12	9612 MENTAL HEALTH MEALS		
96.13	9613 ADVERTISING		319,838
96.14	9614 TOBACCO CESSATION GRANT		
101	TOTAL	-7,929,621	110,300,591

Health Financial Systems MCRIF32  
 COST CENTERS USED IN COST REPORT

FOR MARION GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(9/1996)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	CAFETERIA	0701	MAINTENANCE & REPAIRS
7.02	CAFETERIA	0702	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
44.01	ONCOLOGY	4401	LABORATORY
44.02	RADIATION ONCOLOGY	4402	LABORATORY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
53.03	CARDIAC CATH	5303	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	AMBULANCE SERVICES (07/01/2003 LIMIT		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	PHYSICIAN OFFICES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	VISITOR MEALS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	GREAT BEGINNINGS/MATERNAL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	LIFELINE	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	LEASED PROPERTIES	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	OCCUPATIONAL HEALTH	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	PROFESSIONAL ARTS PHARMACY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	PARISH NURSING	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	BIOTERRORISM GRANT	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	BREAST PUMPS	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	MEALS ON WHEELS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	MENTAL HEALTH MEALS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	ADVERTISING	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	TOBACCO CESSATION GRANT	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150011	FROM 7/ 1/2007	11/22/2008
	TO 6/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 SATELITE OFFICE	A	RADIOLOGY-DIAGNOSTIC	41	5,503	10,967
2		ELECTROCARDIOLOGY	53	796	367
3 CAFETERIA	B	CAFETERIA	7.01		1,035,380
4		ADMINISTRATIVE & GENERAL	6		49,513
5 ADMINISTRATIVE DIRECTOR	C	EMPLOYEE BENEFITS	5	5,515	
6		CENTRAL SERVICES & SUPPLY	15	24,607	
7		ADULTS & PEDIATRICS	25	163,065	
8		INTENSIVE CARE UNIT	26	39,321	
9		SUBPROVIDER	31	11,980	
10		OPERATING ROOM	37	46,470	
11		OPERATING ROOM	37	25,023	
12		RESPIRATORY THERAPY	49	79,024	
13		ELECTROCARDIOLOGY	53	53,971	
14		CARDIAC REHAB	53.01	15,747	
15		CARDIAC CATH	53.03	47,241	
16		CLINIC	60	11,289	
17		AMBULANCE SERVICES	65	48,119	
18		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	5,143	
19		GREAT BEGINNINGS/MATERNAL	96.03	9,762	
20		LIFELINE	96.04	5,515	
21		OCCUPATIONAL HEALTH	96.06	26,346	
22		PARISH NURSING	96.08	5,143	
23		BREAST PUMPS	96.10	1,085	
24 ADVERTISING	D	ADVERTISING	96.13	203,878	115,960
25 LEASED PROPERTY	E	ADMINISTRATIVE & GENERAL	6		28,074
26		OPERATION OF PLANT	8		249,606
27		HOUSEKEEPING	10		3,671
28		DIETARY	11		5,010
29		RADIOLOGY-DIAGNOSTIC	41		24,124
30		LABORATORY	44		25,996
31		PHYSICAL THERAPY	50		44,236
32		ELECTROCARDIOLOGY	53		17,384
33		CARDIAC REHAB	53.01		9,819
34		CLINIC	60		18,520
35		PHYSICIAN OFFICES	96.01		253,760
1 LEASED PROPERTY	E	GREAT BEGINNINGS/MATERNAL	96.03		2,280
2		OCCUPATIONAL HEALTH	96.06		28,888
3		PARISH NURSING	96.08		2,588
4 INTEREST RECLASS	F	OLD CAP REL COSTS-BLDG & FIXT	1		3,504,770
5 PHARMACY RECLASS	G	DRUGS CHARGED TO PATIENTS	56		8,478,774
36 TOTAL RECLASSIFICATIONS				834,543	13,909,687

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 150011	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 11/22/2008 WORKSHEET A-6
------------------------	-------------------------------------------	--------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE LINE NO	SALARY 8	OTHER 9	A-7 REF 10
1 SATELITE OFFICE	A LABORATORY	44	6,299	11,334	
2					
3 CAFETERIA	B DIETARY	11		1,084,893	
4					
5 ADMINISTRATIVE DIRECTOR	C ADMINISTRATIVE & GENERAL	6	72,270		
6	NURSING ADMINISTRATION	14	493,285		
7	EMERGENCY	61	58,811		
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 ADVERTISING	D ADMINISTRATIVE & GENERAL	6	203,878	115,960	
25 LEASED PROPERTY	E OLD CAP REL COSTS-BLDG & FIXT	1		613,676	10
26	LEASED PROPERTIES	96.05		100,280	
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 LEASED PROPERTY	E				
2					
3					
4 INTEREST RECLASS	F INTEREST EXPENSE	88		3,504,770	11
5 PHARMACY RECLASS	G PHARMACY	16		8,478,774	
36 TOTAL RECLASSIFICATIONS			834,543	13,909,687	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.



Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (09/1996)  
PREPARED 11/22/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASSIFICATIONS

PROVIDER NO: 150011

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

RECLASS CODE: G  
EXPLANATION : PHARMACY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	8,478,774	56	PHARMACY	8,478,774
TOTAL RECLASSIFICATIONS FOR CODE G		8,478,774	16		8,478,774

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	247,980						247,980	
2	LAND IMPROVEMENTS	22,261						22,261	
3	BUILDINGS & FIXTURE	14,478,872						14,478,872	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	423,778						423,778	
6	MOVABLE EQUIPMENT	795,542					23,734	771,808	
7	SUBTOTAL	15,968,433					23,734	15,944,699	
8	RECONCILING ITEMS								
9	TOTAL	15,968,433					23,734	15,944,699	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	2,667,146	401,498			401,498		3,068,644	
2	LAND IMPROVEMENTS	1,333,049	113,871			113,871		1,446,920	
3	BUILDINGS & FIXTURE	72,446,070	2,223,883			2,223,883		74,669,953	
4	BUILDING IMPROVEMEN	144,188						144,188	
5	FIXED EQUIPMENT	1,289,073	3,201			3,201		674,860	
6	MOVABLE EQUIPMENT	49,731,473	2,898,876			2,898,876	617,414	50,890,167	
7	SUBTOTAL	127,610,999	5,641,329			5,641,329	1,740,182	130,894,732	
8	RECONCILING ITEMS						2,357,596		
9	TOTAL	127,610,999	5,641,329			5,641,329	2,357,596	130,894,732	

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 RECONCILIATION OF CAPITAL COSTS CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET A-7  
 I I TO 6/30/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
3	NEW CAP REL COSTS-BL								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	10,428,179	-613,676	1,209,446	157,316		67,989	11,249,254
3	NEW CAP REL COSTS-BL							
5	TOTAL	10,428,179	-613,676	1,209,446	157,316		67,989	11,249,254

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	10,425,030			157,316		67,989	10,650,335
3	NEW CAP REL COSTS-BL							
5	TOTAL	10,425,030			157,316		67,989	10,650,335

\* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 15-0011  
I

IN LIEU OF FORM CMS-2552-96(05/1999)  
I PERIOD: I PREPARED 11/22/2008  
I FROM 7/ 1/2007 I WORKSHEET A-8  
I TO 6/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-407,888			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PAGER RENTAL	B	-8,216	ADMINISTRATIVE & GENERAL	6	
38 TELEVISION AND RADIO SERVICE	A	-14,293	OPERATION OF PLANT	8	
39 PHYS DINING OTH PHYSICIAN D	B	-24,816	DIETARY	11	
40 PHYS DISC OTH PHYSICIAN DIN	B	3,348	DIETARY	11	
41 VENDING MACHINES	B	-18,186	DIETARY	11	
42 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-28,735	ADMINISTRATIVE & GENERAL	6	
43 RENTAL OF PROVIDER SPCE BY SUPPLIERS	B	-1,200	ADMINISTRATIVE & GENERAL	6	
44 SALE OF SCRAP, WASTE, ETC.	B	-15,761	ADMINISTRATIVE & GENERAL	6	
45 HEALTH SCREENING FEES - LAB	B	-11,217	LABORATORY	44	
46 HEALTH SCREENING FEES - RAD	B	-2,366	RADIOLOGY-DIAGNOSTIC	41	
47 HEALTH SCREENING FEES - RES CARE	B	-10	RESPIRATORY THERAPY	49	
48 HS-MEDSTAFF OTH SCREEN-MED	B	741	ADULTS & PEDIATRICS	25	
49 TELEPHONE SERVICE	A	-13,158	ADMINISTRATIVE & GENERAL	6	
49.01 TELEPHONE SERVICE	A	-87,240	OPERATION OF PLANT	8	
49.02 SALE OF RAGS	B	-330	HOUSEKEEPING	10	
49.03 ITEMIZED BILL FEES	B	-293	ADMINISTRATIVE & GENERAL	6	
49.04 SANITARY NAPKIN SALES	B	-142	HOUSEKEEPING	10	
49.05 EDUCATIONAL WORKSHOP	B	-5,416	ADMINISTRATIVE & GENERAL	6	
49.06 MISC REV	B	-88	ADMINISTRATIVE & GENERAL	6	
49.07 PHYSICIAN PRIV APPLIC	B	-7,100	ADMINISTRATIVE & GENERAL	6	
49.08 RIVER VIEW RADIOLOGY	B	-19,080	RADIOLOGY-DIAGNOSTIC	41	
49.09 RIVER VIEW TRANSCRIPT	B	-36,078	ADMINISTRATIVE & GENERAL	6	
49.10 RIVER VIEW CLIN ENG	B	-150	OPERATION OF PLANT	8	
49.11 RIVER VIEW STERILIZATION	B	-19,780	CENTRAL SERVICES & SUPPLY	15	
49.12 RIVER VIEW INSTATRAK LEASE	B	-23,811	OPERATING ROOM	37	
49.13 RIVER VIEW CONSLT RHIA CONSUL	B	-700	ADMINISTRATIVE & GENERAL	6	
49.14 RIVER VIEW NAME BADGES	B	-35	ADMINISTRATIVE & GENERAL	6	
49.15 EMERGENCY DRUG SALES	B	-22	PHARMACY	16	
49.16 EMPL UNIFORMS	B	-31	ADMINISTRATIVE & GENERAL	6	
49.17 MISC JV BOD FEE JOINT VENTU	B	-900	ADMINISTRATIVE & GENERAL	6	
49.19 CONTRCT SVC OTH STAFF ASSIS	B	-9,776	ADULTS & PEDIATRICS	25	
49.20 CONTRCT ARU OTH ARU MEDICAL	B	-60,000	SUBPROVIDER	31	
49.21 SCHOOL PHYS OTH SCHOOL PHYS	B	-6,000	ADMINISTRATIVE & GENERAL	6	
49.22 ENTERTAINMENT EXP	A	-9	EMPLOYEE BENEFITS	5	
49.23 ENTERTAINMENT EXP	A	-370	ADMINISTRATIVE & GENERAL	6	
49.24 ENTERTAINMENT EXP	A	-10	NURSING ADMINISTRATION	14	
49.25 ENTERTAINMENT EXP	A	-255	SUBPROVIDER	31	
49.26 EMPLOYEE USE OF AUTO	A	-3,649	ADMINISTRATIVE & GENERAL	6	
49.27 DONATIONS	A	-209,966	ADMINISTRATIVE & GENERAL	6	
49.28 VHA OPPORTUNITY	A	-18	EMPLOYEE BENEFITS	5	
49.29 VHA OPPORTUNITY	A	-1,503	ADMINISTRATIVE & GENERAL	6	
49.30 VHA OPPORTUNITY	A	-662	OPERATION OF PLANT	8	
49.31 VHA OPPORTUNITY	A	-2,292	LAUNDRY & LINEN SERVICE	9	
49.32 VHA OPPORTUNITY	A	-2,716	HOUSEKEEPING	10	
49.33 VHA OPPORTUNITY	A	-3,089	DIETARY	11	
49.34 VHA OPPORTUNITY	A	-10	NURSING ADMINISTRATION	14	
49.35 VHA OPPORTUNITY	A	-1,352	CENTRAL SERVICES & SUPPLY	15	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
49.36 VHA OPPORTUNITY	A	-550,303	PHARMACY		16	
49.37 VHA OPPORTUNITY	A	-26,444	ADULTS & PEDIATRICS		25	
49.38 VHA OPPORTUNITY	A	-2,855	INTENSIVE CARE UNIT		26	
49.39 VHA OPPORTUNITY	A	-35,130	OPERATING ROOM		37	
49.40 VHA OPPORTUNITY	A	-611	OPERATING ROOM		37	
49.41 VHA OPPORTUNITY	A	-1,143	OPERATING ROOM		37	
49.42 VHA OPPORTUNITY	A	-43,574	RADIOLOGY-DIAGNOSTIC		41	
49.43 VHA OPPORTUNITY	A	-22,203	LABORATORY		44	
49.44 VHA OPPORTUNITY	A	-706	ONCOLOGY		44.01	
49.45 VHA OPPORTUNITY	A	-1,634	RESPIRATORY THERAPY		49	
49.46 VHA OPPORTUNITY	A	-191	PHYSICAL THERAPY		50	
49.47 VHA OPPORTUNITY	A	-91	ELECTROCARDIOLOGY		53	
49.48 VHA OPPORTUNITY	A	-38	CARDIAC REHAB		53.01	
49.49 VHA OPPORTUNITY	A	-22,629	CARDIAC CATH		53.03	
49.50 VHA OPPORTUNITY	A	-373	CLINIC		60	
49.51 VHA OPPORTUNITY	A	-2,904	EMERGENCY		61	
49.52 VHA OPPORTUNITY	A	-497	AMBULANCE SERVICES		65	
49.53 FINANCE BANK SERVICE CHARGES	A	-71,076	ADMINISTRATIVE & GENERAL		6	
49.54 FINANCE DISCOUNT PAYMENTS	A	8,828	ADMINISTRATIVE & GENERAL		6	
49.55 SICK CHILD CARE PROGRAM	B	-788	ADULTS & PEDIATRICS		25	
49.56 RETURNED CHECK FEE	B	-1,989	ADMINISTRATIVE & GENERAL		6	
49.57 MEDICAL STAFF CME	B	-6,200	EMPLOYEE BENEFITS		5	
49.58 FLU SHOT HEALTH SCREENS	B	-42,260	ADMINISTRATIVE & GENERAL		6	
49.59 AMBULANCE SVC - ASSISTS	B	-66,500	AMBULANCE SERVICES		65	
49.60 AMBULANCE SVC - CORONER SVC	B	-496	AMBULANCE SERVICES		65	
49.61 AMBULANCE SVC - LINEN SERVICES	B	-4,608	LAUNDRY & LINEN SERVICE		9	
49.62 CONTRACT SVC - SPEECH THERAPY	B	-970	PHYSICAL THERAPY		50	
49.64 PHYSICIAN RECRUITMENT	A	-365,207	ADMINISTRATIVE & GENERAL		6	
49.65 NON-ALLOW 1992 & 1995 BONDS	A	-1,943,261	OLD CAP REL COSTS-BLDG &		1	11
49.66 INTERIOR PARTITIONS DEPREC	A	-1,567	OLD CAP REL COSTS-BLDG &		1	9
49.67 1991 ADDITIONS	A	3,948	OLD CAP REL COSTS-BLDG &		1	9
49.68 BLDG COSTS	A	789	OLD CAP REL COSTS-BLDG &		1	9
49.69 1992 ASSETS	A	-21	OLD CAP REL COSTS-BLDG &		1	9
49.70 LOBBYING COSTS	A	-9,861	ADMINISTRATIVE & GENERAL		6	
49.71 LOBBYING COSTS	A	-91	NURSING ADMINISTRATION		14	
49.72 LOBBYING COSTS	A	-134	PHARMACY		16	
49.73 LOBBYING COSTS	A	-248	ONCOLOGY		44.01	
49.74 LOBBYING COSTS	A	-33	RESPIRATORY THERAPY		49	
49.75 LOBBYING COSTS	A	-12	EMPLOYEE BENEFITS		5	
49.76 OPERATING INTEREST INCOME	B	-352,063	OLD CAP REL COSTS-BLDG &		1	11
49.77 PENSION	A	-252,407	EMPLOYEE BENEFITS		5	
49.78 RETURNED CHECK FEE	B	-980	ADMINISTRATIVE & GENERAL		6	
49.79 CHILD SEAT SAFETY INSPECTION	B	-4,960	ADMINISTRATIVE & GENERAL		6	
49.80 BOD FEE JOINT VENTURE	B	-900	ADMINISTRATIVE & GENERAL		6	
49.81 STAT PHLEB OTHER	B	-50	LABORATORY		44	
49.82 PRECEPT OTHER PHARMACY STUDENT	B	-3,000	DRUGS CHARGED TO PATIENTS		56	
49.83 PHYSICIAN SETTLEMENT	A	-3,056,663	ADMINISTRATIVE & GENERAL		6	
49.84 VHA OPPORTUNITY	A	-885	SUBPROVIDER		31	
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,929,621				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (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 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET A-8-2  
 I I TO 6/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 53	CARDIAC	43,953	43,953		208,000			
2 44	LAB	12,000	12,000		208,000			
3 41	RADIOLOGY	351,935	351,935		217,600			
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	407,888	407,888					



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
7.01	CAFETERIA	71	MEALS	SERVED	ENTERED
7.02	CAFETERIA	72	HOURS	WORKED	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET 6  
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	1	3	5	5a.00	6	7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &	11,249,254	11,249,254					
005 EMPLOYEE BENEFITS	13,597,762	377,632		13,975,394			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	15,415,585	1,763,629		2,422,293	19,601,507	19,601,507	
007 01 CAFETERIA	1,035,380	165,970			1,201,350	259,631	
007 02 CAFETERIA							
008 OPERATION OF PLANT	4,207,123	2,669,403		189,764	7,066,290	1,527,138	
009 LAUNDRY & LINEN SERVICE	324,522	72,462			396,984	85,795	
010 HOUSEKEEPING	1,885,850	119,867			2,005,717	433,468	
011 DIETARY	660,627	186,022			846,649	182,974	
014 NURSING ADMINISTRATION	750,308	23,994		248,865	1,023,167	221,123	
015 CENTRAL SERVICES & SUPPLY	588,369	81,717		103,528	773,614	167,190	
016 PHARMACY	1,312,463	104,717		506,226	1,923,406	415,679	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,162,098	1,532,190		3,007,731	13,702,019	2,961,210	
026 INTENSIVE CARE UNIT	2,355,308	343,115		768,447	3,466,870	749,246	
031 SUBPROVIDER	1,261,198	322,788		258,715	1,842,701	398,237	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,224,820	666,485		708,431	7,599,736	1,642,425	
041 RADIOLOGY-DIAGNOSTIC	5,309,786	958,287		1,073,008	7,341,081	1,586,525	
044 LABORATORY	5,417,097	372,216		914,651	6,703,964	1,448,834	
044 01 ONCOLOGY	1,146,380			284,273	1,430,653	309,187	
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY	1,844,666	155,516		344,871	2,345,053	506,803	
050 PHYSICAL THERAPY	1,432,536	380,614		443,329	2,256,479	487,661	
053 ELECTROCARDIOLOGY	656,975	144,238		208,512	1,009,725	218,218	
053 01 CARDIAC REHAB	126,061	44,457		37,775	208,293	45,015	
053 03 CARDIAC CATH	2,245,149	112,875		156,145	2,514,169	543,352	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,475,774				8,475,774	1,831,750	
060 CLINIC	285,389	83,876		70,413	439,678	95,021	
061 EMERGENCY	3,343,164	376,603		1,040,156	4,759,923	1,028,696	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	938,187	142,353		302,605	1,383,145	298,920	
095 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS	101,251,831	11,201,026		13,089,738	100,317,947	17,444,098	
096 GIFT, FLOWER, COFFEE SHOP	54,718	48,022		13,940	116,680	25,216	
096 01 PHYSICIAN OFFICES	7,262,314			646,005	7,908,319	1,709,114	
096 02 VISITOR MEALS							
096 03 GREAT BEGINNINGS/MATERNAL	139,239			48,080	187,319	40,483	
096 04 LIFELINE	204,290			53,710	258,000	55,758	
096 05 LEASED PROPERTIES	823,841				823,841	178,045	
096 06 OCCUPATIONAL HEALTH	55,234			9,426	64,660	13,974	
096 07 PROFESSIONAL ARTS PHARMAC	80,685			28,867	109,552	23,676	
096 08 PARISH NURSING	53,363			11,499	64,862	14,018	
096 09 BIOTERRORISM GRANT	51,002			799	51,801	11,195	
096 10 BREAST PUMPS	4,236	206		388	4,830	1,044	
096 11 MEALS ON WHEELS							
096 12 MENTAL HEALTH MEALS							
096 13 ADVERTISING	319,838			72,942	392,780	84,886	
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	110,300,591	11,249,254		13,975,394	110,300,591	19,601,507	

