SALEM TOWNSHIP HOSPITAL

SALEM, ILLINOIS

MEDICARE ANALYSIS

FOR THE YEAR ENDED MARCH 31, 2009

INSTRUCTIONS FOR COST REPORT FILING

TO: Ms. Teresa Stroud
Salem Township Hospital
Salem, Illinois

PROVIDER NO. 14-1345
PERIOD ENDED 3/31/09

THE ENCLOSED FORMS SHOULD BE CAREFULLY REVIEWED BEFORE FILING.

FORMS: TITLE XVIII - MEDICARE

- ☒ HOSPITAL
- ☐ EXTENDED CARE FACILITY
- ☐ _____

TITLE XIX - MEDICAID ILLINOIS (State)

- ☐ DEPARTMENT OF PUBLIC AID - GENERAL
- ☐ DIVISION OF SERVICES FOR CRIPPLED CHILDREN
- ☐ DIVISION OF VOCATIONAL REHABILITATION
- ☐ FILE (1) CD
- ☐ FILE ONE COPY OF THE ANNUAL AUDIT REPORT
- ☐ FILE ONE COPY OF THE ANNUAL MEDICARE COST ANALYSIS
- ☐ BLUE CROSS
- ☒ FILE ONE COPY OF FORM HCFA 339 - PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE
- ☒ FILE COMPUTER DATA DISK

DUE DATE: TO BE FILED ON OR BEFORE August 31, 2009

SIGNATURE: THE BOTTOM OF PAGE 1 SHOULD BE SIGNED BY AN OFFICER OR ADMINISTRATOR OF THE HEALTH CARE INSTITUTION.

MAILING: 1 COPY SHOULD BE MAILED TO:

National Government Services, Inc.
Cost Report Processing Unit
P.O. Box 7149
Indianapolis, IN 46207-7149

DATE MAILED _____

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX	XX ELECTRONICALLY FILED COST REPORT	DATE: _08/25/2009
	__ MANUALLY SUBMITTED COST REPORT	TIME: _16:46____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SALEM TOWNSHIP HOSPITAL (14-1345) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 04/01/2008 AND ENDING 03/31/2009, 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: 08/25/2009 16:46
rz83cVg50PdFBSpyFRZrObcN7RRZC0
paH6V0cvkdEJyysEyi6ehG.BoES4zr
nUNG058QgP0P:Ov4

PI Encryption: 08/25/2009 16:46
a1LqZN7o5ksRXNmQGbhLUo6g2q4AC0
8Q8Js0F10Nxu8TGGD8s:ynxGY5RMsn
Vhwn8OCfdy00dYtj

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		7962	-169817	461464	1
2	SUBPROVIDER I					2
3	SWING BED - SNF		11218			3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	RURAL HEALTH CLINIC I			26378		9
100	TOTAL		19180	-143439	461464	100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1201 RICKER DRIVE P.O.BOX: 1
1.01 CITY: SALEM STATE: IL ZIP CODE: 62881 COUNTY: MARION 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6	
2	HOSPITAL	SALEM TOWNSHIP HOSPITAL	14-1345	07/01/1966	N	O	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	SALEM S/B SNF	14-Z345	12/17/1986	N	O	N	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	SALEM HOME HEALTH AGENCY	14-7429	08/01/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC	PHOTOS RURAL HEALTH CLINIC	14-3413	07/29/1996	N	O	N	14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 04/01/2008 TO: 03/31/2009 17
1 2

18 TYPE OF CONTROL 12 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING 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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION 1N COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	12/17/1986	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02

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

28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GMR ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

MISCELLANEOUS COST REPORTING INFORMATION

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	Y	Y	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 226734 PAID LOSSES: AND/OR SELF INSURANCE:		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

		DATE	Y/N	LIMIT	Y/N	FEES	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56

57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	NO	57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	NO	58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

MULTICAMPUS

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

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO	63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	25	9125	77544.00		2417		228		1
2	HMO									2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					275				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	25	9125	77544.00		2692		228		5
6	INTENSIVE CARE UNIT									6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY									11
12	TOTAL HOSPITAL	25	9125	77544.00		2692		228		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					1146		74		18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I					293				24
25	TOTAL	25								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3231								1
2	HMO XIX										2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF		275								3
4	HOSPITAL ADULTS & PEDS - SWING BED NF		14								4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		3520								5
6	INTENSIVE CARE UNIT										6
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT										8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY										11
12	TOTAL HOSPITAL		3520						168.20		12
13	RPCH VISITS		3926								13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		1393						4.49		18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I		3926						3.81		24
25	TOTAL								176.50		25
26	OBSERVATION BED DAYS		178	28	150						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		626	65	901	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		626	65	901	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

	PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	7079045						1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	226422						8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)						CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS						CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	82486						21
22	ADMINISTRATIVE & GENERAL	937084						22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	229089						24
25	LAUNDRY & LINEN SERVICE	30189						25
26	HOUSEKEEPING	135621						26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	241096	-184921					27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		184921					28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	127394						30
31	CENTRAL SERVICES AND SUPPLY	88691	-10884					31
32	PHARMACY	55161						32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	213891						33
34	SOCIAL SERVICE	38897						34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	7079045		7079045			1
2	EXCLUDED AREA SALARIES	226422		226422			2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	6852623		6852623			3
4	SUBTOTAL OTHER WAGES & REL COSTS						4
5	SUBTOTAL WAGE-RELATED COSTS						5
6	TOTAL (SUM OF LINES 3 THRU 5)	6852623		6852623			6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	2179599	-10884	2168715			13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7429

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		87			87	1
2	UNDUPLICATED CENSUS COUNT		110.00		34.00	144.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS
IN YOUR NORMAL WORK WEEK: 40.00

		STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		1.00	1.00	3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)		1.01	1.01	4
5	OTHER ADMINISTRATIVE PERSONNEL				5
6	DIRECT NURSING SERVICE		2.46	2.46	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE				8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE				10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE				14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE		.02	.02	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

		1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1		19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9914		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7429

WORKSHEET S-4
(CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	488		30	12			530	21
22	SKILLED NURSING VISIT CHARGES	84367		5180	2076			91623	22
23	PHYSICAL THERAPY VISITS	442		1	15			458	23
24	PHYSICAL THERAPY VISIT CHARGES	80098		181	2715			82994	24
25	OCCUPATIONAL THERAPY VISITS	40		1	7			48	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	7230		181	1267			8678	26
27	SPEECH PATHOLOGY VISITS	3			3			6	27
28	SPEECH PATHOLOGY VISIT CHARGES	570			576			1146	28
29	MEDICAL SOCIAL SERVICE VISITS	3		1				4	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	755		254				1009	30
31	HOME HEALTH AIDE VISITS	126		3				129	31
32	HOME HEALTH AIDE VISIT CHARGES	13695		327				14022	32
33	TOTAL VISITS	1102		36	37			1175	33
34	OTHER CHARGES	4026		1008				5034	34
35	TOTAL CHARGES	190741		7131	6634			204506	35
36	TOTAL NUMBER OF EPISODES								36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES								38

