

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).

FORM APPROVED
OMB NO. 0938-0050

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 AND SETTLEMENT SUMMARY	I	14-0002	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 11:05

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:

ALTON MEMORIAL HOSPITAL 14-0002
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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.

ECR ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 11:05

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Abj1I0BX1oUG2Aamwua9KqMC1BiL:S
1Tw.1mTuaI0KqHKn

PI ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 11:05

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2eykg0yIK2j2KAHYtonpH.d4v01vb9
ZAxo529k.Z0Mxdum

John Katsianis
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Vice President - Finance
 TITLE
 DATE 5-26-09

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1-	2		3	4	
1	HOSPITAL	0	40,469		-2,697	0
2	SUBPROVIDER	0	0		0	0
5	HOSPITAL-BASED SNF	0	0		0	0
100	TOTAL	0	40,469		-2,697	0

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: ONE MEMORIAL DRIVE P.O. BOX:
 1.01 CITY: ALTON STATE: IL ZIP CODE: 62002- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6
02.00	HOSPITAL	ALTON MEMORIAL HOSPITAL	14-0002	7/ 1/1966	N P N
03.00	SUBPROVIDER	ALTON MEMORIAL HOSPITAL PSYCH	14-S002	1/ 1/2008	N P N
06.00	HOSPITAL-BASED SNF	ALTON MEMORIAL HOSPITAL SNF	14-5566	10/15/1986	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

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. 1 N 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 1

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 1

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 CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 14-0002 I FROM 1/ 1/2008 I WORKSHEET S-2
I TO 12/31/2008 I

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. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
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 N
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

100 0.9024 0.9006
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 0.00 1 7040 41180

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)

28.03 STAFFING % 50.85% Y/N Y
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 ELIBIBLE 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 ELIBIBLE 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 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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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 Y 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? N
- 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)? Y
- 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 Y 269026
- 40.01 NAME: BJC HEALTH SYSTEM FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301
- 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:
- 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-
- 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? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 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 NHCMP 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
49.00 SNF	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: 375,500
 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.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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.		N	0.00	N	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. N
- 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) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(ii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? 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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
14-0002 I FROM 1/ 1/2008 I WORKSHEET S-3
I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS
				TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX	
1 ADULTS & PEDIATRICS	120	43,920	2.01	3	4	11,734	5	3,362
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	120	43,920				11,734		3,362
6 INTENSIVE CARE UNIT	12	4,392				1,689		310
12 TOTAL	132	48,312				13,423		3,672
13 RPCH VISITS								
14 SUBPROVIDER	20	7,320				1,751		16
15 SKILLED NURSING FACILITY	24	8,784				3,162		
17 OTHER LONG TERM CARE								
25 TOTAL	176							
26 OBSERVATION BED DAYS								56
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED		TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			21,860				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			21,860				
6 INTENSIVE CARE UNIT			2,813				
12 TOTAL			24,673				
13 RPCH VISITS							
14 SUBPROVIDER			1,863				
15 SKILLED NURSING FACILITY			5,387				
17 OTHER LONG TERM CARE							
25 TOTAL							
26 OBSERVATION BED DAYS	10	46	573	117	456		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,760	1,264	6,347
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		729.98			2,760	1,264	6,347
13 RPCH VISITS							
14 SUBPROVIDER		.03			143	1	156
15 SKILLED NURSING FACILITY		26.22					
17 OTHER LONG TERM CARE							
25 TOTAL		756.23					
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 5/26/2009
 I 14-0002 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 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
SALARIES							
1	TOTAL SALARY	35,437,404		35,437,404	1,440,363.00	24.60	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	165,210		165,210	1,347.00	122.65	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,217,508		1,217,508	54,065.00	22.52	
8.01	EXCLUDED AREA SALARIES	2,673,511	11,855	2,685,366	136,618.00	19.66	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	109,141		109,141	2,866.00	38.08	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	129,414		129,414	1,554.00	83.28	
10	CONTRACT LABOR: PHYS PART A	343,491		343,491	1,842.00	186.48	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	3,301,157		3,301,157	80,870.00	40.82	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	7,205,952		7,205,952			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	979,451		979,451			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	23,456		23,456			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	869,872	968,617	1,838,489	53,709.00	34.23	
22	ADMINISTRATIVE & GENERAL	4,225,465	-1,193,908	3,031,557	146,974.00	20.63	
22.01	A & G UNDER CONTRACT	129,414		129,414	1,554.00	83.28	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	732,816		732,816	32,936.00	22.25	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	686,409		686,409	58,990.00	11.64	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY						
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	765,467		765,467	20,093.00	38.10	
31	CENTRAL SERVICE AND SUPPLY	192,989		192,989	13,586.00	14.20	
32	PHARMACY	1,371,690		1,371,690	41,430.00	33.11	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	462,628	225,291	687,919	26,825.00	25.64	
34	SOCIAL SERVICE	548,226		548,226	20,146.00	27.21	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	35,401,608		35,401,608	1,440,570.00	24.57	
2	EXCLUDED AREA SALARIES	3,891,019		3,902,874	190,683.00	20.47	
3	SUBTOTAL SALARIES	31,510,589	-11,855	31,498,734	1,249,887.00	25.20	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,883,203		3,883,203	87,132.00	44.57	
5	SUBTOTAL WAGE-RELATED COSTS	7,205,952		7,205,952		22.88	
6	TOTAL	42,599,744	-11,855	42,587,889	1,337,019.00	31.85	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	9,984,976		9,984,976	416,243.00	23.99	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 14-0002 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC		3				
5	RVB						
6	RVA						
6	.01 RVX		32				
6	.02 RVL		21				
7	RHC		161				
8	RHB		70				
9	RHA		20				
9	.01 RHX						
9	.02 RHL						
10	RMC		12				
11	RMB		55				
12	RMA		20				
12	.01 RMX		827				
12	.02 RML		1,719				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		78				
16	SE2		63				
17	SE1						
18	SSC		3				
19	SSB		7				
20	SSA		39				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA		32				
46	TOTAL		3,162				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 14-0002 I FROM 1/ 1/2008 I WORKSHEET S-7
I TO 12/31/2008 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED DAYS	SNF DAYS	TOTAL
			RUGs	DAYS			
	1	2	4.05		4.06	5	
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC						
8	RHB						
9	RHA						
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB						
12	RMA						
12	.01 RMX						
12	.02 RML						
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
46	TOTAL						