COST CENTER DESCRIPTION	CAFETERIA 7.01	CAFETERIA 7.02	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMIN ISTRATION 14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 CAFETERIA	1,460,981						
007 02 CAFETERIA	1,128,391	1,128,391					
008 OPERATION OF PLANT		30,394	8,623,822				
009 LAUNDRY & LINEN SERVICE			99,623	582,402			
010 HOUSEKEEPING			164,798		2,603,983		
011 DIETARY			255,750	30,771	35,342	1,351,486	
014 NURSING ADMINISTRATION		17,232	32,988				1,312,181
015 CENTRAL SERVICES & SUPPLY		15,479	112,347	9,208			
016 PHARMACY		38,915	143,968			53,014	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		310,496	2,106,509	211,046	610,920	889,581	548,305
026 INTENSIVE CARE UNIT		67,234	471,726	35,236	161,566	78,521	118,728
031 SUBPROVIDER		28,760	443,781	19,150	116,125	82,764	50,788
037 ANCLLARY SRVC COST CNTRS							
041 OPERATING ROOM		69,542	916,308	50,990	290,313		122,805
044 RADIOLOGY-DIAGNOSTIC		114,696	1,317,487	49,688	143,894		
044 LABORATORY		105,505	511,736	182	141,370		
044 01 ONCOLOGY				6,514			45,847
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		35,910	213,808	1,965	191,859		63,413
050 PHYSICAL THERAPY		32,634	523,281	20,025	50,489		
053 ELECTROCARDIOLOGY		23,279	198,304	3,819	75,734		41,013
053 01 CARDIAC REHAB		4,055	61,122	20	63,112		7,161
053 03 CARDIAC CATH		14,195	155,184	4,584	75,734		25,066
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		6,682	115,316	2,917	50,489		11,799
061 EMERGENCY		108,851	517,768	94,562	424,110	11,879	192,220
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES		39,374	195,712	30,885	17,671		69,530
065 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)	1,128,391	1,063,233	8,557,516	571,562	2,572,427	1,062,745	1,296,675
096 GIFT, FLOWER, COFFEE SHOP		1,933	66,023		10,098		
096 01 PHYSICIAN OFFICES		51,398		1,352			
096 02 VISITOR MEALS	332,590						
096 03 GREAT BEGINNINGS/MATERNAL							
096 04 LIFELINE		3,005			8,836		8,214
096 05 LEASED PROPERTIES							5,307
096 06 OCCUPATIONAL HEALTH				9,488			
096 07 PROFESSIONAL ARTS PHARMAC		2,181			12,622		
096 08 PARISH NURSING							1,953
096 09 BIOTERROISM GRANT							
096 10 BREAST PUMPS		18	283				
096 11 MEALS ON WHEELS						187,323	32
096 12 MENTAL HEALTH MEALS						101,418	
096 13 ADVERTISING		6,623					
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,460,981	1,128,391	8,623,822	582,402	2,603,983	1,351,486	1,312,181

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET B  
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	15	16			
001 GENERAL SERVICE COST CNTR					
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
007 01 CAFETERIA					
007 02 CAFETERIA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	1,130,852				
016 PHARMACY		2,574,982			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	160,581		21,500,667		21,500,667
026 INTENSIVE CARE UNIT	50,888		5,200,015		5,200,015
031 SUBPROVIDER	2,262		2,984,568		2,984,568
037 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	661,547		11,353,666		11,353,666
041 RADIOLOGY-DIAGNOSTIC	11,309		10,564,680		10,564,680
044 LABORATORY	33,926		8,945,517		8,945,517
044 01 ONCOLOGY	5,654		1,797,855		1,797,855
044 02 RADIATION ONCOLOGY					
049 RESPIRATORY THERAPY	10,178		3,368,989		3,368,989
050 PHYSICAL THERAPY			3,370,569		3,370,569
053 ELECTROCARDIOLOGY	11,309		1,581,401		1,581,401
053 01 CARDIAC REHAB			388,778		388,778
053 03 CARDIAC CATH	16,963		3,349,247		3,349,247
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS		2,574,982	12,882,506		12,882,506
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			721,902		721,902
061 EMERGENCY	67,851		7,205,860		7,205,860
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	2,262		2,037,499		2,037,499
095 SPEC PURPOSE COST CENTERS					
095 AMBULANCE SERVICES (07/01	1,034,730	2,574,982	97,253,719		97,253,719
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			219,950		219,950
096 01 PHYSICIAN OFFICES	45,234		9,715,417		9,715,417
096 02 VISITOR MEALS			332,590		332,590
096 03 GREAT BEGINNINGS/MATERNAL			236,016		236,016
096 04 LIFELINE			330,906		330,906
096 05 LEASED PROPERTIES	45,234		1,056,608		1,056,608
096 06 OCCUPATIONAL HEALTH	5,654		84,288		84,288
096 07 PROFESSIONAL ARTS PHARMAC			148,031		148,031
096 08 PARISH NURSING			80,833		80,833
096 09 BIOTERRORISM GRANT			62,996		62,996
096 10 BREAST PUMPS			6,207		6,207
096 11 MEALS ON WHEELS			187,323		187,323
096 12 MENTAL HEALTH MEALS			101,418		101,418
096 13 ADVERTISING			484,289		484,289
096 14 TOBACCO CESSATION GRANT					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,130,852	2,574,982	110,300,591		110,300,591

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET B  
 I I TO 6/30/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	1	3	4a	5	6	7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS		377,632		377,632	377,632		
007 ADMINISTRATIVE & GENERAL		1,763,629		1,763,629	65,457	1,829,086	
007 01 MAINTENANCE & REPAIRS							
007 02 CAFETERIA		165,970		165,970		24,228	
008 OPERATION OF PLANT		2,669,403		2,669,403	5,128	142,506	
009 LAUNDRY & LINEN SERVICE		72,462		72,462		8,006	
010 HOUSEKEEPING		119,867		119,867		40,449	
011 DIETARY		186,022		186,022		17,074	
014 NURSING ADMINISTRATION		23,994		23,994	6,725	20,634	
015 CENTRAL SERVICES & SUPPLY		81,717		81,717	2,798	15,601	
016 PHARMACY		104,717		104,717	13,680	38,789	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,532,190		1,532,190	81,256	276,288	
031 INTENSIVE CARE UNIT		343,115		343,115	20,765	69,916	
031 SUBPROVIDER		322,788		322,788	6,991	37,162	
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		666,485		666,485	19,144	153,264	
044 RADIOLOGY-DIAGNOSTIC		958,287		958,287	28,995	148,048	
044 LABORATORY		372,216		372,216	24,716	135,199	
044 01 ONCOLOGY					7,682	28,852	
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		155,516		155,516	9,319	47,293	
050 PHYSICAL THERAPY		380,614		380,614	11,980	45,506	
053 ELECTROCARDIOLOGY		144,238		144,238	5,635	20,363	
053 01 CARDIAC REHAB		44,457		44,457	1,021	4,201	
053 03 CARDIAC CATH		112,875		112,875	4,219	50,703	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						170,931	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		83,876		83,876	1,903	8,867	
062 EMERGENCY		376,603		376,603	28,108	95,993	
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES		142,353		142,353	8,177	27,894	
095 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01		11,201,026		11,201,026	353,699	1,627,767	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		48,022		48,022	377	2,353	
096 01 PHYSICIAN OFFICES					17,457	159,487	
096 02 VISITOR MEALS							
096 03 GREAT BEGINNINGS/MATERNAL					1,299	3,778	
096 04 LIFELINE					1,451	5,203	
096 05 LEASED PROPERTIES						16,614	
096 06 OCCUPATIONAL HEALTH					255	1,304	
096 07 PROFESSIONAL ARTS PHARMAC					780	2,209	
096 08 PARISH NURSING					311	1,308	
096 09 BIOTERRORISM GRANT					22	1,045	
096 10 BREAST PUMPS					10	97	
096 11 MEALS ON WHEELS		206		206			
096 12 MENTAL HEALTH MEALS							
096 13 ADVERTISING					1,971	7,921	
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		11,249,254		11,249,254	377,632	1,829,086	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 7.01	CAFETERIA 7.02	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMINISTRATION 14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 CAFETERIA	190,198						
007 02 CAFETERIA	146,900	146,900					
008 OPERATION OF PLANT		3,957	2,820,994				
009 LAUNDRY & LINEN SERVICE			32,588	113,056			
010 HOUSEKEEPING			53,908			214,224	
011 DIETARY			83,660	5,973		2,908	
014 NURSING ADMINISTRATION		2,243	10,791			295,637	
015 CENTRAL SERVICES & SUPPLY		2,015	36,751	1,788			65,841
016 PHARMACY		5,066	47,094			4,361	
025 INPAT ROUTINE SRVC CNTRS						4,361	
026 ADULTS & PEDIATRICS		40,422	689,075	40,972	50,259	194,595	27,513
026 INTENSIVE CARE UNIT		8,753	154,309	6,840	13,292	17,176	5,957
031 SUBPROVIDER		3,744	145,168	3,717	9,553	18,105	2,548
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		9,053	299,739	9,898	23,883		6,162
041 RADIOLOGY-DIAGNOSTIC		14,932	430,972	9,645	11,838		
044 LABORATORY		13,735	167,397	35	11,630		
044 01 ONCOLOGY				1,264			2,300
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		4,675	69,940	381	15,784		3,182
050 PHYSICAL THERAPY		4,249	171,174	3,887	4,154		
053 ELECTROCARDIOLOGY		3,031	64,869	741	6,230		2,058
053 01 CARDIAC REHAB		528	19,994	4	5,192		359
053 03 CARDIAC CATH		1,848	50,763	890	6,230		1,258
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		870	37,722	566	4,154		592
061 EMERGENCY		14,171	169,370	18,356	34,891	2,599	9,645
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES		5,126	64,021	5,995	1,454		3,489
065 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)	146,900	138,418	2,799,305	110,952	211,628	232,475	65,063
096 GIFT, FLOWER, COFFEE SHOP		252	21,597		831		
096 01 PHYSICIAN OFFICES		6,691		262			
096 02 VISITOR MEALS	43,298						
096 03 GREAT BEGINNINGS/MATERNAL							
096 04 LIFELINE		391			727		412
096 05 LEASED PROPERTIES				1,842			266
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMAC		284			1,038		
096 08 PARISH NURSING							98
096 09 BIOTERRORISM GRANT							
096 10 BREAST PUMPS		2	92				2
096 11 MEALS ON WHEELS						40,977	
096 12 MENTAL HEALTH MEALS						22,185	
096 13 ADVERTISING		862					
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	190,198	146,900	2,820,994	113,056	214,224	295,637	65,841

