

**AMENDED APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**MARIAN MEDICAL CENTER
SANTA MARIA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1760510937**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

**Audits Section – Gardena
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Maria Delgado
Audit Supervisor: Deborah Lee
Auditor: Min (Cherrie) Cheung**



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

May 13, 2013

Chuck Cova, Administrator
Marian Medical Center
1400 East Church Street
Santa Maria, CA 93454-5906

In the Matter of:

MARIAN MEDICAL CENTER

NATIONAL PROVIDER IDENTIFIER (NPI): 1760510937

FISCAL PERIOD ENDED: JUNE 30, 2010

CASE NUMBER: HA12-0610-1054K-AH

We have amended the appeal recomputation dated March 6, 2013 for the above referenced fiscal period. This amendment was necessary to replace the incorrect schedules.A and A-4 with the correct ones.

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated JANUARY 10, 2013, the following revisions are made to the Medi-Cal audit report dated April 30, 2012.

SUMMARY OF REVISIONS

MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)

Audited Amount Due Provider (State)	\$	(41,214)
Revision		<u>260,178</u>
Revised Amount Due Provider (State)	\$	<u>218,964</u>

DISTINCT PART NURSING FACILITY (DPNF SCH. 1)

Audited Cost	\$	357.11
Revision		<u>9.35</u>
Revised Cost	\$	<u>366.46</u>

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

Chuck Cova
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A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

cc: Eddie Arvayo, Reimbursement Manager
Catholic Healthcare West
251 South Lake Avenue, 8th floor
Pasadena, CA 91101

SUMMARY OF FINDINGS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		SETTLEMENT	COST
1.	Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1760510937 Audited	\$ (41,214)	.
	Net Change	\$ 260,178	.
	Revised Amount Due Provider (State)	\$ 218,964	.
2.	Subprovider I (SCHEDULE 1-1) Provider NPI: Audited	\$ 0	.
	Net Change	\$ 0	.
	Revised Amount Due Provider (State)	\$ 0	.
3.	Subprovider II (SCHEDULE 1-2) Provider NPI: Audited	\$ 0	.
	Net Change	\$ 0	.
	Revised Amount Due Provider (State)	\$ 0	.
4.	Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: Audited	.	\$ 0
	Net Change	.	\$ 0
	Revised Cost	.	\$ 0
	Revised Amount Due Provider (State)	\$ 0	.
5.	Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1760510937 Audited	.	\$ 357.11
	Net Change	.	\$ 9.35
	Revised Cost Per Day	.	\$ 366.46
	Revised Amount Due Provider (State)	\$ 0	.
6.	Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI: Audited	.	\$ 0.00
	Net Change	.	\$ 0.00
	Revised Cost Per Day	.	\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	.
7.	Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: Audited	.	\$ 0.00
	Net Change	.	\$ 0.00
	Revised Cost Per Day	.	\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	.
8.	Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 218,964	.
9.	Total Medi-Cal Cost	.	\$ 0

SUMMARY OF FINDINGS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)		
Provider NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)		
Provider NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ 218,964	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:
MARIAN MEDICAL CENTERFiscal Period Ended:
June 30, 2010Provider NPI:
1760510937

1. 10% Reduction to Noncontract Services for 07/01/08 Through 09/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>0</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/09 Through 06/30/10 (SCHEDULE A-4)	<u>979,213</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>979,213</u></u> (To Schedule 1, Line 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2009 THROUGH JUNE 30, 2010 - HFPAs<3 HOSPITALS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
June 30, 2010

Provider No.
ZZT30107H

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>9,792,126</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>0</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>9,792,126</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>7,121</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,375.11</u></u>