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1 RATE	SERVICES PRIOR TO JANUARY 1 DAYS	SERVICES ON OR AFTER JANUARY 1 RATE	SERVICES ON OR AFTER JANUARY 1 DAYS	TOTAL	
	1	2	3	3.01	4	4.01	5	
1	RVC/RUC							1
2	RVB/RUB							2
3	RVA/RUA							3
3.01	RUX							3.01
3.02	RUL							3.02
4	RHD/RVC							4
5	RHC/RVB							5
6	RHB/RVA							6
6.01	RVX							6.01
6.02	RVL							6.02
7	RHA/RHC							7
8	RMC/RHB							8
9	RMB/RHA							9
9.01	RHX							9.01
9.02	RHL							9.02
10	RMA/RMC							10
11	RLB/RMB							11
12	RLA/RMA							12
12.01	RMX							12.01
12.02	RML							12.02
13	SE3/RLB							13
14	SE2/RLA							14
14.01	RLX							14.01
15	SE1/SE3							15
16	SSC/SE2							16
17	SSB/SE1							17
18	SSA/SSC							18
19	CD2/SSB							19
20	CD1/SSA							20
21	CC2							21
22	CC1							22
23	CB2							23
24	CB1							24
25	CA2							25
26	CA1							26
27	IB2							27
28	IB1							28
29	IA2							29
30	IA1							30
31	BB2							31
32	BB1							32
33	BA2							33
34	BA1							34
35	PE2							35
36	PE1							36
37	PD2							37
38	PD1							38
39	PC2							39
40	PC1							40
41	PB2							41
42	PB1							42
43	PA2							43
44	PA1							44
45	DEFAULT RATE							45
46	TOTAL							46

RHC 1
COMPONENT NO: 14-3413

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER
PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1201 RICKER DRIVE 1

1.01 CITY: SALEM STATE: IL ZIP CODE: 62881 COUNTY: MARION 1.01

2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:	GRANT AWARD 1	DATE 2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/ /	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/ /	5
6 APPALACHIAN REGIONAL COMMISSION		/ /	6
7 LOOK-ALIKES		/ /	7
8 OTHER		/ /	8

PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NO.	
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT			9
9.01	ACUTE CARE PHYS SVC	3350	9.01

	PHYSICIAN NAME	HOURS	
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD			10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
(ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14	
12	CLINIC	1100	1900	1100	1900	1100	1900	1100	1900	1100	1900	1100	1900	1100	1900	12

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13

14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.
LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.

15 PROVIDER NAME: PROVIDER NUMBER: - 15
V XVIII XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17
IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		494700	494700	58388	553088		553088	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		796204	796204	543879	1340083	-293	1339790	4
5	0500	EMPLOYEE BENEFITS	82486	1941692	2024178		2024178	-46676	1977502	5
6.01	0662	ADMINISTRATIVE & ACCOUNTING	409940	2167583	2577523	-67909	2509614	-1570700	938914	6.01
6.02	0661	BUSINESS SERVICES	527144	358993	886137		886137	-31455	854682	6.02
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	229089	535166	764255	-686	763569		763569	8
9	0900	LAUNDRY & LINEN SERVICE	30189	26590	56779		56779		56779	9
10	1000	HOUSEKEEPING	135621	75593	211214		211214		211214	10
11	1100	DIETARY	241096	382769	623865	-479333	144532	-25125	119407	11
12	1200	CAFETERIA				478505	478505	-111012	367493	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	127394	16344	143738		143738		143738	14
15	1500	CENTRAL SERVICES & SUPPLY								15
15.01	1501	PURCHASING	77807	13400	91207	-86	91121		91121	15.01
15.02	1502	CENTRAL SERVICES & SUPPLY	10884	539049	549933	-549933				15.02
16	1600	PHARMACY	55161	829157	884318	-6255	878063		878063	16
17	1700	MEDICAL RECORDS & LIBRARY	213891	134108	347999		347999	-82	347917	17
18	1800	SOCIAL SERVICE	38897	4109	43006		43006		43006	18
20	2000	NONPHYSICIAN ANESTHETISTS				412825	412825	-412825		20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A								22
23	2300	I&R SERVICES-OTHER PRGM COSTS A								23
24	2400	PARAMED ED PRGM-(SPECIFY)								24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	1503322	169930	1673252	-404	1672848		1672848	25
26	2600	INTENSIVE CARE UNIT								26
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	597148	394283	991431	-104543	886888	-27583	859305	37
40	4000	ANESTHESIOLOGY	180432	286606	467038	-467038				40
41	4100	RADIOLOGY-DIAGNOSTIC	616797	918415	1535212	-353805	1181407		1181407	41
44	4400	LABORATORY	508593	884720	1393313	-110	1393203		1393203	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900	RESPIRATORY THERAPY	260008	223107	483115	-44459	438656	-63172	375484	49
50	5000	PHYSICAL THERAPY		635974	635974		635974		635974	50
53	5300	ELECTROCARDIOLOGY	46827	64882	111709		111709	-55308	56401	53
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				549933	549933		549933	55
56	5600	DRUGS CHARGED TO PATIENTS				31469	31469		31469	56
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	120196	10674	130870		130870		130870	60
60.01	6001	SALEM MEDICAL CLINIC								60.01
61	6100	EMERGENCY	659890	1393891	2053781	-347687	1706094	-520563	1185531	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	PHOTOS RHC	179811	40624	220435	347687	568122	-15266	552856	63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY	204833	74638	279471	-438	279033		279033	71
		SPECIAL PURPOSE COST CENTERS								
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
95		SUBTOTALS	7057456	13413201	20470657		20470657	-2880060	17590597	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800	PHYSICIANS' PRIVATE OFFICES	21589	7177	28766		28766		28766	98
98.01	9801	SALEM MEDICAL CENTER								98.01
98.02	9802	WHITAKER BLDG								98.02
101		TOTAL	7079045	13420378	20499423		20499423	-2880060	17619363	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TO RECLASS CAFETERIA COST	A	CAFETERIA	12	184921	293584	1
2	TO RECLASS SUPPLY COST	B	MEDICAL SUPPLIES CHARGED TO P	55	10884	539049	2
3	TO RECLASS RENTALS	C	NEW CAP REL COSTS-MVBLE EQUIP	4		543879	3
4		C					4
5		C					5
6		C					6
7		C					7
8		C					8
9		C					9
10		C					10
11		C					11
12		C					12
13		C					13
14	TO RECLASS CRNA COST	D	NONPHYSICIAN ANESTHETISTS	20		412825	14
15	TO RECLASS REMAINING ANESTHESIA SUPP	E	OPERATING ROOM	37		54213	15
16	TO RECLASS PHYSICIAN PORTION FOR RHC	G	PHOTOS RHC	63.50		238773	16
17	TO RECLASS OTHER CAPITAL COSTS	H	NEW CAP REL COSTS-BLDG & FIXT	3		58388	17
18	TO RECLASS RESP DRUGS CHGD TO PT	I	DRUGS CHARGED TO PATIENTS	56		31469	18
19	TO RECLASS ADMIN EXPENSES FOR RHC	J	PHOTOS RHC	63.50		108914	19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				195805	2281094	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	TO RECLASS CAFETERIA COST	A	DIETARY	11	184921	293584	1
2	TO RECLASS SUPPLY COST	B	CENTRAL SERVICES & SUPPLY	15.02	10884	539049	2
3	TO RECLASS RENTALS	C	ADULTS & PEDIATRICS	25		404	10 3
4		C	HOME HEALTH AGENCY	71		438	4
5		C	OPERATING ROOM	37		158756	5
6		C	DIETARY	11		828	6
7		C	PURCHASING	15.01		86	7
8		C	PHARMACY	16		6255	8
9		C	LABORATORY	44		110	9
10		C	RADIOLOGY-DIAGNOSTIC	41		353805	10
11		C	RESPIRATORY THERAPY	49		12990	11
12		C	OPERATION OF PLANT	8		686	12
13		C	ADMINISTRATIVE & ACCOUNTING	6.01		9521	13
14	TO RECLASS CRNA COST	D	ANESTHESIOLOGY	40		412825	14
15	TO RECLASS REMAINING ANESTHESIA S	E	ANESTHESIOLOGY	40		54213	15
16	TO RECLASS PHYSICIAN PORTION FOR	G	EMERGENCY	61		238773	16
17	TO RECLASS OTHER CAPITAL COSTS	H	ADMINISTRATIVE & ACCOUNTING	6.01		58388	14 17
18	TO RECLASS RESP DRUGS CHGD TO PT	I	RESPIRATORY THERAPY	49		31469	18
19	TO RECLASS ADMIN EXPENSES FOR RHC	J	EMERGENCY	61		108914	19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				195805	2281094	36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	61162					61162		1
2	LAND IMPROVEMENTS	828346	2138		2138		830484		2
3	BUILDINGS AND FIXTURES	10757602	5590321		5590321	549039	15798884		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	1512990	10967		10967	9361	1514596		5
6	MOVABLE EQUIPMENT	7118491	1056056		1056056	212621	7961926		6
7	SUBTOTAL	20278591	6659482		6659482	771021	26167052		7
8	RECONCILING ITEMS								8
9	TOTAL	20278591	6659482		6659482	771021	26167052		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL-RELATED COSTS 14	TOTAL 15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	494700					58388	553088	3
4	NEW CAP REL COSTS-MVBLE EQUIP	796204	543879				-293	1339790	4
5	TOTAL	1290904	543879				58095	1892878	5