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16			
001 GENERAL SERVICE COST CNTR			25	26	27
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS					
007 01 CAFETERIA					
007 02 CAFETERIA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	145,031				
016 PHARMACY		213,707			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	20,594		2,953,164		2,953,164
031 INTENSIVE CARE UNIT	6,526		646,649		646,649
031 SUBPROVIDER	290		550,066		550,066
037 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	84,846		1,272,474		1,272,474
041 RADIOLOGY-DIAGNOSTIC	1,450		1,604,167		1,604,167
044 LABORATORY	4,351		729,279		729,279
044 01 ONCOLOGY	725		40,823		40,823
044 02 RADIATION ONCOLOGY					
049 RESPIRATORY THERAPY	1,305		307,395		307,395
050 PHYSICAL THERAPY			621,564		621,564
053 ELECTROCARDIOLOGY	1,450		248,615		248,615
053 01 CARDIAC REHAB			75,756		75,756
053 03 CARDIAC CATH	2,175		230,961		230,961
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS		213,707	384,638		384,638
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			138,550		138,550
062 EMERGENCY	8,702		758,438		758,438
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	290		258,799		258,799
095 SPEC PURPOSE COST CENTERS					
095 AMBULANCE SERVICES (07/01	132,704	213,707	10,821,338		10,821,338
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			73,432		73,432
096 01 PHYSICIAN OFFICES	5,801		189,698		189,698
096 02 VISITOR MEALS			43,298		43,298
096 03 GREAT BEGINNINGS/MATERNAL			5,489		5,489
096 04 LIFELINE			8,038		8,038
096 05 LEASED PROPERTIES	5,801		24,257		24,257
096 06 OCCUPATIONAL HEALTH	725		2,284		2,284
096 07 PROFESSIONAL ARTS PHARMAC			4,311		4,311
096 08 PARISH NURSING			1,717		1,717
096 09 BIOTERRORISM GRANT			1,067		1,067
096 10 BREAST PUMPS			409		409
096 11 MEALS ON WHEELS			40,977		40,977
096 12 MENTAL HEALTH MEALS			22,185		22,185
096 13 ADVERTISING			10,754		10,754
096 14 TOBACCO CESSATION GRANT					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	145,031	213,707	11,249,254		11,249,254