AB 5 - 10 % Cost Reduction For Services From 07/01/09 Through 06/30/10

7. Audited Medi-Cal Days of Service from 07/01/09 Through 06/30/10 (excludes Administrative Days)	<u>7,121</u>
8. Audited Medi-Cal Cost For 07/01/09 Through 06/30/10 (Line 6 * Line 7)	\$ <u>9,792,126</u>
9. AB 5 - 10% Cost Reduction for 07/01/09 Through 06/30/10 (Line 8 * 10%)	\$ <u><u>979,213</u></u> (To Schedule A, Line 4)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 9,772,761	\$ 10,032,939
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4. \$	\$ 0	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 9,772,761	\$ 10,032,939
6. Interim Payments (Rev)	\$ (8,834,762)	\$ (8,834,762)
7. Balance Due Provider (State)	\$ 937,999	\$ 1,198,177
8. Duplicate Payments (Rev)	\$ 0	\$ 0
9. AB 5 (Rev)	\$ (979,213)	\$ (979,213)
10. \$	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ (41,214)	\$ 218,964
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
MARIAN MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1760510937

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 9,792,126	\$ 10,052,304
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	\$ 13,732,869	\$ 13,732,869
3. Inpatient Ancillary Service Charges (Rev)	\$ 27,508,839	\$ 27,508,839
4. Total Charges - Medi-Cal Inpatient Services	\$ 41,241,708	\$ 41,241,708
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 31,449,582	\$ 31,189,404
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0	\$ 0
	(To Schedule 1)	

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
MARIAN MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1760510937

	AUDITED	REVISED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 4,307,240	\$ 4,435,114
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 5,484,886	\$ 5,617,190
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 9,792,126	\$ 10,052,304
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 9,792,126	\$ 10,052,304 (To Schedule 2)
9. Coinsurance (Rev)	\$ (7,269)	\$ (7,269)
10. Patient and Third Party Liability (Rev)	\$ (12,096)	\$ (12,096)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 9,772,761	\$ 10,032,939 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MARIAN MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1760510937

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	33,254	33,254
2. Inpatient Days (include private, exclude swing-bed)	33,254	33,254
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	33,254	33,254
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev 11)	4,011	4,011

SWING-BED REVISION

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 25,986,500	\$ 26,627,764
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 25,986,500	\$ 26,627,764

PRIVATE ROOM DIFFERENTIAL REVISION

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 137,445,427	\$ 137,445,427
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 137,445,427	\$ 137,445,427
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.189068	\$ 0.193733
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,133.20	\$ 4,133.20
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 25,986,500	\$ 26,627,764

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 781.45	\$ 800.74
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,134,396	\$ 3,211,768
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 2,350,490	\$ 2,405,422
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 5,484,886	\$ 5,617,190

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MARIAN MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1760510937

	AUDITED	REVISED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 4,422,546	\$ 4,525,918
2. Total Inpatient Days (Rev)	6,075	6,075
3. Average Per Diem Cost	\$ 727.99	\$ 745.01
4. Medi-Cal Inpatient Days (Rev)	3,044	3,044
5. Cost Applicable to Medi-Cal	\$ 2,216,002	\$ 2,267,810
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 6,757,001	\$ 6,913,956
7. Total Inpatient Days (Rev)	3,316	3,316
8. Average Per Diem Cost	\$ 2,037.70	\$ 2,085.03
9. Medi-Cal Inpatient Days (Rev)	66	66
10. Cost Applicable to Medi-Cal	\$ 134,488	\$ 137,612
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 2,350,490	\$ 2,405,422

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
MARIAN MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1760510937