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL-RELATED COSTS 14	TOTAL 15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	494700						494700	3
4	NEW CAP REL COSTS-MVBLE EQUIP	796204						796204	4
5	TOTAL	1290904						1290904	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER	B	-155262	ADMINISTRATIVE & ACCOUNTING	6.01		5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-993	ADMINISTRATIVE & ACCOUNTING	6.01		9
10	TELEVISION AND RADIO SERVICE	A	-293	NEW CAP REL COSTS-MVBLE EQUIP	4	14	10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-681892				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1					14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-111012	CAFETERIA	12		16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS						19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-82	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST	A	-412825	NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37	PROVISION FOR BAD DEBTS	A	-1330755	ADMINISTRATIVE & ACCOUNTING	6.01		37
38	DIETARY REVENUE	B	-25125	DIETARY	11		38
39	BUS OFFICE COSTS ASSOC W/ PHYS CH	A	-31455	BUSINESS SERVICES	6.02		39
40							40
41	PHYSICIAN RECRUITMENT	A	-69532	ADMINISTRATIVE & ACCOUNTING	6.01		41
42	OTHER REVENUE	B	-52	ADMINISTRATIVE & ACCOUNTING	6.01		42
43	LOBBYING PORTION OF DUES	A	-13301	ADMINISTRATIVE & ACCOUNTING	6.01		43
44	MARKETING	A	-46676	EMPLOYEE BENEFITS	5		44
45	OTHER REVENUE	B	-718	ADMINISTRATIVE & ACCOUNTING	6.01		45
46	ADVERTSING	A	-87	ADMINISTRATIVE & ACCOUNTING	6.01		46
47							47
48							48
49							49
50	TOTAL		-2880060				50

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	37	OPERATING ROOM	OR	27583	27583					
2	44	LABORATORY	LABORATORY	52000		52000				
3	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	62702	62702					
4	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	470	470					
5	53	ELECTROCARDIOLOGY	ELECTROCARDIOLOGY	55308	55308					
6	61	EMERGENCY	EMERGENCY	1045853	520563	525290				
7	63.50	PHOTOS RHC	RHC	15266	15266					
101		TOTAL		1259182	681892	577290				

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	37	OPERATING ROOM	OR							27583
2	44	LABORATORY	LABORATORY							
3	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY							62702
4	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY							470
5	53	ELECTROCARDIOLOGY	ELECTROCARDIOLOGY							55308
6	61	EMERGENCY	EMERGENCY							520563
7	63.50	PHOTOS RHC	RHC							15266
101		TOTAL								681892