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET 8-1  
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	( GROSS SALARIES )		( ACCUM. COST )	( SQUARE FEET )
	1	3	5	6a.00	6	7
001 GENERAL SERVICE COST						
003 OLD CAP REL COSTS-BLD	328,185					
005 NEW CAP REL COSTS-BLD		328,185				
005 EMPLOYEE BENEFITS	11,017	11,017	39,061,980			
006 ADMINISTRATIVE & GENE	51,452	51,452	6,770,437	-19,601,507	90,699,084	
007 MAINTENANCE & REPAIRS						
007 01 CAFETERIA	4,842	4,842			1,201,350	
007 02 CAFETERIA						
008 OPERATION OF PLANT	77,877	77,877	530,401		7,066,290	
009 LAUNDRY & LINEN SERVI	2,114	2,114			396,984	
010 HOUSEKEEPING	3,497	3,497			2,005,717	
011 DIETARY	5,427	5,427			846,649	
014 NURSING ADMINISTRATIO	700	700	695,591		1,023,167	
015 CENTRAL SERVICES & SU	2,384	2,384	289,366		773,614	
016 PHARMACY	3,055	3,055	1,414,927		1,923,406	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	44,700	44,700	8,406,781		13,702,019	
026 INTENSIVE CARE UNIT	10,010	10,010	2,147,851		3,466,870	
031 SUBPROVIDER	9,417	9,417	723,123		1,842,701	
037 ANCILLARY SRVC COST C						
041 OPERATING ROOM	19,444	19,444	1,980,102		7,599,736	
041 RADIOLOGY-DIAGNOSTIC	27,957	27,957	2,999,113		7,341,081	
044 LABORATORY	10,859	10,859	2,556,498		6,703,964	
044 01 ONCOLOGY			794,559		1,430,653	
044 02 RADIATION ONCOLOGY						
049 RESPIRATORY THERAPY	4,537	4,537	963,932		2,345,053	
050 PHYSICAL THERAPY	11,104	11,104	1,239,129		2,256,479	
053 ELECTROCARDIOLOGY	4,208	4,208	582,803		1,009,725	
053 01 CARDIAC REHAB	1,297	1,297	105,582		208,293	
053 03 CARDIAC CATH	3,293	3,293	436,434		2,514,169	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI					8,475,774	
060 OUTPUT SERVICE COST C						
060 CLINIC	2,447	2,447	196,808		439,678	
061 EMERGENCY	10,987	10,987	2,907,290		4,759,923	
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	4,153	4,153	845,797		1,383,145	
095 SPEC PURPOSE COST CEN						
095 AMBULANCE SERVICES (O	326,778	326,778	36,586,524	-19,601,507	80,716,440	
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,401	1,401	38,963		116,680	
096 01 PHYSICIAN OFFICES			1,805,618		7,908,319	
096 02 VISITOR MEALS						
096 03 GREAT BEGINNINGS/MATE			134,387		187,319	
096 04 LIFELINE			150,121		258,000	
096 05 LEASED PROPERTIES					823,841	
096 06 OCCUPATIONAL HEALTH			26,346		64,660	
096 07 PROFESSIONAL ARTS PHA			80,685		109,552	
096 08 PARISH NURSING			32,139		64,862	
096 09 BIOTERRORISM GRANT			2,234		51,801	
096 10 BREAST PUMPS	6	6	1,085		4,830	
096 11 MEALS ON WHEELS						
096 12 MENTAL HEALTH MEALS						
096 13 ADVERTISING			203,878		392,780	
096 14 TOBACCO CESSATION GRA						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	11,249,254		13,975,394		19,601,507	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	34.277173		.357775		.216116	
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED			377,632		1,829,086	
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER			.009668		.020167	
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION
	(MEALS SERVED)	(HOURS WORKED)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(DIRECT NRSNG HRS)
	7.01	7.02	8	9	10	11	14
001 GENERAL SERVICE COST							
003 OLD CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-BLD							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 CAFETERIA	190,772						
007 02 CAFETERIA	147,343	1,313,884					
008 OPERATION OF PLANT		35,390	182,997				
009 LAUNDRY & LINEN SERVICE			2,114	585,354			
010 HOUSEKEEPING			3,497		53,638		
011 DIETARY			5,427	30,927	728	128,675	
014 NURSING ADMINISTRATION		20,065	700		364		865,217
015 CENTRAL SERVICES & SUPPLY		18,024	2,384	9,255	1,092		
016 PHARMACY		45,312	3,055		1,092		
025 INPAT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS		361,538	44,700	212,115	12,584	84,697	361,538
031 INTENSIVE CARE UNIT SUBPROVIDER		78,286	10,010	35,415	3,328	7,476	78,286
037 ANCILLARY SERVICE COST CENTER		33,488	9,417	19,247	2,392	7,880	33,488
044 OPERATING ROOM		80,974	19,444	51,248	5,980		80,974
044 RADIOLOGY-DIAGNOSTIC		133,550	27,957	49,940	2,964		
044 LABORATORY		122,849	10,859	183	2,912		
044 01 ONCOLOGY				6,547			
044 02 RADIATION ONCOLOGY							30,230
049 RESPIRATORY THERAPY		41,813	4,537	1,975	3,952		41,813
050 PHYSICAL THERAPY		37,999	11,104	20,127	1,040		
053 ELECTROCARDIOLOGY		27,106	4,208	3,838	1,560		
053 01 CARDIAC REHAB		4,722	1,297	20	1,300		27,043
053 03 CARDIAC CATH		16,528	3,293	4,607	1,560		4,722
055 MEDICAL SUPPLIES CHARGED TO PATIENT							16,528
060 OUTPAT SERVICE COST CENTER CLINIC		7,780	2,447	2,932	1,040		7,780
061 EMERGENCY		126,745	10,987	95,041	8,736	1,131	126,745
062 OBSERVATION BEDS (NON REIMBURS COST CENTER)							
065 OTHER REIMBURS COST CENTER		45,846	4,153	31,042	364		45,846
095 SPEC PURPOSE COST CENTER	147,343	1,238,015	181,590	574,459	52,988	101,184	854,993
096 AMBULANCE SERVICES (NONREIMBURS COST CENTER)							
096 GIFT, FLOWER, COFFEE		2,251	1,401		208		
096 01 PHYSICIAN OFFICES		59,847		1,359			
096 02 VISITOR MEALS	43,429						
096 03 GREAT BEGINNINGS/MATE							5,416
096 04 LIFELINE		3,499			182		3,499
096 05 LEASED PROPERTIES				9,536			
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMACY		2,539			260		
096 08 PARISH NURSING							1,288
096 09 BIOTERRORISM GRANT							
096 10 BREAST PUMPS		21	6				21
096 11 MEALS ON WHEELS						17,835	
096 12 MENTAL HEALTH MEALS						9,656	
096 13 ADVERTISING		7,712					
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,460,981	1,128,391	8,623,822	582,402	2,603,983	1,351,486	1,312,181
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.858821		.994957		10.503097	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	7.658257		47.125483		48.547354		1.516592
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	190,198	146,900	2,820,994	113,056	214,224	295,637	65,841
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.996991	.111806	15.415520	.193141	3.993885	2.297548	.076098
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY	
	( COSTED REQUIS. )	( COSTED REQUIS. )
	15	16
001 GENERAL SERVICE COST		
003 OLD CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-BLD		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENE		
007 MAINTENANCE & REPAIRS		
007 01 CAFETERIA		
007 02 CAFETERIA		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU	1,000	
016 PHARMACY		100
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	142	
031 INTENSIVE CARE UNIT	45	
031 SUBPROVIDER	2	
037 ANCILLARY SRVC COST C		
041 OPERATING ROOM	585	
044 RADIOLOGY-DIAGNOSTIC	10	
044 LABORATORY	30	
044 01 ONCOLOGY	5	
044 02 RADIATION ONCOLOGY		
049 RESPIRATORY THERAPY	9	
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY	10	
053 01 CARDIAC REHAB		
053 03 CARDIAC CATH	15	
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		100
060 OUTPAT SERVICE COST C		
060 CLINIC		
061 EMERGENCY	60	
062 OBSERVATION BEDS (NON		
065 OTHER REIMBURS COST C		
065 AMBULANCE SERVICES	2	
095 SPEC PURPOSE COST CEN		
095 AMBULANCE SERVICES (O	915	100
096 NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 PHYSICIAN OFFICES	40	
096 02 VISITOR MEALS		
096 03 GREAT BEGINNINGS/MATE		
096 04 LIFELINE		
096 05 LEASED PROPERTIES	40	
096 06 OCCUPATIONAL HEALTH	5	
096 07 PROFESSIONAL ARTS PHA		
096 08 PARISH NURSING		
096 09 BIOTERRORISM GRANT		
096 10 BREAST PUMPS		
096 11 MEALS ON WHEELS		
096 12 MENTAL HEALTH MEALS		
096 13 ADVERTISING		
096 14 TOBACCO CESSATION GRA		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,130,852	2,574,982
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		25,749.820000
(WRKSHT B, PT I)	1,130.852000	
105 COST TO BE ALLOCATED	145,031	213,707
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		2,137.070000
(WRKSHT B, PT II)	145.031000	
107 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET C  
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,500,667		21,500,667		21,500,667
26	INTENSIVE CARE UNIT	5,200,015		5,200,015		5,200,015
31	SUBPROVIDER	2,984,568		2,984,568		2,984,568
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,353,666		11,353,666		11,353,666
41	RADIOLOGY-DIAGNOSTIC	10,564,680		10,564,680		10,564,680
44	LABORATORY	8,945,517		8,945,517		8,945,517
44 01	ONCOLOGY	1,797,855		1,797,855		1,797,855
44 02	RADIATION ONCOLOGY					
49	RESPIRATORY THERAPY	3,368,989		3,368,989		3,368,989
50	PHYSICAL THERAPY	3,370,569		3,370,569		3,370,569
53	ELECTROCARDIOLOGY	1,581,401		1,581,401		1,581,401
53 01	CARDIAC REHAB	388,778		388,778		388,778
53 03	CARDIAC CATH	3,349,247		3,349,247		3,349,247
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	12,882,506		12,882,506		12,882,506
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	721,902		721,902		721,902
61	EMERGENCY	7,205,860		7,205,860		7,205,860
62	OBSERVATION BEDS (NON-DIS	7,240,427		7,240,427		7,240,427
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,037,499		2,037,499		2,037,499
101	SUBTOTAL	104,494,146		104,494,146		104,494,146
102	LESS OBSERVATION BEDS	7,240,427		7,240,427		7,240,427
103	TOTAL	97,253,719		97,253,719		97,253,719

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET C  
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	13,716,877		13,716,877			
26	INTENSIVE CARE UNIT	5,457,672		5,457,672			
31	SUBPROVIDER	2,996,400		2,996,400			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,098,325	14,848,681	36,947,006	.307296	.307296	.307296
41	RADIOLOGY-DIAGNOSTIC	5,559,648	48,744,306	54,303,954	.194547	.194547	.194547
44	LABORATORY	7,319,490	24,854,677	32,174,167	.278034	.278034	.278034
44 01	ONCOLOGY	38,369	4,624,022	4,662,391	.385608	.385608	.385608
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	1,025,302	3,698,837	4,724,139	.713143	.713143	.713143
50	PHYSICAL THERAPY	2,511,699	3,128,901	5,640,600	.597555	.597555	.597555
53	ELECTROCARDIOLOGY	2,089,283	3,861,539	5,950,822	.265745	.265745	.265745
53 01	CARDIAC REHAB		435,573	435,573	.892567	.892567	.892567
53 03	CARDIAC CATH	1,228,341	2,594,866	3,823,207	.876031	.876031	.876031
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	7,612,965	38,896,647	46,509,612	.276986	.276986	.276986
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,500	378,508	380,008	1.899702	1.899702	1.899702
61	EMERGENCY	2,711,521	21,516,697	24,228,218	.297416	.297416	.297416
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		7,547,276	7,547,276	.959343	.959343	.959343
65	AMBULANCE SERVICES		3,664,013	3,664,013	.556084	.556084	.556084
101	SUBTOTAL	74,367,392	178,794,543	253,161,935			
102	LESS OBSERVATION BEDS						
103	TOTAL	74,367,392	178,794,543	253,161,935			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
I 15-0011 I FROM 7/ 1/2007 I WORKSHEET C  
I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	21,500,667		21,500,667		21,500,667
26	INTENSIVE CARE UNIT	5,200,015		5,200,015		5,200,015
31	SUBPROVIDER	2,984,568		2,984,568		2,984,568
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,353,666		11,353,666		11,353,666
41	RADIOLOGY-DIAGNOSTIC	10,564,680		10,564,680		10,564,680
44	LABORATORY	8,945,517		8,945,517		8,945,517
44 01	ONCOLOGY	1,797,855		1,797,855		1,797,855
44 02	RADIATION ONCOLOGY					
49	RESPIRATORY THERAPY	3,368,989		3,368,989		3,368,989
50	PHYSICAL THERAPY	3,370,569		3,370,569		3,370,569
53	ELECTROCARDIOLOGY	1,581,401		1,581,401		1,581,401
53 01	CARDIAC REHAB	388,778		388,778		388,778
53 03	CARDIAC CATH	3,349,247		3,349,247		3,349,247
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	12,882,506		12,882,506		12,882,506
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	721,902		721,902		721,902
61	EMERGENCY	7,205,860		7,205,860		7,205,860
62	OBSERVATION BEDS (NON-DIS	7,240,427		7,240,427		7,240,427
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,037,499		2,037,499		2,037,499
101	SUBTOTAL	104,494,146		104,494,146		104,494,146
102	LESS OBSERVATION BEDS	7,240,427		7,240,427		7,240,427
103	TOTAL	97,253,719		97,253,719		97,253,719