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0002 I FROM 1/ 1/2008 I WORKSHEET S-10
 I I TO 12/31/2008 I
 I I I

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	2,777,690
17.01	GROSS MEDICAID REVENUES	6,933,473
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	9,711,163
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)	.258021
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	14-0002	I	FROM 1/ 1/2008	I	WORKSHEET S-10
I		I	TO 12/31/2008	I	
I		I		I	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	40,785,138
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,523,422
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,218,843
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,894,697
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,523,422

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0002
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/26/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-	RECLASSIFIED
			1	2		3	IFICATIONS	TRIAL BALANCE
							4	5
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT					126,466	126,466
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					1,452	1,452
3	0300	NEW CAP REL COSTS-BLDG & FIXT					2,867,067	2,867,067
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					3,461,133	3,461,133
5	0500	EMPLOYEE BENEFITS	264,408	6,209,644		6,474,052	-1,748	6,472,304
5.03	0503	ADMITTING	575,400	94,227		669,627	110,511	780,138
5.04	0504	FINANCE & PATIENT ACCOUNTS	30,064	780		30,844	1,715,584	1,746,428
6	0600	ADMINISTRATIVE & GENERAL	4,225,465	24,989,025		29,214,490	-6,264,867	22,949,623
8	0800	OPERATION OF PLANT	732,816	2,092,247		2,825,063	-17,019	2,808,044
9	0900	LAUNDRY & LINEN SERVICE		404,680		404,680	-80	404,600
10	1000	HOUSEKEEPING	686,409	337,652		1,024,061	-11,870	1,012,191
11	1100	DIETARY		1,295,923		1,295,923	-9,456	1,286,467
12	1200	CAFETERIA		886,887		886,887	-2,341	884,546
14	1400	NURSING ADMINISTRATION	765,467	172,108		937,575	-71,948	865,627
15	1500	CENTRAL SERVICES & SUPPLY	192,989	778,769		971,758	-111,213	860,545
16	1600	PHARMACY	1,371,690	3,620,595		4,992,285	-4,772,682	4,819,603
17	1700	MEDICAL RECORDS & LIBRARY	462,628	358,530		821,158	255,258	1,076,416
18	1800	SOCIAL SERVICE	548,226	174,204		722,430	-133	722,297
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	7,246,777	2,459,187		9,705,964	-441,320	9,264,644
26	2600	INTENSIVE CARE UNIT	1,817,577	643,132		2,460,729	-111,230	2,349,499
31	3100	SUBPROVIDER	691	1,209,643		1,210,334	-2,394	1,207,940
34	3400	SKILLED NURSING FACILITY	1,217,508	254,654		1,472,162	-44,996	1,427,166
36	3600	OTHER LONG TERM CARE						
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	1,710,584	5,203,303		6,913,887	-2,682,635	4,231,252
38	3800	RECOVERY ROOM	385,122	61,057		446,179	-17,978	428,201
40	4000	ANESTHESIOLOGY	23,133	253,073		276,206	-90,847	185,359
41	4100	RADIOLOGY-DIAGNOSTIC	2,037,761	2,388,380		4,426,141	-812,161	3,613,980
43	4300	RADIOISOTOPE	181,482	224,003		405,485	9,120	414,605
44	4400	LABORATORY	1,231,650	1,897,336		3,128,986	-533,976	2,595,010
47	4700	BLOOD STORING, PROCESSING & TRANS.	241,508	1,041,221		1,282,729	396,227	1,678,956
49	4900	RESPIRATORY THERAPY	741,090	287,472		1,028,562	-144,132	884,430
50	5000	PHYSICAL THERAPY	988,811	327,871		1,316,682	-51,727	1,264,955
51	5100	OCCUPATIONAL THERAPY	170,339	22,668		193,007	7,338	200,345
52	5200	SPEECH PATHOLOGY	108,453	19,126		127,579	-1,561	126,018
53	5300	ELECTROCARDIOLOGY	1,289,851	3,231,965		4,521,816	-2,421,280	2,100,536
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					5,590,377	5,590,377
56	5600	DRUGS CHARGED TO PATIENTS						
57	5700	RENAL DIALYSIS		245,804		245,804	-8,761	237,043
59	3950	ONCOLOGY	212,616	37,090		249,706	-4,415	245,291
59.01	3340	DIGESTIVE HEALTH	535,948	411,669		947,617	-108,653	838,964
59.02	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	90,264	783,445		873,709	-514	873,195
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	65,794	19,608		85,402	-4,569	80,833
61	6100	EMERGENCY	2,612,043	1,937,181		4,549,224	-251,132	4,298,092
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
65	6500	AMBULANCE SERVICES	1,767,192	723,565		2,490,757	-140,717	2,350,040
		SPEC PURPOSE COST CENTERS						
88	8800	INTEREST EXPENSE		718,864		718,864		718,864
90	9000	OTHER CAPITAL RELATED COSTS						
95		SUBTOTALS	34,531,776	65,816,588		100,348,364	2,178	100,350,542
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,565	4,338		27,903	-31	27,872
98	9800	PHYSICIANS' PRIVATE OFFICES						
98.01	9801	EDWARDSVILLE MEDICAL GROUP						
99	9900	NONPAID WORKERS	8,761	6,769		15,530		15,530
99.01	9901	PHYSICIAN/PUBLIC RELATIONS	209,317	807,975		1,017,292	-1,883	1,015,409
99.02	9902	MEDICAL OFFICE BUILDING	42,543	534,423		576,966		576,966
99.03	9903	HOME CARE PHARMACY	503,158	3,727,694		4,230,852	-264	4,230,588
99.04	9904	MANAGEMENT SERVICES	115,781	58,368		174,149		174,149
99.05	9905	REFERENCE LAB	2,503	7,119		9,622		9,622
101		TOTAL	35,437,404	70,963,274		106,400,678	-0-	106,400,678