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & ACCOUNTING 6.01	BUSINESS SERVICES 6.02	OPERATION OF PLANT 8	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	553088	553088							3
4	NEW CAP REL COSTS-MVBLE EQUIP	1339790		1339790						4
5	EMPLOYEE BENEFITS	1977502			1977502					5
6.01	ADMINISTRATIVE & ACCOUNTING	938914	88616	10771	115865	1154166	1154166			6.01
6.02	BUSINESS SERVICES	854682	41439	138938	148991	1184050	82998	1267048		6.02
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	763569	42186	6934	64749	877438	61506		938944	8
9	LAUNDRY & LINEN SERVICE	56779	6993	2783	8533	75088	5263		17240	9
10	HOUSEKEEPING	211214	6095	539	38332	256180	17957		15026	10
11	DIETARY	119407	21415	6117	15877	162816	11413		52797	11
12	CAFETERIA	367493			52266	419759	29424			12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	143738	9472	163	36007	189380	13275		23352	14
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING	91121	10648	538	21991	124298	8713		26252	15.01
15.02	CENTRAL SERVICES & SUPPLY		7628	971	123	8722	611		18807	15.02
16	PHARMACY	878063	6119	6637	15591	906410	63537		15085	16
17	MEDICAL RECORDS & LIBRARY	347917	24204	13709	60454	446284	31283		59673	17
18	SOCIAL SERVICE	43006			10994	54000	3785			18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1672848	57737	43091	424899	2198575	154119	76014	142346	25
26	INTENSIVE CARE UNIT									26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	859305	59533	232756	219774	1371368	96129	75219	146774	37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	1181407	40971	738569	174331	2135278	149677	397712	101010	41
44	LABORATORY	1393203	19611	68292	143748	1624854	113897	295427	48350	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	375484	14383	27056	73488	490411	34376	43981	35459	49
50	PHYSICAL THERAPY	635974	28900	5159		670033	46967	52070	71251	50
53	ELECTROCARDIOLOGY	56401		7202	13235	76838	5386	18727		53
55	MEDICAL SUPPLIES CHARGED TO PAT	549933			2953	552886	38756	112492		55
56	DRUGS CHARGED TO PATIENTS	31469				31469	2206	79655		56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	130870	3496		33972	168338	11800	8890	8620	60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY	1185531	14097	17885	186511	1404024	98418	95100	34754	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	PHOTOS RHC	552856	13938	423	50822	618039	43323	11761	34362	63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	279033	10489	3639	57894	351055	24608		25860	71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	17590597	527970	1332172	1971400	17551759	1149427	1267048	877018	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		4061			4061	285		10011	96
98	PHYSICIANS' PRIVATE OFFICES	28766	21057	7618	6102	63543	4454		51915	98
98.01	SALEM MEDICAL CENTER									98.01
98.02	WHITAKER BLDG									98.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	17619363	553088	1339790	1977502	17619363	1154166	1267048	938944	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	PURCHASING 15.01	CENTRAL SERVICES & SUPPLY 15.02	PHARMACY 16	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	ADMINISTRATIVE & ACCOUNTING									6.01
6.02	BUSINESS SERVICES									6.02
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	97591								9
10	HOUSEKEEPING	2125	291288							10
11	DIETARY	801	6638	234465						11
12	CAFETERIA				449183					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION				7919	233926				14
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING				8161		167424			15.01
15.02	CENTRAL SERVICES & SUPPLY	418	10621		2182		224	41585		15.02
16	PHARMACY		5576		6747		397		997752	16
17	MEDICAL RECORDS & LIBRARY		2921		30018		1030			17
18	SOCIAL SERVICE				2869					18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	56762	106478	234465	140516	107327	8293			25
26	INTENSIVE CARE UNIT									26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	10996	39033		4969	59567	20607			37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	9184	19384		58622		22854			41
44	LABORATORY		16728		52805		96779			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY		4249		30786		5446			49
50	PHYSICAL THERAPY	5307	13277				1257	92		50
53	ELECTROCARDIOLOGY		3717				540			53
55	MEDICAL SUPPLIES CHARGED TO PAT							41372		55
56	DRUGS CHARGED TO PATIENTS								997752	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						435			60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY	11998	35316		59390	53575	7710			61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	PHOTOS RHC				23958	13457	514			63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		5842		18100		631	121		71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	97591	269780	234465	447042	233926	166717	41585	997752	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES		21508		2141		707			98
98.01	SALEM MEDICAL CENTER									98.01
98.02	WHITAKER BLDG									98.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	97591	291288	234465	449183	233926	167424	41585	997752	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	ADMINISTRATIVE & ACCOUNTING						6.01
6.02	BUSINESS SERVICES						6.02
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
15.01	PURCHASING						15.01
15.02	CENTRAL SERVICES & SUPPLY						15.02
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	571209					17
18	SOCIAL SERVICE		60654				18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	229811	60654	3515360		3515360	25
26	INTENSIVE CARE UNIT						26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	29889		1854551		1854551	37
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	89667		2983388		2983388	41
44	LABORATORY	118559		2367399		2367399	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	16273		660981		660981	49
50	PHYSICAL THERAPY	23247		883501		883501	50
53	ELECTROCARDIOLOGY	8302		113510		113510	53
55	MEDICAL SUPPLIES CHARGED TO PAT			745506		745506	55
56	DRUGS CHARGED TO PATIENTS			1111082		1111082	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC			198083		198083	60
60.01	SALEM MEDICAL CLINIC						60.01
61	EMERGENCY	49815		1850100		1850100	61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	PHOTOS RHC	5646		751060		751060	63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY			426217		426217	71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
85.03	ISLET CELL ACQUISITION						85.03
95	SUBTOTALS	571209	60654	17460738		17460738	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			14357		14357	96
98	PHYSICIANS' PRIVATE OFFICES			144268		144268	98
98.01	SALEM MEDICAL CENTER						98.01
98.02	WHITAKER BLDG						98.02
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL	571209	60654	17619363		17619363	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINISTRA TIVE & ACC OUNTING 6.01	BUSINESS S ERVICES 6.02	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	ADMINISTRATIVE & ACCOUNTING		88616	10771	99387	99387				6.01
6.02	BUSINESS SERVICES		41439	138938	180377	7147	187524			6.02
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		42186	6934	49120	5296		54416		8
9	LAUNDRY & LINEN SERVICE		6993	2783	9776	453		999	11228	9
10	HOUSEKEEPING		6095	539	6634	1546		871	244	10
11	DIETARY		21415	6117	27532	983		3060	92	11
12	CAFETERIA					2534				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		9472	163	9635	1143		1353		14
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING		10648	538	11186	750		1521		15.01
15.02	CENTRAL SERVICES & SUPPLY		7628	971	8599	53		1090	48	15.02
16	PHARMACY		6119	6637	12756	5471		874		16
17	MEDICAL RECORDS & LIBRARY		24204	13709	37913	2694		3458		17
18	SOCIAL SERVICE					326				18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		57737	43091	100828	13272	11250	8250	6531	25
26	INTENSIVE CARE UNIT									26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		59533	232756	292289	8278	11132	8507	1265	37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		40971	738569	779540	12889	58866	5854	1057	41
44	LABORATORY		19611	68292	87903	9808	43722	2802		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY		14383	27056	41439	2960	6509	2055		49
50	PHYSICAL THERAPY		28900	5159	34059	4044	7706	4129	611	50
53	ELECTROCARDIOLOGY			7202	7202	464	2771			53
55	MEDICAL SUPPLIES CHARGED TO PAT					3337	16648			55
56	DRUGS CHARGED TO PATIENTS					190	11789			56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		3496		3496	1016	1316	500		60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY		14097	17885	31982	8475	14074	2014	1380	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	PHOTOS RHC		13938	423	14361	3730	1741	1991		63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		10489	3639	14128	2119		1499		71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS		527970	1332172	1860142	98978	187524	50827	11228	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		4061		4061	25		580		96
98	PHYSICIANS' PRIVATE OFFICES		21057	7618	28675	384		3009		98
98.01	SALEM MEDICAL CENTER									98.01
98.02	WHITAKER BLDG									98.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		553088	1339790	1892878	99387	187524	54416	11228	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PURCHASING	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	12	14	15.01	15.02	16	17	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	ADMINISTRATIVE & ACCOUNTING									6.01
6.02	BUSINESS SERVICES									6.02
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	9295								10
11	DIETARY	212	31879							11
12	CAFETERIA			2534						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION			45	12176					14
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING			46		13503				15.01