SPECIAL CARE UNITS	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

**COMPUTATION OF
DISTINCT PART NURSING FACILITY PER DIEM**

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	AUDITED	REVISED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 50	\$ 51	\$ 1
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 11,001,482	\$ 11,289,464	\$ 287,982
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 11,001,532	\$ 11,289,515	\$ 287,983
4. Total Distinct Part Patient Days (Rev)	30,807	30,807	
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 357.11	\$ 366.46	\$ 9.35
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Rev)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Rev)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	95	95	0
10. Total Licensed Capacity (All levels) (Rev)	262	262	0
11. Total Medi-Cal DP Patient Days (Rev)	0	0	
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 699,658	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 699,658	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 4,451,664	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 3,797,625	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 8,249,289	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	AUDITED	REVISED*	DIFFERENCE
0.00	Distinct Part	\$ 4,688,556	\$ 4,688,556	\$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	270,253	319,550	49,297
4.00	New Cap Rel Costs-Movable Equipment	30,078	30,078	0
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	1,612,780	1,613,470	690
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	1,257,930	1,417,672	159,742
7.00	Maintenance and Repairs	557,397	575,816	18,419
8.00	Operation of Plant	294,669	300,794	6,125
9.00	Laundry and Linen Service	202,479	206,323	3,844
10.00	Housekeeping	287,555	293,612	6,057
11.00	Dietary	545,190	558,907	13,717
12.00	Cafeteria	538,451	553,213	14,762
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	684,898	699,270	14,372
15.00	Central Services & Supply	5,685	5,890	205
16.00	Pharmacy		0	0
17.00	Medical Records and Library	25,561	26,313	752
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 11,001,482	\$ 11,289,464	\$ 287,982

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34 plus line 35

**ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY**

**Provider Name:
MARIAN MEDICAL CENTER**

**Fiscal Period Ended:
JUNE 30, 2010**

**Provider NPI:
1760510937**

COL.	COST CENTER	REVISED CAP RELATED * (COL 1)	REVISED SAL EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	319,550	N/A
4.00	New Cap Rel Costs-Movable Equipment	30,078	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	5,037	1,608,432
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	160,327	710,500
7.00	Maintenance and Repairs	63,775	175,314
8.00	Operation of Plant	11,112	118,767
9.00	Laundry and Linen Service	4,120	43,072
10.00	Housekeeping	9,214	168,045
11.00	Dietary	33,561	174,341
12.00	Cafeteria	37,558	187,477
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	21,722	591,985
15.00	Central Services & Supply	904	2,817
16.00	Pharmacy	0	0
17.00	Medical Records and Library	2,698	16,874
18.00	Social Service	0	0
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 699,658	\$ 3,797,625

* These amounts include both Skilled Nursing Facility expenses line 34 and Nursing Facility expenses, line 35

(To DPNF SCH 1)

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL COST 27.00
										STEP-DOWN ADJUSTMENT 26.00	
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	12,089,442		12,089,442
37.01 Gastro Intestinal Service	0	0	0	0	0	0	0	0	442,696		442,696
37.02 Cardiac Cath Lab	0	0	0	0	0	0	0	0	2,657,932		2,657,932
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,225,656		7,225,656
40.00 Anesthesiology	0	0	0	0	0	0	0	0	287,646		287,646
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	8,117,024		8,117,024
41.01 CT SCAN and MRI	0	0	0	0	0	0	0	0	1,764,839		1,764,839
	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,660,969		1,660,969
44.00 Laboratory	0	0	0	0	0	0	0	0	8,548,778		8,548,778
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood & Packed Red Blood	0	0	0	0	0	0	0	0	1,828,637		1,828,637
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	90,426		90,426
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	3,980,742		3,980,742
50.00 Physical Therapy	0	0	0	0	0	0	0	0	3,240,453		3,240,453
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,387,796		1,387,796
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	2,827,405		2,827,405
54.00 Electroencephalography	0	0	0	0	0	0	0	0	122,240		122,240
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	9,072,331		9,072,331
55.01 Medical Supplies Charged to Patients-I	0	0	0	0	0	0	0	0	9,856,858		9,856,858
	0	0	0	0	0	0	0	0	0		0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	9,240,217		9,240,217
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	470,686		470,686
59.00 Ultrasound	0	0	0	0	0	0	0	0	799,503		799,503
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	752,475		752,475
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	11,642,091		11,642,091
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00 Home Health Agency	0	0	0	0	0	0	0	0	17,086,190		17,086,190
93.00 Hospice	0	0	0	0	0	0	0	0	4,249,625		4,249,625
	0	0	0	0	0	0	0	0	0		0
	0	0	0	0	0	0	0	0	0		0
	0	0	0	0	0	0	0	0	0		0
	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0		0
97.00 Research	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	0	0	0	0	0	0	0	0	0		0
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
99.05	0	0	0	0	0	0	0	0	0		0
100.00	0	0	0	0	0	0	0	0	0		0
100.01 Foundation	0	0	0	0	0	0	0	0	139,445		139,445
100.02 MOB	0	0	0	0	0	0	0	0	679		679
100.03 Community Relations	0	0	0	0	0	0	0	0	3,570,484		3,570,484
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	0	0	0	172,510,371	0	172,510,371