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 14-0002 I
I II PERIOD: I
I FROM 1/ 1/2008 I
I TO 12/31/2008 II PREPARED 5/26/2009
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-2,754	123,712
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1,452
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,867,067
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	83,470	3,544,603
5	0500 EMPLOYEE BENEFITS	-462,078	6,010,226
5.03	0503 ADMITTING		780,138
5.04	0504 FINANCE & PATIENT ACCOUNTS		1,746,428
6	0600 ADMINISTRATIVE & GENERAL	-10,570,042	12,379,581
8	0800 OPERATION OF PLANT	-11,104	2,796,940
9	0900 LAUNDRY & LINEN SERVICE		404,600
10	1000 HOUSEKEEPING	-20,808	991,383
11	1100 DIETARY		1,540,021
12	1200 CAFETERIA	-779,594	104,952
14	1400 NURSING ADMINISTRATION		865,627
15	1500 CENTRAL SERVICES & SUPPLY		860,545
16	1600 PHARMACY		4,819,603
17	1700 MEDICAL RECORDS & LIBRARY	-91,683	984,733
18	1800 SOCIAL SERVICE		722,297
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,119,054	8,145,590
26	2600 INTENSIVE CARE UNIT	-194,687	2,154,812
31	3100 SUBPROVIDER		1,207,940
34	3400 SKILLED NURSING FACILITY	-2,700	1,424,466
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-222,000	4,009,252
38	3800 RECOVERY ROOM		428,201
40	4000 ANESTHESIOLOGY	-17,000	168,359
41	4100 RADIOLOGY-DIAGNOSTIC	-34,240	3,579,740
43	4300 RADIOISOTOPE		414,605
44	4400 LABORATORY	-314,429	2,280,581
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,678,956
49	4900 RESPIRATORY THERAPY	-1,325	883,105
50	5000 PHYSICAL THERAPY	-118,714	1,146,241
51	5100 OCCUPATIONAL THERAPY		200,345
52	5200 SPEECH PATHOLOGY		126,018
53	5300 ELECTROCARDIOLOGY	-277,119	1,823,417
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,590,377
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		237,043
59	3950 ONCOLOGY		245,291
59.01	3340 DIGESTIVE HEALTH		838,964
59.02	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-26,422	846,773
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-3,870	76,963
61	6100 EMERGENCY	-1,159,757	3,138,335
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-174,992	2,175,048
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-718,864	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-15,986,212	84,364,330
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		27,872
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 EDWARDSVILLE MEDICAL GROUP		
99	9900 NONPAID WORKERS		15,530
99.01	9901 PHYSICIAN/PUBLIC RELATIONS		1,015,409
99.02	9902 MEDICAL OFFICE BUILDING		576,966
99.03	9903 HOME CARE PHARMACY		4,230,588
99.04	9904 MANAGEMENT SERVICES		174,149
99.05	9905 REFERENCE LAB		9,622
101	TOTAL	-15,986,212	90,414,466