15.02	CENTRAL SERVICES & SUPPLY	339		12		18	10159			15.02
16	PHARMACY	178		38		32		19349		16
17	MEDICAL RECORDS & LIBRARY	93		169		83			44410	17
18	SOCIAL SERVICE			16						18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	3396	31879	793	5586	669			17868	25
26	INTENSIVE CARE UNIT									26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1246		28	3101	1662			2324	37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	619		331		1843			6971	41
44	LABORATORY	534		298		7806			9218	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	136		174		439			1265	49
50	PHYSICAL THERAPY	424				101	23		1807	50
53	ELECTROCARDIOLOGY	119				44			645	53
55	MEDICAL SUPPLIES CHARGED TO PAT						10106			55
56	DRUGS CHARGED TO PATIENTS							19349		56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC					35				60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY	1127		335	2789	622			3873	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	PHOTOS RHC			135	700	41			439	63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	186		102		51	30			71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	8609	31879	2522	12176	13446	10159	19349	44410	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES	686		12		57				98
98.01	SALEM MEDICAL CENTER									98.01
98.02	WHITAKER BLDG									98.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	9295	31879	2534	12176	13503	10159	19349	44410	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		18	25	26	27	
	GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	ADMINISTRATIVE & ACCOUNTING					6.01
6.02	BUSINESS SERVICES					6.02
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
15.01	PURCHASING					15.01
15.02	CENTRAL SERVICES & SUPPLY					15.02
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE	342				18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A					22
23	I&R SERVICES-OTHER PRGM COSTS A					23
24	PARAMED ED PRGM-(SPECIFY)					24
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	342	200664		200664	25
26	INTENSIVE CARE UNIT					26
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM		329832		329832	37
40	ANESTHESIOLOGY					40
41	RADIOLOGY-DIAGNOSTIC		867970		867970	41
44	LABORATORY		162091		162091	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
49	RESPIRATORY THERAPY		54977		54977	49
50	PHYSICAL THERAPY		52904		52904	50
53	ELECTROCARDIOLOGY		11245		11245	53
55	MEDICAL SUPPLIES CHARGED TO PAT		30091		30091	55
56	DRUGS CHARGED TO PATIENTS		31328		31328	56
	OUTPATIENT SERVICE COST CENTERS					
60	CLINIC		6363		6363	60
60.01	SALEM MEDICAL CLINIC					60.01
61	EMERGENCY		66671		66671	61
62	OBSERVATION BEDS (NON-DISTINCT					62
63.50	PHOTOS RHC		23138		23138	63.50
63.60	FQHC					63.60
	OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY		18115		18115	71
	SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02
85.03	ISLET CELL ACQUISITION					85.03
95	SUBTOTALS	342	1855389		1855389	95
	NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN		4666		4666	96
98	PHYSICIANS' PRIVATE OFFICES		32823		32823	98
98.01	SALEM MEDICAL CENTER					98.01
98.02	WHITAKER BLDG					98.02
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	TOTAL	342	1892878		1892878	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A.01	ADMINISTRATIVE & ACCOUNTING ACCUM COST 6.01	BUSINESS SERVICES GROSS CHARGES 6.02	OPERATION OF PLANT SQUARE FEET 8	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	69604							3
4	NEW CAP REL COSTS-MVBLE EQUIP		1340083						4
5	EMPLOYEE BENEFITS			6996559					5
6.01	ADMINISTRATIVE & ACCOUNTING	11152	10773	409940	-1154166	16465197			6.01
6.02	BUSINESS SERVICES	5215	138968	527144		1184050	37548458		6.02
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	5309	6936	229089		877438		47928	8
9	LAUNDRY & LINEN SERVICE	880	2784	30189		75088		880	9
10	HOUSEKEEPING	767	539	135621		256180		767	10
11	DIETARY	2695	6118	56175		162816		2695	11
12	CAFETERIA			184921		419759			12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	1192	163	127394		189380		1192	14
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING	1340	538	77807		124298		1340	15.01
15.02	CENTRAL SERVICES & SUPPLY	960	971	435		8722		960	15.02
16	PHARMACY	770	6638	55161		906410		770	16
17	MEDICAL RECORDS & LIBRARY	3046	13712	213891		446284		3046	17
18	SOCIAL SERVICE			38897		54000			18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	7266	43100	1503322		2198575	2252653	7266	25
26	INTENSIVE CARE UNIT								26
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	7492	232807	777580		1371368	2229120	7492	37
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	5156	738731	616797		2135278	11785827	5156	41
44	LABORATORY	2468	68307	508593		1624854	8754938	2468	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	1810	27062	260008		490411	1303359	1810	49
50	PHYSICAL THERAPY	3637	5160			670033	1543086	3637	50
53	ELECTROCARDIOLOGY		7204	46827		76838	554964		53
55	MEDICAL SUPPLIES CHARGED TO P			10449		552886	3333697		55
56	DRUGS CHARGED TO PATIENTS					31469	2360561		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	440		120196		168338	263452	440	60
60.01	SALEM MEDICAL CLINIC								60.01
61	EMERGENCY	1774	17889	659890		1404024	2818264	1774	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	PHOTOS RHC	1754	423	179811		618039	348537	1754	63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	1320	3640	204833		351055		1320	71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	66443	1332463	6974970	-1154166	16397593	37548458	44767	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	511				4061		511	96
98	PHYSICIANS' PRIVATE OFFICES	2650	7620	21589		63543		2650	98
98.01	SALEM MEDICAL CENTER								98.01
98.02	WHITAKER BLDG								98.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A.01	ADMINISTRATIVE & ACCOUNTING ACCUM COST 6.01	BUSINESS SERVICES GROSS CHARGES 6.02	OPERATION OF PLANT SQUARE FEET 8	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	553088	1339790	1977502		1154166	1267048	938944	103
104	UNIT COST MULT-WS B PT I		.999781				.033744		104
104	UNIT COST MULT-WS B PT I	7.946210		.282639		.070097		19.590719	104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III					99387	187524	54416	107
108	UNIT COST MULT-WS B PT III						.004994		108
108	UNIT COST MULT-WS B PT III					.006036		1.135370	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	PURCHASING COSTED REQUIS. 15.01	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15.02	PHARMACY COSTED REQUIS. 16	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	ADMINISTRATIVE & ACCOUNTING									6.01
6.02	BUSINESS SERVICES									6.02
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	19383								9
10	HOUSEKEEPING	422	1097							10
11	DIETARY	159	25	8881						11
12	CAFETERIA				11118					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION				196	134181				14
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING				202		1058437			15.01
15.02	CENTRAL SERVICES & SUPPLY	83	40		54		1419	522465		15.02
16	PHARMACY		21		167		2509		100	16
17	MEDICAL RECORDS & LIBRARY		11		743		6513			17
18	SOCIAL SERVICE				71					18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES									22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	11274	401	8881	3478	61563	52430			25
26	INTENSIVE CARE UNIT									26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2184	147		123	34168	130276			37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	1824	73		1451		144483			41
44	LABORATORY		63		1307		611822			44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		16		762		34427			49
50	PHYSICAL THERAPY	1054	50				7946	1158		50
53	ELECTROCARDIOLOGY		14				3412			53
55	MEDICAL SUPPLIES CHARGED TO P							519784		55
56	DRUGS CHARGED TO PATIENTS								100	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						2747			60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY	2383	133		1470	30731	48740			61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	PHOTOS RHC				593	7719	3251			63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		22		448		3990	1523		71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	19383	1016	8881	11065	134181	1053965	522465	100	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C									96
98	PHYSICIANS' PRIVATE OFFICES		81		53		4472			98
98.01	SALEM MEDICAL CENTER									98.01
98.02	WHITAKER BLDG									98.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	PURCHASING COSTED REQUIS. 15.01	CENTRAL SERVICES & SUPPLY COSTED REQ UIS. 15.02	PHARMACY COSTED REQUIS. 16	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	97591	291288	234465	449183	233926	167424	41585	997752	103
104	UNIT COST MULT-WS B PT I	5.034876		26.400743		1.743362		.079594		104
104	UNIT COST MULT-WS B PT I		265.531449		40.401421		.158180		9977.520000	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	11228	9295	31879	2534	12176	13503	10159	19349	107
108	UNIT COST MULT-WS B PT III	.579270		3.589573		.090743		.019444		108
108	UNIT COST MULT-WS B PT III		8.473108		.227919		.012757		193.490000	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	
	GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6.01	ADMINISTRATIVE & ACCOUNTING			6.01
6.02	BUSINESS SERVICES			6.02
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
15.01	PURCHASING			15.01
15.02	CENTRAL SERVICES & SUPPLY			15.02
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY	1720		17
18	SOCIAL SERVICE		3520	18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES			22
23	I&R SERVICES-OTHER PRGM COSTS			23
24	PARAMED ED PRGM-(SPECIFY)			24
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	692	3520	25
26	INTENSIVE CARE UNIT			26