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00 (Rev) (Rev)	LAUNDRY & LINEN (LB LNDRY) 9.00 (Rev) (Rev)	HOUSE-KEEPING (HR SERV) 10.00 (Rev) (Rev)	DIETARY (MEALS SERVED) 11.00 (Rev) (Rev)	CAFETERIA 12.00 (Rev) (Rev)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Rev) (Rev)	NURSING ADMIN (NURSE HR) 14.00 (Rev) (Rev)	CENT SERV & SUPPLY (CST REQ) 15.00 (Rev) (Rev)	PHARMACY (COSTS REQUIS) 16.00 (Rev) (Rev)	MED REC (TIME SPENT) 17.00 (Rev) (Rev)	SOC SERV (TIME SPENT) 18.00 (Rev) (Rev)	STAT 19.00 (Rev) (Rev)
ANCILLARY COST CENTERS												
37.00	Operating Room	21,134	168,094	21,134	1,062	3,838	53,693	4,801,716		110,155,075		
37.01	Gastro Intestinal Service	876		876		125	1,483	23,681		798,572		
37.02	Cardiac Cath Lab	676	5,978	676		935	9,614	837,880		27,180,093		
39.00	Delivery Room and Labor Room	5,664	74,520	5,664	3,000	2,991	54,426	94,714		24,803,963		
40.00	Anesthesiology	61		61				71,126		38,015,515		
41.00	Radiology - Diagnostic	7,350	71,990	7,350		3,806	463	137,188		53,633,980		
41.01	CT SCAN and MRI	371		371		616	75	48,971		37,865,994		
43.00	Radioisotope	400		400		198		387,830		15,021,346		
44.00	Laboratory	4,114		4,114		4,178	213	46,624		79,075,170		
44.01	Pathological Lab											
46.00	Whole Blood & Packed Red Blood	209		209				1,240,840		4,257,886		
47.00	Blood Storing and Processing											
48.00	Intravenous Therapy					61	1,171			320,905		
49.00	Respiratory Therapy	5,624		5,624		1,195	54	87,583		7,848,154		
50.00	Physical Therapy	3,511		3,511		1,373	1,823	2,405		11,671,426		
51.00	Occupational Therapy	1,528		1,528		895	5,223	5,719		4,199,988		
52.00	Speech Pathology											
53.00	Electrocardiology	6,207	21,841	6,207		1,265	5,833	11,540		11,471,102		
54.00	Electroencephalography					40	9	1,411		261,166		
55.00	Medical Supplies Charged to Patients							7,995,596		30,652,919		
55.01	Medical Supplies Charged to Patients-IMP							7,675,387		33,464,923		
56.00	Drugs Charged to Patients								4,545,056	78,279,464		
57.00	Renal Dialysis	276		276				333		779,477		
59.00	Ultrasound	201		201		353	5	1,755		8,909,232		
59.02												
59.03												
60.00	Clinic		16,031			421	8,667	2,997		3,421,693		
60.01	Other Clinic Services											
61.00	Emergency	12,758	197,385	12,758	1,491	5,606	91,793	63,034		45,667,832		
62.00	Observation Beds											
71.00	Home Health Agency	8,440						35,685	568,004			
93.00	Hospice	4,940						1,122	206,098			
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen											
97.00	Research											
98.00	Physicians' Private Office											
99.00	Nonpaid Workers											
99.01												
99.02												
99.03												
99.04												
99.05												
100.00												
100.01	Foundation	1,100		1,100								
100.02	MOB											
100.03	Community Relations	4,429		4,429		931	3,138	17,717				
100.04												
	TOTAL	152,147	1,445,563	137,590	584,903	60,657	735,325	24,002,956	5,319,158	767,227,348	0	0
	COST TO BE ALLOCATED	3,675,897	1,133,753	3,244,824	2,590,303	4,273,046	3,275,306	1,534,460	5,463,507	1,259,532	0	0
	UNIT COST MULTIPLIER - SCH 8	24.160165	0.784299	23.583286	4.428602	70.446042	0.000000	4.454230	0.063928	1.027138	0.000000	0.000000