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0002 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 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	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.03	ADMITTING	0503	EMPLOYEE BENEFITS
5.04	FINANCE & PATIENT ACCOUNTS	0504	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ONCOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	DIGESTIVE HEALTH	3340	GASTRO INTESTINAL SERVICES
59.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	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	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	EDWARDSVILLE MEDICAL GROUP	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	PHYSICIAN/PUBLIC RELATIONS	9901	NONPAID WORKERS
99.02	MEDICAL OFFICE BUILDING	9902	NONPAID WORKERS
99.03	HOME CARE PHARMACY	9903	NONPAID WORKERS
99.04	MANAGEMENT SERVICES	9904	NONPAID WORKERS
99.05	REFERENCE LAB	9905	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY OTHER	
	1	2	3	4	5
1 RECLASS DEPRECIATION	A	OLD CAP REL COSTS-BLDG & FIXT	1		126,466
2		OLD CAP REL COSTS-MVBLE EQUIP	2		1,452
3		NEW CAP REL COSTS-BLDG & FIXT	3		2,867,067
4		NEW CAP REL COSTS-MVBLE EQUIP	4		3,461,133
5 RECLASS MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,590,377
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7					
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29					
30 RECLASS LAB ADMIN	C	BLOOD STORING, PROCESSING & TRANS.	47	286,060	119,965
31 RECLASS DIRECTOR'S EXPENSES	D	RECOVERY ROOM	38	5,327	408
32		ANESTHESIOLOGY	40	14,442	1,105
33		RADIOISOTOPE	43	12,249	937
34		RESPIRATORY THERAPY	49	66	5
35		OCCUPATIONAL THERAPY	51	13,988	1,070
1 RECLASS DIRECTOR'S EXPENSES	D	SPEECH PATHOLOGY	52	5,287	404
2		ELECTROCARDIOLOGY	53	33,456	2,559
3		ONCOLOGY	59	4,849	371
4		DIGESTIVE HEALTH	59.01	27,702	2,119
5		CLINIC	60	1,198	92
6		AMBULANCE SERVICES	65	11,855	907
7 RECLASS DEPARTMENTAL DEPRECIATION	E	ADMINISTRATIVE & GENERAL	6		2,272,977
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RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	INCREASE			
		LINE NO	SALARY	OTHER	
	1	2	3	4	5
1 RECLASS DEPARTMENTAL DEPRECIATION	E				
2					
3					
4					
5					
6					
7 RECLASS FACILITY WIDE	F				
	ADMITTING		5.03	94,488	16,251
	FINANCE & PATIENT ACCOUNTS		5.04	874,129	841,455
	MEDICAL RECORDS & LIBRARY		17	225,291	30,112
36 TOTAL RECLASSIFICATIONS				1,610,387	15,337,232