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	90		37
40	ANESTHESIOLOGY			40
41	RADIOLOGY-DIAGNOSTIC	270		41
44	LABORATORY	357		44
46.30	BLOOD CLOTTING FACTORS ADMIN			46.30
49	RESPIRATORY THERAPY	49		49
50	PHYSICAL THERAPY	70		50
53	ELECTROCARDIOLOGY	25		53
55	MEDICAL SUPPLIES CHARGED TO P			55
56	DRUGS CHARGED TO PATIENTS			56
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC			60
60.01	SALEM MEDICAL CLINIC			60.01
61	EMERGENCY	150		61
62	OBSERVATION BEDS (NON-DISTINC			62
63.50	PHOTOS RHC	17		63.50
63.60	FQHC			63.60
	OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC			69.10
69.20	OUTPATIENT PHYSICAL THERAPY			69.20
69.30	OUTPATIENT OCCUPATIONAL THERA			69.30
69.40	OUTPATIENT SPEECH PATHOLOGY			69.40
71	HOME HEALTH AGENCY			71
	SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
85.03	ISLET CELL ACQUISITION			85.03
95	SUBTOTALS	1720	3520	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C			96
98	PHYSICIANS' PRIVATE OFFICES			98
98.01	SALEM MEDICAL CENTER			98.01
98.02	WHITAKER BLDG			98.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	COST TO BE ALLOC PER B PT I	571209	60654	103
104	UNIT COST MULT-WS B PT I	332.098256		104
104	UNIT COST MULT-WS B PT I		17.231250	104
105	COST TO BE ALLOC PER B PT II			105
106	UNIT COST MULT-WS B PT II			106
106	UNIT COST MULT-WS B PT II			106
107	COST TO BE ALLOC PER B PT III	44410	342	107
108	UNIT COST MULT-WS B PT III	25.819767		108
108	UNIT COST MULT-WS B PT III		.097159	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	3515360		3515360		3515360	25
26	INTENSIVE CARE UNIT						26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	1854551		1854551		1854551	37
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	2983388		2983388		2983388	41
44	LABORATORY	2367399		2367399		2367399	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	660981		660981		660981	49
50	PHYSICAL THERAPY	883501		883501		883501	50
53	ELECTROCARDIOLOGY	113510		113510		113510	53
55	MEDICAL SUPPLIES CHARGED TO	745506		745506		745506	55
56	DRUGS CHARGED TO PATIENTS	1111082		1111082		1111082	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	198083		198083		198083	60
60.01	SALEM MEDICAL CLINIC						60.01
61	EMERGENCY	1850100		1850100		1850100	61
62	OBSERVATION BEDS (NON-DISTI	169785		169785		169785	62
63.50	PHOTOS RHC	751060		751060		751060	63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	17204306		17204306		17204306	101
102	LESS OBSERVATION BEDS	169785		169785		169785	102
103	TOTAL	17034521		17034521		17034521	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2252653		2252653				25
26	INTENSIVE CARE UNIT							26
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	428664	1800456	2229120	.831966	.831966	.831966	37
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	1098157	10687670	11785827	.253134	.253134	.253134	41
44	LABORATORY	1603063	7151875	8754938	.270407	.270407	.270407	44
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
49	RESPIRATORY THERAPY	321703	981656	1303359	.507137	.507137	.507137	49
50	PHYSICAL THERAPY	133388	1409698	1543086	.572555	.572555	.572555	50
53	ELECTROCARDIOLOGY	59755	495209	554964	.204536	.204536	.204536	53
55	MEDICAL SUPPLIES CHARGED TO	1382191	1951506	3333697	.223627	.223627	.223627	55
56	DRUGS CHARGED TO PATIENTS	1192191	1168370	2360561	.470686	.470686	.470686	56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	2000	261452	263452	.751875	.751875	.751875	60
60.01	SALEM MEDICAL CLINIC							60.01
61	EMERGENCY	109775	2708489	2818264	.656468	.656468	.656468	61
62	OBSERVATION BEDS (NON-DISTI	500	87101	87601	1.938163	1.938163	1.938163	62
63.50	PHOTOS RHC		348537	348537	2.154893	2.154893	2.154893	63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	8584040	29052019	37636059				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	8584040	29052019	37636059				103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[XX] HOSPITAL (14-1345)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.831966	.831966	.831966				37
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.253134	.253134	.253134				41
44	LABORATORY	.270407	.270407	.270407				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	.507137	.507137	.507137				49
50	PHYSICAL THERAPY	.572555	.572555	.572555				50
53	ELECTROCARDIOLOGY	.204536	.204536	.204536				53
55	MEDICAL SUPPLIES CHARGED TO PAT	.223627	.223627	.223627				55
56	DRUGS CHARGED TO PATIENTS	.470686	.470686	.470686				56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.751875	.751875	.751875				60
60.01	SALEM MEDICAL CLINIC							60.01
61	EMERGENCY	.656468	.656468	.656468				61
62	OBSERVATION BEDS (NON-DISTINCT	1.938163	1.938163	1.938163				62
63.50	PHOTOS RHC	2.154893	2.154893	2.154893				63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.470686	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01	VACCINE CHARGES - HEPATITIS B		2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)		3
3.01	VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1345)	[ ] SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ] NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ] S/B-SNF
			[ ]	SUB III	[ ] S/B-NF
			[ ]	SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1062578								37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	4200022								41
44	LABORATORY	2766934								44
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
49	RESPIRATORY THERAPY	391381								49
50	PHYSICAL THERAPY	498824								50
53	ELECTROCARDIOLOGY	313469								53
55	MEDICAL SUPPLIES CHARGED TO PA	906304								55
56	DRUGS CHARGED TO PATIENTS	585650								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	63488								60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY	1046854								61
62	OBSERVATION BEDS (NON-DISTINCT	55185								62
63.50	PHOTOS RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	11890689								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	11890689								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1345)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	884029							37
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	1063168							41
44	LABORATORY	748198							44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	198484							49
50	PHYSICAL THERAPY	285604							50
53	ELECTROCARDIOLOGY	64116							53
55	MEDICAL SUPPLIES CHARGED TO PAT	202674							55
56	DRUGS CHARGED TO PATIENTS	275657							56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	47735							60
60.01	SALEM MEDICAL CLINIC								60.01
61	EMERGENCY	687226							61
62	OBSERVATION BEDS (NON-DISTINCT	106958							62
63.50	PHOTOS RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	4563849							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	4563849							104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				200664	15052	185612	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL				200664		185612	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	3409	228			54.45	12415	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL	3409	228				12415	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (14-1345)	[ ]	SUB III	[ ]	PPS
[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
[XX]	TITLE XIX	[ ]	SUB II	[XX]	OTHER		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		329832	2229120	70544			.147965	10438	37
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		867970	11785827	107008			.073645	7881	41
44	LABORATORY		162091	8754938	137947			.018514	2554	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		54977	1303359	49645			.042181	2094	49
50	PHYSICAL THERAPY		52904	1543086	2231			.034285	76	50
53	ELECTROCARDIOLOGY		11245	554964	4485			.020263	91	53
55	MEDICAL SUPPLIES CHARGED TO P		30091	3333697	76647			.009026	692	55
56	DRUGS CHARGED TO PATIENTS		31328	2360561	111858			.013271	1484	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		6363	263452				.024152		60
60.01	SALEM MEDICAL CLINIC									60.01
61	EMERGENCY		66671	2818264	35828			.023657	848	61
62	OBSERVATION BEDS (NON-DISTINC			87601						62
63.50	PHOTOS RHC			348537						63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		1613472	35034869	596193				26158	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					3409		228		25
26	INTENSIVE CARE UNIT									26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY									33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					3409		228		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (14-1345)	[ ]	SUB IV	[ ]	PPS
[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
		[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
53	ELECTROCARDIOLOGY								53
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	SALEM MEDICAL CLINIC								60.01
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	PHOTOS RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (14-1345)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		2229120			70544			37
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		11785827			107008			41
44	LABORATORY		8754938			137947			44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY		1303359			49645			49
50	PHYSICAL THERAPY		1543086			2231			50
53	ELECTROCARDIOLOGY		554964			4485			53
55	MEDICAL SUPPLIES CHARGED TO P		3333697			76647			55
56	DRUGS CHARGED TO PATIENTS		2360561			111858			56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		263452						60
60.01	SALEM MEDICAL CLINIC								60.01
61	EMERGENCY		2818264			35828			61
62	OBSERVATION BEDS (NON-DISTINC		87601						62
63.50	PHOTOS RHC		348537						63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		35034869			596193			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (14-1345)	[ ]	SUB IV	[ ]	PPS