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
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6.05							
6.06							
6.07							
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7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	6,022,486	1,098,587	7,121,073
4.00	New Cap Rel Costs-Movable Equipment	5,389,518	0	5,389,518
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	27,469,098	0	27,469,098
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	19,815,884	3,032,814	22,848,698
7.00	Maintenance and Repairs	4,793,579	0	4,793,579
8.00	Operation of Plant	2,631,241	0	2,631,241
9.00	Laundry and Linen Service	898,131	0	898,131
10.00	Housekeeping	2,162,873	0	2,162,873
11.00	Dietary	1,694,170	0	1,694,170
12.00	Cafeteria	1,571,658	0	1,571,658
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,859,953	0	1,859,953
15.00	Central Services & Supply	488,884	0	488,884
16.00	Pharmacy	2,988,326	0	2,988,326
17.00	Medical Records and Library	555,224	0	555,224
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	12,350,230	0	12,350,230
26.00	Intensive Care Unit	3,505,031	0	3,505,031
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	2,422,042	0	2,422,042
34.00	Skilled Nursing Facility	4,688,556	0	4,688,556
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 5,108,365	\$ 0	\$ 5,108,365
37.01	Gastro Intestinal Service	183,698	0	183,698
37.02	Cardiac Cath Lab	1,273,102	0	1,273,102
39.00	Delivery Room and Labor Room	3,654,954	0	3,654,954
40.00	Anesthesiology	116,641	0	116,641
41.00	Radiology - Diagnostic	3,156,297	0	3,156,297
41.01	CT SCAN and MRI	589,603	0	589,603
			0	0
43.00	Radioisotope	1,187,726	0	1,187,726
44.00	Laboratory	4,750,946	475,561	5,226,507
44.01	Pathological Lab		0	0
46.00	Whole Blood & Packed Red Blood	1,410,672	0	1,410,672
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy	48,636	0	48,636
49.00	Respiratory Therapy	2,079,631	0	2,079,631
50.00	Physical Therapy	1,802,356	0	1,802,356
51.00	Occupational Therapy	678,995	0	678,995
52.00	Speech Pathology		0	0
53.00	Electrocardiology	1,129,487	0	1,129,487
54.00	Electroencephalography	68,304	0	68,304
55.00	Medical Supplies Charged to Patients	6,830,550	0	6,830,550
55.01	Medical Supplies Charged to Patients-IMP	7,675,387	0	7,675,387
			0	0
56.00	Drugs Charged to Patients	3,657,499	0	3,657,499
57.00	Renal Dialysis	358,452	0	358,452
59.00	Ultrasound	386,220	0	386,220
59.02			0	0
59.03			0	0
60.00	Clinic	413,609	0	413,609
60.01	Other Clinic Services		0	0
61.00	Emergency	5,563,495	0	5,563,495
62.00	Observation Beds		0	0
71.00	Home Health Agency	10,122,972	0	10,122,972
93.00	Hospice	2,176,015	0	2,176,015
			0	0
			0	0
			0	0
			0	0
	SUBTOTAL	\$ 165,730,496	\$ 4,606,962	\$ 170,337,458
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01	Foundation	1,485	0	1,485
100.02	MOB	560	0	560
100.03	Community Relations	2,170,868	0	2,170,868
100.04			0	0
100.99	SUBTOTAL	\$ 2,172,913	\$ 0	\$ 2,172,913
101	TOTAL	\$ 167,903,409	\$ 4,606,962	\$ 172,510,371

(To Schedule 8)