(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:	PERIOD:	PREPARED
140002	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	NO			
	1	6	7		8	9	10
1 RECLASS DEPRECIATION	A	ADMINISTRATIVE & GENERAL	6			6,456,118	9
2							9
3							9
4							9
5 RECLASS MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15			97,257	
6		PHARMACY	16			167,919	
7		ADULTS & PEDIATRICS	25			247,346	
8		INTENSIVE CARE UNIT	26			86,671	
9		SUBPROVIDER	31			2,394	
10		SKILLED NURSING FACILITY	34			32,146	
11		OPERATING ROOM	37			2,333,889	
12		RECOVERY ROOM	38			9,760	
13		ANESTHESIOLOGY	40			64,055	
14		RADIOLOGY-DIAGNOSTIC	41			105,125	
15		RADIOISOTOPE	43			4,066	
16		LABORATORY	44			4,390	
17		BLOOD STORING, PROCESSING & TRANS.	47			9,398	
18		RESPIRATORY THERAPY	49			59,169	
19		PHYSICAL THERAPY	50			3,919	
20		OCCUPATIONAL THERAPY	51			6,906	
21		SPEECH PATHOLOGY	52			6,894	
22		ELECTROCARDIOLOGY	53			2,057,283	
23		RENAL DIALYSIS	57			8,761	
24		ONCOLOGY	59			6,836	
25		DIGESTIVE HEALTH	59.01			50,065	
26		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.02			6	
27		CLINIC	60			4,536	
28		EMERGENCY	61			187,702	
29		AMBULANCE SERVICES	65			33,884	
30 RECLASS LAB ADMIN	C	LABORATORY	44		286,060	119,965	
31 RECLASS DIRECTOR'S EXPENSES	D	OPERATING ROOM	37		47,471	3,632	
32		RADIOLOGY-DIAGNOSTIC	41		17,098	1,308	
33		RESPIRATORY THERAPY	49		34,654	2,651	
34		PHYSICAL THERAPY	50		19,275	1,474	
35		ELECTROCARDIOLOGY	53		66	5	
1 RECLASS DIRECTOR'S EXPENSES	D	EMERGENCY	61		11,855	907	
2							
3							
4							
5							
6							
7 RECLASS DEPARTMENTAL DEPRECIATION	E	EMPLOYEE BENEFITS	5			1,748	
8		ADMITTING	5.03			228	
9		OPERATION OF PLANT	8			17,019	
10		LAUNDRY & LINEN SERVICE	9			80	
11		HOUSEKEEPING	10			11,870	
12		DIETARY	11			9,456	
13		CAFETERIA	12			2,341	
14		NURSING ADMINISTRATION	14			71,948	
15		CENTRAL SERVICES & SUPPLY	15			13,956	
16		PHARMACY	16			4,763	
17		MEDICAL RECORDS & LIBRARY	17			145	
18		SOCIAL SERVICE	18			133	
19		ADULTS & PEDIATRICS	25			193,974	
20		INTENSIVE CARE UNIT	26			24,559	
21		SKILLED NURSING FACILITY	34			12,850	
22		OPERATING ROOM	37			297,643	
23		RECOVERY ROOM	38			13,953	
24		ANESTHESIOLOGY	40			42,339	
25		RADIOLOGY-DIAGNOSTIC	41			688,630	
26		LABORATORY	44			123,561	
27		BLOOD STORING, PROCESSING & TRANS.	47			400	
28		RESPIRATORY THERAPY	49			47,729	
29		PHYSICAL THERAPY	50			27,059	
30		OCCUPATIONAL THERAPY	51			814	
31		SPEECH PATHOLOGY	52			358	
32		ELECTROCARDIOLOGY	53			399,941	
33		ONCOLOGY	59			2,799	
34		DIGESTIVE HEALTH	59.01			88,409	
35		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.02			508	

RECLASSIFICATIONS

PROVIDER NO: 140002	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
1 RECLASS DEPARTMENTAL DEPRECIATION	E	CLINIC	60			1,323	
2		EMERGENCY	61			50,668	
3		AMBULANCE SERVICES	65			119,595	
4		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			31	
5		PHYSICIAN/PUBLIC RELATIONS	99.01			1,883	
6		HOME CARE PHARMACY	99.03			264	
7 RECLASS FACILITY WIDE	F	ADMINISTRATIVE & GENERAL	6		1,193,908	887,818	
8							
9							
36 TOTAL RECLASSIFICATIONS					1,610,387	15,337,232	

(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:	PERIOD:	PREPARED
140002	FROM 1/1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	126,466	ADMINISTRATIVE & GENERAL	6	6,456,118	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	1,452			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,867,067			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,461,133			0	
TOTAL RECLASSIFICATIONS FOR CODE A			6,456,118				6,456,118

RECLASS CODE: B
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,590,377	CENTRAL SERVICES & SUPPLY	15	97,257	
2.00			0	PHARMACY	16	167,919	
3.00			0	ADULTS & PEDIATRICS	25	247,346	
4.00			0	INTENSIVE CARE UNIT	26	86,671	
5.00			0	SUBPROVIDER	31	2,394	
6.00			0	SKILLED NURSING FACILITY	34	32,146	
7.00			0	OPERATING ROOM	37	2,333,889	
8.00			0	RECOVERY ROOM	38	9,760	
9.00			0	ANESTHESIOLOGY	40	64,055	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	105,125	
11.00			0	RADIOISOTOPE	43	4,066	
12.00			0	LABORATORY	44	4,390	
13.00			0	BLOOD STORING, PROCESSING & TR	47	9,398	
14.00			0	RESPIRATORY THERAPY	49	59,169	
15.00			0	PHYSICAL THERAPY	50	3,919	
16.00			0	OCCUPATIONAL THERAPY	51	6,906	
17.00			0	SPEECH PATHOLOGY	52	6,894	
18.00			0	ELECTROCARDIOLOGY	53	2,057,283	
19.00			0	RENAL DIALYSIS	57	8,761	
20.00			0	ONCOLOGY	59	6,836	
21.00			0	DIGESTIVE HEALTH	59.01	50,065	
22.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.02	6	
23.00			0	CLINIC	60	4,536	
24.00			0	EMERGENCY	61	187,702	
25.00			0	AMBULANCE SERVICES	65	33,884	
TOTAL RECLASSIFICATIONS FOR CODE B			5,590,377				5,590,377