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	13,716,877		13,716,877			
31	INTENSIVE CARE UNIT	5,457,672		5,457,672			
	SUBPROVIDER	2,996,400		2,996,400			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,098,325	14,848,681	36,947,006	.307296	.307296	.307296
41	RADIOLOGY-DIAGNOSTIC	5,559,648	48,744,306	54,303,954	.194547	.194547	.194547
44	LABORATORY	7,319,490	24,854,677	32,174,167	.278034	.278034	.278034
44 01	ONCOLOGY	38,369	4,624,022	4,662,391	.385608	.385608	.385608
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	1,025,302	3,698,837	4,724,139	.713143	.713143	.713143
50	PHYSICAL THERAPY	2,511,699	3,128,901	5,640,600	.597555	.597555	.597555
53	ELECTROCARDIOLOGY	2,089,283	3,861,539	5,950,822	.265745	.265745	.265745
53 01	CARDIAC REHAB		435,573	435,573	.892567	.892567	.892567
53 03	CARDIAC CATH	1,228,341	2,594,866	3,823,207	.876031	.876031	.876031
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	7,612,965	38,896,647	46,509,612	.276986	.276986	.276986
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,500	378,508	380,008	1.899702	1.899702	1.899702
61	EMERGENCY	2,711,521	21,516,697	24,228,218	.297416	.297416	.297416
62	OBSERVATION BEDS (NON-DIS		7,547,276	7,547,276	.959343	.959343	.959343
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		3,664,013	3,664,013	.556084	.556084	.556084
101	SUBTOTAL	74,367,392	178,794,543	253,161,935			
102	LESS OBSERVATION BEDS						
103	TOTAL	74,367,392	178,794,543	253,161,935			

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET C  
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	11,353,666	1,272,474	10,081,192			11,353,666
41	RADIOLOGY-DIAGNOSTIC	10,564,680	1,604,167	8,960,513			10,564,680
44	LABORATORY	8,945,517	729,279	8,216,238			8,945,517
44 01	ONCOLOGY	1,797,855	40,823	1,757,032			1,797,855
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	3,368,989	307,395	3,061,594			3,368,989
50	PHYSICAL THERAPY	3,370,569	621,564	2,749,005			3,370,569
53	ELECTROCARDIOLOGY	1,581,401	248,615	1,332,786			1,581,401
53 01	CARDIAC REHAB	388,778	75,756	313,022			388,778
53 03	CARDIAC CATH	3,349,247	230,961	3,118,286			3,349,247
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	12,882,506	384,638	12,497,868			12,882,506
60	CLINIC	721,902	138,550	583,352			721,902
61	EMERGENCY	7,205,860	758,438	6,447,422			7,205,860
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,240,427	994,487	6,245,940			7,240,427
65	AMBULANCE SERVICES	2,037,499	258,799	1,778,700			2,037,499
101	SUBTOTAL	74,808,896	7,665,946	67,142,950			74,808,896
102	LESS OBSERVATION BEDS	7,240,427	994,487	6,245,940			7,240,427
103	TOTAL	67,568,469	6,671,459	60,897,010			67,568,469

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET C  
 I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	36,947,006	.307296	.307296
41	RADIOLOGY-DIAGNOSTIC	54,303,954	.194547	.194547
44	LABORATORY	32,174,167	.278034	.278034
44 01	ONCOLOGY	4,662,391	.385608	.385608
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	4,724,139	.713143	.713143
50	PHYSICAL THERAPY	5,640,600	.597555	.597555
53	ELECTROCARDIOLOGY	5,950,822	.265745	.265745
53 01	CARDIAC REHAB	435,573	.892567	.892567
53 03	CARDIAC CATH	3,823,207	.876031	.876031
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	46,509,612	.276986	.276986
60	CLINIC	380,008	1.899702	1.899702
61	EMERGENCY	24,228,218	.297416	.297416
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,547,276	.959343	.959343
65	AMBULANCE SERVICES	3,664,013	.556084	.556084
101	SUBTOTAL	230,990,986		
102	LESS OBSERVATION BEDS	7,547,276		
103	TOTAL	223,443,710		

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET C  
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST	COST NET OF
		WKST 8, PT I COL. 27	WKST 8 PT II & III, COL. 27	COST NET OF CAPITAL COST		REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
41	OPERATING ROOM	11,353,666	1,272,474	10,081,192	344	1,613	11,351,709
44	RADIOLOGY-DIAGNOSTIC	10,564,680	1,604,167	8,960,513	433	1,434	10,562,813
44	LABORATORY	8,945,517	729,279	8,216,238	197	1,315	8,944,005
44	01 ONCOLOGY	1,797,855	40,823	1,757,032	11	281	1,797,563
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	3,368,989	307,395	3,061,594	83	490	3,368,416
50	PHYSICAL THERAPY	3,370,569	621,564	2,749,005	168	440	3,369,961
53	ELECTROCARDIOLOGY	1,581,401	248,615	1,332,786	67	213	1,581,121
53	01 CARDIAC REHAB	388,778	75,756	313,022	20	50	388,708
53	03 CARDIAC CATH	3,349,247	230,961	3,118,286	62	499	3,348,686
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	12,882,506	384,638	12,497,868	104	2,000	12,880,402
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	721,902	138,550	583,352	37	93	721,772
61	EMERGENCY	7,205,860	758,438	6,447,422	205	1,032	7,204,623
62	OBSERVATION BEDS (NON-OIS)	7,240,427	994,487	6,245,940	269	999	7,239,159
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,037,499	258,799	1,778,700	70	285	2,037,144
101	SUBTOTAL	74,808,896	7,665,946	67,142,950	2,070	10,744	74,796,082
102	LESS OBSERVATION BEDS	7,240,427	994,487	6,245,940	269	999	7,239,159
103	TOTAL	67,568,469	6,671,459	60,897,010	1,801	9,745	67,556,923

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I (09/2000)  
 I 15-0011 I FROM 7/ 1/2007 I PREPARED 11/22/2008  
 I TO 6/30/2008 I WORKSHEET C  
 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT & COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	36,947,006	.307243	.307287
41	RADIOLOGY-DIAGNOSTIC	54,303,954	.194513	.194539
44	LABORATORY	32,174,167	.277987	.278028
44 01	ONCOLOGY	4,662,391	.385545	.385606
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	4,724,139	.713022	.713126
50	PHYSICAL THERAPY	5,640,600	.597447	.597525
53	ELECTROCARDIOLOGY	5,950,822	.265698	.265734
53 01	CARDIAC REHAB	435,573	.892406	.892521
53 03	CARDIAC CATH	3,823,207	.875884	.876015
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	46,509,612	.276941	.276984
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	380,008	1.899360	1.899605
61	EMERGENCY	24,228,218	.297365	.297408
62	OBSERVATION BEDS (NON-DIS	7,547,276	.959175	.959307
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,664,013	.555987	.556065
101	SUBTOTAL	230,990,986		
102	LESS OBSERVATION BEDS	7,547,276		
103	TOTAL	223,443,710		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET 0  
 I TO 6/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (8, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (8, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	2,953,164		2,953,164			
26	INTENSIVE CARE UNIT	646,649		646,649			
31	SUBPROVIDER	550,066		550,066			
101	TOTAL	4,149,879		4,149,879			

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)  
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I I TO 6/30/2008 I PART I  
 TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,189	6,707	127.35	854,136		
26	INTENSIVE CARE UNIT	3,158	1,983	204.77	406,059		
31	SUBPROVIDER	2,724	2,138	201.93	431,726		
101	TOTAL	29,071	10,828		1,691,921		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART II  
 I 15-0011 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,272,474		36,947,006	10,086,829	.034441	347,400
41	RADIOLOGY-DIAGNOSTIC	1,604,167		54,303,954	3,846,407	.029541	113,627
44	LABORATORY	729,279		32,174,167	4,919,299	.022667	111,506
44 01	ONCOLOGY	40,823		4,662,391	34,585	.008756	303
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	307,395		4,724,139	655,194	.065069	42,633
50	PHYSICAL THERAPY	621,564		5,640,600	649,174	.110195	71,536
53	ELECTROCARDIOLOGY	248,615		5,950,822	1,678,535	.041778	70,126
53 01	CARDIAC REHAB	75,756		435,573		.173923	
53 03	CARDIAC CATH	230,961		3,823,207	860,184	.060410	51,964
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	384,638		46,509,612	4,629,872	.008270	38,289
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	138,550		380,008	1,405	.364598	512
61	EMERGENCY	758,438		24,228,218	1,851,880	.031304	57,971
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	994,487		7,547,276		.131768	
65	AMBULANCE SERVICES						
101	TOTAL	7,407,147		227,326,973	29,213,364		905,867

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART II  
 I 15-0011 I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
44 01	ONCOLOGY		
44 02	RADIATION ONCOLOGY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53 01	CARDIAC REHAB		
53 03	CARDIAC CATH		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

PPS

Health Financial Systems MCRIF32

FOR MARION GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
I I TO 6/30/2008 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					23,189	
26	INTENSIVE CARE UNIT					3,158	
31	SUBPROVIDER					2,724	
101	TOTAL					29,071	

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
I 15-0011 I FROM 7/ 1/2007 I WORKSHEET 0  
I I TO 6/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	6,707	
26	INTENSIVE CARE UNIT	1,983	
31	SUBPROVIDER	2,138	
101	TOTAL	10,828	

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-0011 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT HEMOPHILIACS	FOR
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03	
37	OPERATING ROOM								
41	RADIOLOGY-DIAGNOSTIC								
44	LABORATORY								
44	01 ONCOLOGY								
44	02 RADIATION ONCOLOGY								
49	RESPIRATORY THERAPY								
50	PHYSICAL THERAPY								
53	ELECTROCARDIOLOGY								
53	01 CARDIAC REHAB								
53	03 CARDIAC CATH								
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY								
62	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
65	AMBULANCE SERVICES								
101	TOTAL								