Provider Name:
 MARIAN MEDICAL CENTER

Page 1
 Fiscal Period Ended:
 JUNE 30, 2010

	TOTAL ADJ (Page 1 & 2)	AUDIT REV 1	AUDIT REV									
ANCILLARY COST CENTERS												
37.00 Operating Room	0											
37.01 Gastro Intestinal Service	0											
37.02 Cardiac Cath Lab	0											
39.00 Delivery Room and Labor Room	0											
40.00 Anesthesiology	0											
41.00 Radiology - Diagnostic	0											
41.01 CT SCAN and MRI	0											
	0											
43.00 Radioisotope	0											
44.00 Laboratory	475,561	475,561										
44.01 Pathological Lab	0											
46.00 Whole Blood & Packed Red Blood	0											
47.00 Blood Storing and Processing	0											
48.00 Intravenous Therapy	0											
49.00 Respiratory Therapy	0											
50.00 Physical Therapy	0											
51.00 Occupational Therapy	0											
52.00 Speech Pathology	0											
53.00 Electrocardiology	0											
54.00 Electroencephalography	0											
55.00 Medical Supplies Charged to Patients	0											
55.01 Medical Supplies Charged to Patients-IMP	0											
	0											
56.00 Drugs Charged to Patients	0											
57.00 Renal Dialysis	0											
59.00 Ultrasound	0											
59.02	0											
59.03	0											
60.00 Clinic	0											
60.01 Other Clinic Services	0											
61.00 Emergency	0											
62.00 Observation Beds	0											
71.00 Home Health Agency	0											
93.00 Hospice	0											
	0											
	0											
	0											
	0											
	0											
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0											
97.00 Research	0											
98.00 Physicians' Private Office	0											
99.00 Nonpaid Workers	0											
99.01	0											
99.02	0											
99.03	0											
99.04	0											
99.05	0											
100.00	0											
100.01 Foundation	0											
100.02 MOB	0											
100.03 Community Relations	0											
100.04	0											
101.00 TOTAL	\$4,606,962	4,606,962	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name							Fiscal Period			Provider NPI		Revisions
MARIAN MEDICAL CENTER							JULY 1, 2009 TROUGH JUNE 30, 2010			1760510937		1
Report References												
Rev. No.	Revised Report	Work Sheet	Cost Report				Explanation of Audit Revisions	As Audited	Increase (Decrease)	As Revised		
			Part	Title	Line	Col.						
<u>REVISIONS TO AUDITED COSTS</u>												
1	10A	A			3.00	7	New Capital Related Costs-Buildings and Fixtures	\$989,158	\$1,098,587	\$2,087,745		
	10A	A			6.00	7	Administrative and General	(8,914,532)	\$3,032,814	(\$5,881,718)		
	10A	A			44.00	7	Laboratory	(475,561)	475,561	0		
(Source: Report of Findings dated January 10, 2013, Issue Number 1 & 2)												

Provider Name							Fiscal Period			Provider NPI		Revisions
MARIAN MEDICAL CENTER							JULY 1, 2009 TROUGH JUNE 30, 2010			1760510937		1
Report References							Explanation of Audit Revisions			As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Report	Work Sheet	Cost Report									
			Part	Title	Line	Col.						

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Revisions
MARIAN MEDICAL CENTER							JULY 1, 2009 TROUGH JUNE 30, 2010			1760510937		1
Report References							Explanation of Audit Revisions			As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Report	Work Sheet	Cost Report									
			Part	Title	Line	Col.						

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Revisions
MARIAN MEDICAL CENTER							JULY 1, 2009 TROUGH JUNE 30, 2010			1760510937		1
Report References							Explanation of Audit Revisions			As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Report	Work Sheet	Cost Report									
			Part	Title	Line	Col.						

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Revisions
MARIAN MEDICAL CENTER							JULY 1, 2009 TROUGH JUNE 30, 2010			1760510937		1
Report References							Explanation of Audit Revisions			As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Report	Work Sheet	Cost Report									
			Part	Title	Line	Col.						

*Balance carried forward from prior/to subsequent adjustments