RECLASS CODE: C
EXPLANATION : RECLASS LAB ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	406,025	LABORATORY	44	406,025	
TOTAL RECLASSIFICATIONS FOR CODE C			406,025				406,025

RECLASS CODE: D
EXPLANATION : RECLASS DIRECTOR'S EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	5,735	OPERATING ROOM	37	51,103	
2.00	ANESTHESIOLOGY	40	15,547	RADIOLOGY-DIAGNOSTIC	41	18,406	
3.00	RADIOISOTOPE	43	13,186	RESPIRATORY THERAPY	49	37,305	
4.00	RESPIRATORY THERAPY	49	71	PHYSICAL THERAPY	50	20,749	
5.00	OCCUPATIONAL THERAPY	51	15,058	ELECTROCARDIOLOGY	53	71	
6.00	SPEECH PATHOLOGY	52	5,691	EMERGENCY	61	12,762	
7.00	ELECTROCARDIOLOGY	53	36,015			0	
8.00	ONCOLOGY	59	5,220			0	
9.00	DIGESTIVE HEALTH	59.01	29,821			0	
10.00	CLINIC	60	1,290			0	
11.00	AMBULANCE SERVICES	65	12,762			0	
TOTAL RECLASSIFICATIONS FOR CODE D			140,396				140,396

RECLASS CODE: E
EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	2,272,977	EMPLOYEE BENEFITS	5	1,748	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: E
 EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ADMITTING	5.03	228	
3.00			0	OPERATION OF PLANT	8	17,019	
4.00			0	LAUNDRY & LINEN SERVICE	9	80	
5.00			0	HOUSEKEEPING	10	11,870	
6.00			0	DIETARY	11	9,456	
7.00			0	CAFETERIA	12	2,341	
8.00			0	NURSING ADMINISTRATION	14	71,948	
9.00			0	CENTRAL SERVICES & SUPPLY	15	13,956	
10.00			0	PHARMACY	16	4,763	
11.00			0	MEDICAL RECORDS & LIBRARY	17	145	
12.00			0	SOCIAL SERVICE	18	133	
13.00			0	ADULTS & PEDIATRICS	25	193,974	
14.00			0	INTENSIVE CARE UNIT	26	24,559	
15.00			0	SKILLED NURSING FACILITY	34	12,850	
16.00			0	OPERATING ROOM	37	297,643	
17.00			0	RECOVERY ROOM	38	13,953	
18.00			0	ANESTHESIOLOGY	40	42,339	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	688,630	
20.00			0	LABORATORY	44	123,561	
21.00			0	BLOOD STORING, PROCESSING & TR	47	400	
22.00			0	RESPIRATORY THERAPY	49	47,729	
23.00			0	PHYSICAL THERAPY	50	27,059	
24.00			0	OCCUPATIONAL THERAPY	51	814	
25.00			0	SPEECH PATHOLOGY	52	358	
26.00			0	ELECTROCARDIOLOGY	53	399,941	
27.00			0	ONCOLOGY	59	2,799	
28.00			0	DIGESTIVE HEALTH	59.01	88,409	
29.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.02	508	
30.00			0	CLINIC	60	1,323	
31.00			0	EMERGENCY	61	50,668	
32.00			0	AMBULANCE SERVICES	65	119,595	
33.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	31	
34.00			0	PHYSICIAN/PUBLIC RELATIONS	99.01	1,883	
35.00			0	HOME CARE PHARMACY	99.03	264	
TOTAL RECLASSIFICATIONS FOR CODE E			2,272,977				2,272,977

RECLASS CODE: F
 EXPLANATION : RECLASS FACILITY WIDE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMITTING	5.03	110,739	ADMINISTRATIVE & GENERAL	6	2,081,726	
2.00	FINANCE & PATIENT ACCOUNTS	5.04	1,715,584			0	
3.00	MEDICAL RECORDS & LIBRARY	17	255,403			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,081,726				2,081,726

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	55,113						55,113	
2	LAND IMPROVEMENTS	1,310,005					158,161	1,151,844	
3	BUILDINGS & FIXTURE	7,674,820					154,091	7,520,729	
4	BUILDING IMPROVEMEN	10,250,654					784,269	9,466,385	
5	FIXED EQUIPMENT	573,892					63,562	510,330	
6	MOVABLE EQUIPMENT	4,965,955					1,722,749	3,243,206	
7	SUBTOTAL	24,830,439					2,882,832	21,947,607	
8	RECONCILING ITEMS								
9	TOTAL	24,830,439					2,882,832	21,947,607	