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-0011 I PPS I

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			36,947,006			10,086,829	
41	RADIOLOGY-DIAGNOSTIC			54,303,954			3,846,407	
44	LABORATORY			32,174,167			4,919,299	
44 01	ONCOLOGY			4,662,391			34,585	
44 02	RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY			4,724,139			655,194	
50	PHYSICAL THERAPY			5,640,600			649,174	
53	ELECTROCARDIOLOGY			5,950,822			1,678,535	
53 01	CARDIAC REHAB			435,573				
53 03	CARDIAC CATH			3,823,207			860,184	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			46,509,612			4,629,872	
60	CLINIC			380,008			1,405	
61	EMERGENCY			24,228,218			1,851,880	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			7,547,276				
65	AMBULANCE SERVICES							
101	TOTAL			227,326,973			29,213,364	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,446,385					
41	RADIOLOGY-DIAGNOSTIC	13,792,146					
44	LABORATORY	1,265,753					
44 01	ONCOLOGY	2,594,565					
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	748,454					
50	PHYSICAL THERAPY	4,928					
53	ELECTROCARDIOLOGY	1,785,016					
53 01	CARDIAC REHAB	219,450					
53 03	CARDIAC CATH	2,273,956					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	20,452,564					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	174,066					
61	EMERGENCY	4,394,806					
62	OBSERVATION BEDS (NON-DIS	2,812,115					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	54,964,204					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.307296	.307296			
41 RADIOLOGY-DIAGNOSTIC	.194547	.194547			
44 LABORATORY	.278034	.278034			
44 01 ONCOLOGY	.385608	.385608			
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY	.713143	.713143			
50 PHYSICAL THERAPY	.597555	.597555			
53 ELECTROCARDIOLOGY	.265745	.265745			
53 01 CARDIAC REHAB	.892567	.892567			
53 03 CARDIAC CATH	.876031	.876031			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.276986	.276986			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.899702	1.899702			
61 EMERGENCY	.297416	.297416			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.959343	.959343			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.556084	.556084			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC		4,446,385			
44 LABORATORY		13,792,146			
44 01 ONCOLOGY		1,265,753			
44 02 RADIATION ONCOLOGY		2,594,565			
49 RESPIRATORY THERAPY		748,454			
50 PHYSICAL THERAPY		4,928			
53 ELECTROCARDIOLOGY		1,785,016			
53 01 CARDIAC REHAB		219,450			
53 03 CARDIAC CATH		2,273,956			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		20,452,564			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		174,066			
62 OBSERVATION BEDS (NON-DISTINCT PART)		4,394,806			
62 OTHER REIMBURS COST CNTRS		2,812,115			
65 AMBULANCE SERVICES					
101 SUBTOTAL		54,964,204			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		54,964,204			

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,366,356	
44 LABORATORY				2,683,221	
44 01 ONCOLOGY				351,922	
44 02 RADIATION ONCOLOGY				1,000,485	
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY				533,755	
53 ELECTROCARDIOLOGY				2,945	
53 01 CARDIAC REHAB				474,359	
53 03 CARDIAC CATH				195,874	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,992,056	
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS				5,665,074	
60 CLINIC					
61 EMERGENCY				330,674	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,307,086	
OTHER REIMBURS COST CNTRS				2,697,783	
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES				18,601,590	
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				18,601,590	

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part 8 Charges	Hospital I/P Part 8 Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
44 01 ONCOLOGY			
44 02 RADIATION ONCOLOGY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC REHAB			
53 03 CARDIAC CATH			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
I COMPONENT NO: I TO 6/30/2008 I PART VI  
I 15-0011 I I

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES  
2 PROGRAM VACCINE CHARGES  
3 PROGRAM COSTS

1  
.276986  
20,835  
5,771

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART II  
 I 15-T011 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,272,474		36,947,006	11,772	.034441	405
41	RADIOLOGY-DIAGNOSTIC	1,604,167		54,303,954	166,240	.029541	4,911
44	LABORATORY	729,279		32,174,167	205,364	.022667	4,655
44 01	ONCOLOGY	40,823		4,662,391	173	.008756	2
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	307,395		4,724,139	36,655	.065069	2,385
50	PHYSICAL THERAPY	621,564		5,640,600	1,246,053	.110195	137,309
53	ELECTROCARDIOLOGY	248,615		5,950,822	33,562	.041778	1,402
53 01	CARDIAC REHAB	75,756		435,573		.173923	
53 03	CARDIAC CATH	230,961		3,823,207	2,061	.060410	125
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	384,638		46,509,612	262,621	.008270	2,172
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	138,550		380,008		.364598	
61	EMERGENCY	758,438		24,228,218	20,079	.031304	629
62	OBSERVATION BEDS (NON-DIS	994,487		7,547,276		.131768	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	7,407,147		227,326,973	1,984,580		153,995

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART II  
 I 15-T011 I  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
	ANCILLARY SRVC COST CNTRS	7	8
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
44	01 ONCOLOGY		
44	02 RADIATION ONCOLOGY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC REHAB		
53	03 CARDIAC CATH		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T011 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
44	01 ONCOLOGY							
44	02 RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
53	01 CARDIAC REHAB							
53	03 CARDIAC CATH							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			36,947,006			11,772	
41	RADIOLOGY-DIAGNOSTIC			54,303,954			166,240	
44	LABORATORY			32,174,167			205,364	
44 01	ONCOLOGY			4,662,391			173	
44 02	RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY			4,724,139			36,655	
50	PHYSICAL THERAPY			5,640,600			1,246,053	
53	ELECTROCARDIOLOGY			5,950,822			33,562	
53 01	CARDIAC REHAB			435,573				
53 03	CARDIAC CATH			3,823,207			2,061	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			46,509,612			262,621	
60	CLINIC			380,008				
61	EMERGENCY			24,228,218			20,079	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			7,547,276				
65	AMBULANCE SERVICES							
101	TOTAL			227,326,973			1,984,580	

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 OTHER PASS THROUGH COSTS I 15-0011 I FROM 7/ 1/2007 I WORKSHEET 0  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T011 I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
44	01 ONCOLOGY						
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	03 CARDIAC CATH						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.307243				
41 RADIOLOGY-DIAGNOSTIC	.194513				848,726
44 LABORATORY	.277987				1,862,097
44 01 ONCOLOGY	.385545				1,705,079
44 02 RADIATION ONCOLOGY					309,856
49 RESPIRATORY THERAPY	.713022				
50 PHYSICAL THERAPY	.597447				222,487
53 ELECTROCARDIOLOGY	.265698				183,310
53 01 CARDIAC REHAB	.892406				226,450
53 03 CARDIAC CATH	.875884				1,390
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					69,825
56 DRUGS CHARGED TO PATIENTS	.276941				
60 OUTPAT SERVICE COST CNTRS					2,138,209
60 CLINIC	1.899360				
61 EMERGENCY	.297365				51,990
62 OBSERVATION BEDS (NON-DISTINCT PART)	.959175				2,154,095
65 OTHER REIMBURS COST CNTRS					1,014,009
65 AMBULANCE SERVICES	.555987				
101 SUBTOTAL					
102 CRNA CHARGES					10,787,523
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					10,787,523

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
(A) ANCILLARY SRVC COST CNTRS	5.01	5.02	5.03	6	7
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
44 01 ONCOLOGY					
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC REHAB					
53 03 CARDIAC CATH					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
(A) 37 ANCILLARY SRVC COST CNTRS	8	9	9.01	9.02	9.03
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC		260,765			
44 LABORATORY		362,202			
44 01 ONCOLOGY		473,990			
44 02 RADIATION ONCOLOGY		119,463			
49 RESPIRATORY THERAPY		158,638			
50 PHYSICAL THERAPY		109,518			
53 ELECTROCARDIOLOGY		60,167			
53 01 CARDIAC REHAB		1,240			
53 03 CARDIAC CATH		61,159			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		592,158			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		98,748			
61 EMERGENCY		640,552			
62 OBSERVATION BEDS (NON-DISTINCT PART)		972,612			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		3,911,212			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		3,911,212			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,189
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,189
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	23,189
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,707
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21,500,667
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	21,500,667

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,716,877
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.567461
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	591.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21,500,667

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					927.19
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,218,663
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,218,663

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	5,200,015	3,158	1,646.62	1,983	3,265,247
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1  
 9,119,649  
 18,603,559

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,260,195
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	905,867
52	TOTAL PROGRAM EXCLUDABLE COST	2,166,062
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	16,437,497

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2008 I PART III  
 I 15-0011 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 7,809
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 927.19
- 85 OBSERVATION BED COST 7,240,427

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	2,953,164	21,500,667	.137352	7,240,427	994,487
87 NEW CAPITAL-RELATED COST		21,500,667		7,240,427	
88 NON PHYSICIAN ANESTHETIST		21,500,667		7,240,427	
89 MEDICAL EDUCATION		21,500,667		7,240,427	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,724
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,724
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2,724
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,138
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,984,568
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,984,568

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,996,400
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,996,400
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.996051
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1,100.00
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,984,568

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,095.66
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,342,521
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,342,521

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					953,286
						3,295,807

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	431,726
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	153,995
52	TOTAL PROGRAM EXCLUDABLE COST	585,721
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,710,086

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
- 59.03 PROGRAM DISCHARGES AFTER JULY 1
- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
- 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,095.66
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	550,066	2,984,568		
87	NEW CAPITAL-RELATED COST		2,984,568		
88	NON PHYSICIAN ANESTHETIST		2,984,568		
89	MEDICAL EDUCATION		2,984,568		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,189
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,189
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	23,189
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,223
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21,500,667
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	21,500,667

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,716,877
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,716,877
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.567461
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	591.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21,500,667

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 927.19  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,133,953  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,133,953

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	5,200,015	3,158	1,646.62		
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					659,257

1,793,210

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2008 I PART III  
 I 15-0011 I I

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	7,809
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	927.19
85	OBSERVATION BED COST	7,240,427