[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
		[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
53	ELECTROCARDIOLOGY						53
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	SALEM MEDICAL CLINIC						60.01
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	PHOTOS RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (OTHER) (14-1345) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	SNF I	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3698						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	3409						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3409						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	275						6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	14						7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2417						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	206						10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	69						11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	98.28						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	98.28						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3515360						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1376						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	263685						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3251675						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2183619						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2183619						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.489122						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	640.55						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3251675						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	953.85					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2305455					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2305455					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1485198					48
49	TOTAL PROGRAM INPATIENT COSTS	3790653					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	196493	60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	65816	61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	262309	62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS		65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	178					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	953.85					84
85 OBSERVATION BED COST	169785					85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (OTHER) (14-1345) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	NF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3698						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	3409						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3409						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	275						6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	14						7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	228						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	98.28						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	98.28						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3515360						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1376						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	263685						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3251675						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2183619						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2183619						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.489122						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	640.55						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3251675						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	953.85					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	217478					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	217478					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	243760					48
49	TOTAL PROGRAM INPATIENT COSTS	461238					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	12415					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	26158					51
52	TOTAL PROGRAM EXCLUDABLE COST	38573					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1345)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
	TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (I4-1345)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	178					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	953.85					84
85 OBSERVATION BED COST	169785					85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-1345)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		1616704		25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.831966	264953	220432	37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.253134	713534	180620	41
44	LABORATORY	.270407	1076785	291170	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.507137	250730	127154	49
50	PHYSICAL THERAPY	.572555	45294	25933	50
53	ELECTROCARDIOLOGY	.204536	46648	9541	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.223627	1031425	230654	55
56	DRUGS CHARGED TO PATIENTS	.470686	839678	395225	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.751875	1085	816	60
60.01	SALEM MEDICAL CLINIC				60.01
61	EMERGENCY	.656468	4410	2895	61
62	OBSERVATION BEDS (NON-DISTINCT	1.938163	391	758	62
	OTHER REIMBURSABLE COST CENTERS				
63.50	PHOTOS RHC	2.154893			63.50
63.60	FQHC				63.60
101	TOTAL		4274933	1485198	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4274933		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[XX] S/B-SNF (14-Z345)
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.831966			37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.253134	2759	698	41
44	LABORATORY	.270407	32290	8731	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.507137	15001	7608	49
50	PHYSICAL THERAPY	.572555	78016	44668	50
53	ELECTROCARDIOLOGY	.204536	95	19	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.223627	21156	4731	55
56	DRUGS CHARGED TO PATIENTS	.470686	43099	20286	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.751875			60
60.01	SALEM MEDICAL CLINIC				60.01
61	EMERGENCY	.656468			61
62	OBSERVATION BEDS (NON-DISTINCT	1.938163			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	PHOTOS RHC	2.154893			63.50
63.60	FQHC				63.60
101	TOTAL		192416	86741	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		192416		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (14-1345)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		167850		25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.831966	70544	58690	37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.253134	107008	27087	41
44	LABORATORY	.270407	137947	37302	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.507137	49645	25177	49
50	PHYSICAL THERAPY	.572555	2231	1277	50
53	ELECTROCARDIOLOGY	.204536	4485	917	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.223627	76647	17140	55
56	DRUGS CHARGED TO PATIENTS	.470686	111858	52650	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.751875	300	226	60
60.01	SALEM MEDICAL CLINIC				60.01
61	EMERGENCY	.656468	35828	23520	61
62	OBSERVATION BEDS (NON-DISTINCT	1.938163			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	PHOTOS RHC	2.154893			63.50
63.60	FQHC				63.60
101	TOTAL		596493	243986	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		596493		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1						1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997						2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD						3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15] [PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	[SUM OF LINES][PLUS E-3,PT.VI]						
	[3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23	0		0			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL						6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS						8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL						9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL						16
17	PRIMARY PAYER PAYMENTS						17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES						18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES						19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES						20
21	REIMBURSABLE BAD DEBTS						21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS						21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER						26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS						28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)						29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-1345) 1	HOSPITAL (14-1345) 1.01	HOSPITAL (14-1345) 1.02	
1	MEDICAL AND OTHER SERVICES	4563849			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	4563849			5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	4609487			17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-1345) 1	HOSPITAL (14-1345) 1.01	HOSPITAL (14-1345) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES	55119			18
18.01	COINSURANCE	1830522			18.01
19	SUBTOTAL	2723846			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	2723846			23
24	PRIMARY PAYER PAYMENTS	518			24
25	SUBTOTAL	2723328			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	235994			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	235994			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	188772			27.02
28	SUBTOTAL	2959322			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	2959322			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	3129139			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	-169817			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