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	128,459						128,459	
2	LAND IMPROVEMENTS	2,736,639					114,649	2,621,990	
3	BUILDINGS & FIXTURE	9,570,453						9,570,453	
4	BUILDING IMPROVEMEN	30,483,256					386,629	30,096,627	
5	FIXED EQUIPMENT	1,709,854					130,883	1,578,971	
6	MOVABLE EQUIPMENT	34,059,572	2,080,090		2,080,090	2,080,090	1,558,453	34,581,209	
7	SUBTOTAL	78,688,233	2,080,090		2,080,090	2,080,090	2,190,614	78,577,709	
8	RECONCILING ITEMS								
9	TOTAL	78,688,233	2,080,090		2,080,090	2,080,090	2,190,614	78,577,709	

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	18,649,288		18,649,288	.185858				
2	OLD CAP REL COSTS-MV	3,243,206		3,243,206	.032322				
3	NEW CAP REL COSTS-BL	43,868,041		43,868,041	.437186				
4	NEW CAP REL COSTS-MV	34,581,209		34,581,209	.344634				
5	TOTAL	100,341,744		100,341,744	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	123,712						123,712
2	OLD CAP REL COSTS-MV	1,452						1,452
3	NEW CAP REL COSTS-BL	2,867,067						2,867,067
4	NEW CAP REL COSTS-MV	3,544,603						3,544,603
5	TOTAL	6,536,834						6,536,834

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with workshseet 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 14-0002
I

I PERIOD: I PREPARED 5/26/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

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			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE	A	-566	ADMINISTRATIVE & GENERAL		6	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,080,587				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,460,685				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-779,594	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
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			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 AHA DUES	A	-34,847	ADMINISTRATIVE & GENERAL		6	
37.01 ESH DIETARY COST	A	255,500	DIETARY		11	
37.02 ELIMINATE FINANCING COSTS	A	-20,499	ADMINISTRATIVE & GENERAL		6	
37.03 SETTLEMENT	A	151,426	ADMINISTRATIVE & GENERAL		6	
37.04 NON ALLOWABLE DEPRECIATION	A	-2,754	OLD CAP REL COSTS-BLDG &		1	9
37.05 MISC NON OPERATING REVENUE	B	-12,100	ADMINISTRATIVE & GENERAL		6	
37.06 MEDICAID TAX ASSESSMENT	A	15,372	ADMINISTRATIVE & GENERAL		6	
37.07 ELIMINATE BAD DEBT EXPENSE	A	-6,933,943	ADMINISTRATIVE & GENERAL		6	
37.08 DONATIONS	B	-6,978	ADMINISTRATIVE & GENERAL		6	
37.09 CONTRIBUTIONS	B	-129,761	ADMINISTRATIVE & GENERAL		6	
37.10 MALPRACTICE EXPENSE	A	-1,112,646	ADMINISTRATIVE & GENERAL		6	
37.11 OTHER REVENUE ADMIN	B	-974,752	ADMINISTRATIVE & GENERAL		6	
37.12 OTHER REVENUE PLANT OPS	B	-11,104	OPERATION OF PLANT		8	
37.13 OTHER REVENUE HOUSEKEEPING	B	-20,808	HOUSEKEEPING		10	
37.14 OTHER REVENUE DIETARY	B	-1,946	DIETARY		11	
37.15 OTHER REVENUE MEDICAL RECORDS	B	-91,683	MEDICAL RECORDS & LIBRARY		17	
37.16 OTHER REVENUE ICU	B	-2,385	INTENSIVE CARE UNIT		26	
37.17 OTHER REVENUE RADIOLOGY	B	-6,491	RADIOLOGY-DIAGNOSTIC		41	
37.18 OTHER REVENUE LAB	B	-114,260	LABORATORY		44	
37.19 OTHER REVENUE RESPIRATORY THERAPY	B	-1,325	RESPIRATORY THERAPY		49	
37.20 OTHER REVENUE PHYSICAL THERAPY	B	-100,374	PHYSICAL THERAPY		50	
37.21 OTHER REVENUE EKG	B	-187,623	ELECTROCARDIOLOGY		53	
37.22 OTHER REVENUE AMBULANCE	B	-174,992	AMBULANCE SERVICES		65	
37.23 ELIMINATE HEALTH LINK ADMIN FEE	A	-61	ADMINISTRATIVE & GENERAL		6	
37.24 RCE DISALLOWANCE	A	-32,614	ADMINISTRATIVE & GENERAL		6	
37.25 PENSION OVER FUNDING	A	-459,114	EMPLOYEE BENEFITS		5	
37.26 AMORTIZED DEPRECIATION EXPENSE	A	83,470	NEW CAP REL COSTS-MVBLE E		4	9
37.27 ELIMINATE INTEREST EXPENSE	A	-718,864	INTEREST EXPENSE		88	
37.28 ENTERTAINMENT	A	-1,570	ADMINISTRATIVE & GENERAL		6	
37.29 ASBESTOS REMOVAL	A	-14,170	ADMINISTRATIVE & GENERAL		6	
37.30 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-2,884	EMPLOYEE BENEFITS		5	
37.31						
37.32						
37.33						
37.34						
37.35						
38 OTHER ADJUSTMENTS (SPECIFY)						
39 OTHER ADJUSTMENTS (SPECIFY)						
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0002
I