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		5,733,880	
31	INTENSIVE CARE UNIT		3,667,135	
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.307296	10,086,829	3,099,642
41	RADIOLOGY-DIAGNOSTIC	.194547	3,846,407	748,307
44	LABORATORY	.278034	4,919,299	1,367,732
44 01	ONCOLOGY	.385608	34,585	13,336
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.713143	655,194	467,247
50	PHYSICAL THERAPY	.597555	649,174	387,917
53	ELECTROCARDIOLOGY	.265745	1,678,535	446,062
53 01	CARDIAC REHAB	.892567		
53 03	CARDIAC CATH	.876031	860,184	753,548
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.276986	4,629,872	1,282,410
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.899702	1,405	2,669
61	EMERGENCY	.297416	1,851,880	550,779
62	OBSERVATION BEDS (NON-DISTINCT PART)	.959343		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		29,213,364	9,119,649
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		29,213,364	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,345,550	
31	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.307296	11,772	3,617
41	RADIOLOGY-DIAGNOSTIC	.194547	166,240	32,341
44	LABORATORY	.278034	205,364	57,098
44 01	ONCOLOGY	.385608	173	67
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.713143	36,655	26,140
50	PHYSICAL THERAPY	.597555	1,246,053	744,585
53	ELECTROCARDIOLOGY	.265745	33,562	8,919
53 01	CARDIAC REHAB	.892567		
53 03	CARDIAC CATH	.876031	2,061	1,805
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.276986	262,621	72,742
56	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.899702		
61	EMERGENCY	.297416	20,079	5,972
62	OBSERVATION BEDS (NON-DISTINCT PART)	.959343		
62	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,984,580	953,286
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,984,580	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT		1,308,044	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		182,253	
37	OPERATING ROOM	.307296	1,082,658	332,696
41	RADIOLOGY-DIAGNOSTIC	.194547	218,549	42,518
44	LABORATORY	.278034	312,853	86,984
44 01	ONCOLOGY	.385608	1,161	448
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.713143	40,864	29,142
50	PHYSICAL THERAPY	.597555	21,003	12,550
53	ELECTROCARDIOLOGY	.265745	52,214	13,876
53 01	CARDIAC REHAB	.892567		
53 03	CARDIAC CATH	.876031	30,324	26,565
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.276986	326,789	90,516
60	CLINIC	1.899702		
61	EMERGENCY	.297416	80,567	23,962
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.959343		
65	AMBULANCE SERVICES			
101	TOTAL		2,166,982	659,257
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,166,982	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2008 I  
 I 15-T011 I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		61,600	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.307296		
41	RADIOLOGY-DIAGNOSTIC	.194547	687	134
44	LABORATORY	.278034	7,433	2,067
44	01 ONCOLOGY	.385608		
44	02 RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.713143		
50	PHYSICAL THERAPY	.597555	36,216	21,641
53	ELECTROCARDIOLOGY	.265745		
53	01 CARDIAC REHAB	.892567		
53	03 CARDIAC CATH	.876031		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.276986	6,547	1,813
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.899702		
61	EMERGENCY	.297416		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.959343		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		50,883	25,655
102	LESS P8P CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		50,883	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRO MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRO INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	15,897,056	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	14,056,396	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	15,897,056	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,265,526	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	17,162,582	
17 PRIMARY PAYER PAYMENTS	70,488	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,092,094	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,611,936	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	26,008	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	282,689	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	197,882	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	200,093	
22 SUBTOTAL	15,652,032	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	15,652,032	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,381,201	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	270,831	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2008 I PART B  
 I 15-0011 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,771
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	18,601,590
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,409,975
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,771
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	20,835
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	20,835
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	20,835
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	15,064
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,771
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,409,975
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,054,315
19	SUBTOTAL (SEE INSTRUCTIONS)	9,361,431
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	9,361,431
24	PRIMARY PAYER PAYMENTS	2,220
25	SUBTOTAL	9,359,211
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	519,419
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	363,593
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	344,584
28	SUBTOTAL	9,722,804
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	34
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,722,770
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,723,106
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-336
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2008 I  
 I 15-0011 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		15,153,072 NONE		9,361,505 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	6/30/2008	267,397	6/30/2008	319,941
ADJUSTMENTS TO PROVIDER .02			2/11/2008	41,660
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/11/2008	39,268		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		228,129		361,601
4 TOTAL INTERIM PAYMENTS		15,381,201		9,723,106
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .53				
TENTATIVE TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2008 I  
 I 15-T011 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		3,175,312		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			3,175,312	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2008 I PART I  
 I 15-T011 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	2,735,829
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	.0137
1.05	OUTLIER PAYMENTS	66,650
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	454,721
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	3,257,200
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	7.442623
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,257,200
5	PRIMARY PAYER PAYMENTS	12,968
6	SUBTOTAL	3,244,232
7	DEDUCTIBLES	41,248
8	SUBTOTAL	3,202,984
9	COINSURANCE	8,584
10	SUBTOTAL	3,194,400
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,194,400
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/22/2008
I	15-0011	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	15-T011	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,194,400
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,175,312
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	19,088
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF)  
OR 1.09 (IPF).
- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2008 I PART III  
 I - I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
2			1,793,210	
3			3,911,212	
4				
5				
6			5,704,422	
7				
8				
9			5,704,422	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			1,308,044	
11			12,954,505	
12				
13				
14				
15				
16			14,262,549	
	CUSTOMARY CHARGES			
17				
18				
19				
20			14,262,549	
21			8,558,127	
22				
23			5,704,422	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			5,704,422	
31				
32			5,704,422	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			5,704,422	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			5,704,422	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			5,704,422	
53				
54				
55			5,704,422	
56				
57			2,986,696	
57.01				

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/22/2008
I	15-0011	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58	BALANCE DUE PROVIDER/PROGRAM	1		2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	2,717,726		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2008 I PART III  
 I 15-T011 I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER I	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			61,600	50,883
				112,483
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
			112,483	112,483
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL			
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
			34,381	

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/22/2008
I	15-0011	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	15-T011	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM  
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

1  
-34,381

2

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	161,121			
2	TEMPORARY INVESTMENTS	2,430,097			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	36,185,335			
5	OTHER RECEIVABLES	3,304,032			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17,871,296			
7	INVENTORY	153,942			
8	PREPAID EXPENSES	957,210			
9	OTHER CURRENT ASSETS	907,867			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	26,228,308			
FIXED ASSETS					
12	LAND	3,316,624			
12.01					
13	LAND IMPROVEMENTS	1,469,181			
13.01	LESS ACCUMULATED DEPRECIATION	-990,102			
14	BUILDINGS	89,148,825			
14.01	LESS ACCUMULATED DEPRECIATION	-40,248,195			
15	LEASEHOLD IMPROVEMENTS	144,188			
15.01	LESS ACCUMULATED DEPRECIATION	-18,814			
16	FIXED EQUIPMENT	1,098,638			
16.01	LESS ACCUMULATED DEPRECIATION	-892,811			
17	AUTOMOBILES AND TRUCKS	718,613			
17.01	LESS ACCUMULATED DEPRECIATION	-586,533			
18	MAJOR MOVABLE EQUIPMENT	50,943,363			
18.01	LESS ACCUMULATED DEPRECIATION	-36,720,547			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	2,425,563			
21	TOTAL FIXED ASSETS	69,807,993			
OTHER ASSETS					
22	INVESTMENTS	122,889,719	15,418		
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	16,092,850			
26	TOTAL OTHER ASSETS	138,982,569	15,418		
27	TOTAL ASSETS	235,018,870	15,418		

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I  
 I TO 6/30/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
28 CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,129,244			
29 SALARIES, WAGES & FEES PAYABLE	7,230,036			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	5,264			
35 OTHER CURRENT LIABILITIES	2,809,163			
36 TOTAL CURRENT LIABILITIES	14,173,707			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	57,233,062			
42 TOTAL LONG-TERM LIABILITIES	57,233,062			
43 TOTAL LIABILITIES	71,406,769			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	163,612,101			
45 SPECIFIC PURPOSE FUND		15,418		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	163,612,101	15,418		
52 TOTAL LIABILITIES AND FUND BALANCES	235,018,870	15,418		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		153,052,849		34,339
2 NET INCOME (LOSS)		10,559,252		
3 TOTAL		163,612,101		34,339
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		163,612,101		34,339
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RESTRICTED NET ASSET SISS			18,921	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				18,921
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		163,612,101		15,418

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RESTRICTED NET ASSET SISS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET G-2  
 I I TO 6/30/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL			
2 00 SUBPROVIDER	11,438,736		11,438,736
4 00 SWING BED - SNF	2,996,400		2,996,400
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,435,136		14,435,136
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,457,672		5,457,672
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,457,672		5,457,672
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	19,892,808		19,892,808
17 00 ANCILLARY SERVICES	53,687,436		53,687,436
18 00 OUTPATIENT SERVICES		176,125,339	176,125,339
20 00 AMBULANCE SERVICES		3,664,013	3,664,013
24 00		7,588,568	7,588,568
25 00 TOTAL PATIENT REVENUES	73,580,244	187,377,920	260,958,164

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	118,230,212
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	118,230,212

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET G-3  
 I I TO 6/30/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	260,958,164
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	132,307,357
3	NET PATIENT REVENUES	128,650,807
4	LESS: TOTAL OPERATING EXPENSES	118,230,212
5	NET INCOME FROM SERVICE TO PATIENTS	10,420,595
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	6,526,401
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	3,245,296
25	TOTAL OTHER INCOME	9,771,697
26	TOTAL	20,192,292
	OTHER EXPENSES	
27	BAD DEBT	9,633,040
28		
29		
30	TOTAL OTHER EXPENSES	9,633,040
31	NET INCOME (OR LOSS) FOR THE PERIOD	10,559,252

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2008  
 I 15-0011 I FROM 7/ 1/2007 I WORKSHEET L  
 I COMPONENT NO: I TO 6/30/2008 I PARTS I-IV  
 I 15-0011 I FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,200,372
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	65,154
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	50.65
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,265,526

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	