I PERIOD:
I FROM 1/ 1/2008 I PREPARED 5/26/2009
I TO 12/31/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,986,212				

- (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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	BJC HEALTHCARE	5,573,791	7,004,327	-1,430,536	
2	6	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	-19,767		-19,767	
3	37	OPERATING ROOM	MIDWEST SURGICAL TECH/LIT	22,671	30,854	-8,183	
4	6	ADMINISTRATIVE & GENERAL	TFC	64,727	76,757	-12,030	
4.01	44	LABORATORY	BARNES JEWISH LAB	27,371	17,540	9,831	
5		TOTALS		5,668,793	7,129,478	-1,460,685	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	BJC HEALTH SYSTEM	100.00	SYSTEM HOLDING COMPANY
2	G	0.00	CHRISTIAN HEALTH SERVICES	100.00	PARENT CORPORATION
3	G	0.00	MIDWEST STONE INSTITUTE	50.00	LITHOTRIPSY/SURG TECH
4	G	0.00	TELEPHONE FACILITIES CORP	100.00	TELECOMMUNICATIONS
5	G	0.00	BARNES JEWISH HOSPITAL	100.00	HOSPITAL

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
 PART OF SAME HEALTH CARE SYSTEM

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0002 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 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 5	OCCUPATIONAL HEALTH	250		250	177,200	2	170	9
2 25	MED/SURG/OB	124,896	124,896					
3 25	HOUSESTAFF SALARY	165,210	165,210					
4 25	HOUSESTAFF CONTRACT	828,948	828,948					
5 26	ICU	209,000	192,000	17,000	177,200	196	16,698	835
6 34	SNF	2,700	2,700					
7 37	SURGERY	208,641	208,641					
8 37	WOUND CARE	13,440		13,440	177,200	97	8,264	413
9 40	ANESTHESIOLOGY	30,000		30,000	200,300	135	13,000	650
10 41	RADIATION ONCOLOGY	83,641		83,641	225,300	516	55,892	2,795
11 44	LAB PATHOLOGY	210,000	210,000					
12 50	PHYSICAL THERAPY	20,640		20,640	177,200	27	2,300	115
13 53	CARDIAC CATH	38,700		38,700	177,200	180	15,335	767
14 53	EEG	18,720		18,720	177,200	137	11,671	584
15 53	EKG/GRAPHICS	93,782	55,082	38,700	1,477,200	180	127,834	6,392
16 53	SLEEP LAB	9,900		9,900	177,200	209	17,805	890
17 53	DIABETES CENTER	4,000	4,000					
18 59	2 OP PSYCH	30,000		30,000	177,200	42	3,578	179
19 60	OUTPATIENT CARE CENTER	3,870	3,870					
20 61	EMERGENCY ROOM	1,159,757	1,159,757					
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,256,095	2,955,104	300,991		1,721	272,547	13,629

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-0002
I

I PERIOD: I
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/26/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	5	OCCUPATIONAL HEALTH				170	80	80
2	25	MED/SURG/OB						124,896
3	25	HOUSESTAFF SALARY						165,210
4	25	HOUSESTAFF CONTRACT						828,948
5	26	ICU				16,698	302	192,302
6	34	SNF						2,700
7	37	SURGERY						208,641
8	37	WOUND CARE				8,264	5,176	5,176
9	40	ANESTHESIOLOGY				13,000	17,000	17,000
10	41	RADIATION ONCOLOGY				55,892	27,749	27,749
11	44	LAB PATHOLOGY						210,000
12	50	PHYSICAL THERAPY				2,300	18,340	18,340
13	53	CARDIAC CATH				15,335	23,365	23,365
14	53	EEG				11,671	7,049	7,049
15	53	EKG/GRAPHICS				127,834		55,082
16	53	SLEEP LAB				17,805		
17	53	DIABETES CENTER						4,000
18	59	2 OP PSYCH				3,578	26,422	26,422
19	60	OUTPATIENT CARE CENTER						3,870
20	61	EMERGENCY ROOM						1,159,757
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				272,547	125,483	3,080,587

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0002 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
5.03	ADMITTING	7	GROSS REVENUE	ENTERED
5.04	FINANCE & PATIENT ACCOUNTS	8	GROSS REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTE'S	ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	ENTERED
16	PHARMACY	18	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS	ENTERED