		HOSPITAL (14-1345) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)			1
2	DEDUCTIBLES			2
3	SUBTOTAL			3
4	80 PERCENT OF LINE 3			4
5	ASC PORTION OF BLEND			5
6	OUTPATIENT ASC COST			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	HOSPITAL SPECIFIC PORTION OF BLEND			17
18	ASC BLENDED AMOUNT			18
19	LESSER OF LINES 16 OR 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	ASC PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

		HOSPITAL (14-1345) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

		HOSPITAL (14-1345) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	42 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	DIAGNOSTIC PAYMENT AMOUNT			21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

HOSPITAL (14-1345)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3174058		2929428	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02	11/06/2008	215389	11/06/2008	9639	3.02
	TO	.03	02/27/2009	76773	02/27/2009	190072	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99		292162		199711	3.99
4 TOTAL INTERIM PAYMENTS				3466220		3129139	4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02		NONE		NONE	5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		7962			6.01
	PROVIDER TO PROGRAM	.02				-169817	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				3474182		2959322	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SWING BED SKILLED NURSING FACILITY (14-Z345)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				299234			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	11/06/2008	15260			3.01
	PROGRAM	.02	02/27/2009	17484			3.02
	TO	.03				NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99		32744			3.99
4 TOTAL INTERIM PAYMENTS				331978			4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02		NONE		NONE	5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		11218			6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				343196			7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

SUPPLEMENTAL
WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

		TITLE V S/B NF	--- TITLE XVIII --- S/B SNF PART A (14-Z345)	S/B SNF PART B	--- TITLE XIX --- S/B SNF (14-Z345)	S/B NF	
		1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		264932				1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF						2
3	ANCILLARY SERVICES		87608				3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						4
5	PROGRAM DAYS		275				5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY						7
8	SUBTOTAL		352540				8
9	PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL		352540				10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)						11
12	SUBTOTAL		352540				12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		9344				13
14	80% OF PART B COSTS						14
15	SUBTOTAL		343196				15
16	OTHER ADJUSTMENTS						16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)						17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						17.01
18	TOTAL		343196				18
19	SEQUESTRATION ADJUSTMENT						19
20	INTERIM PAYMENTS		331978				20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						20.01
21	BALANCE DUE PROVIDER/PROGRAM		11218				21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1345)	SUB I	SUB II	SUB III	SUB IV	SNF I	
1	INPATIENT SERVICES	3790653						1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)							1.01
2	ORGAN ACQUISITION							2
3	COST OF TEACHING PHYSICIANS							3
4	SUBTOTAL	3790653						4
5	PRIMARY PAYER PAYMENTS							5
6	TOTAL COST	3828560						6
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES							
7	ROUTINE SERVICE CHARGES							7
8	ANCILLARY SERVICE CHARGES							8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE							9
10	TEACHING PHYSICIANS							10
11	TOTAL REASONABLE CHARGES							11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS							12
13	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							13
14	RATIO OF LINE 12 TO LINE 13							14
15	TOTAL CUSTOMARY CHARGES							15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1345)	SUB I	SUB II	SUB III	SUB IV	SNF I	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							18
19	COST OF COVERED SERVICES	3828560						19
20	DEDUCTIBLES	396186						20
21	EXCESS REASONABLE COST							21
22	SUBTOTAL	3432374						22
23	COINSURANCE	5976						23
24	SUBTOTAL	3426398						24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	47784						25
25.01	REDUCED REIMBURSABLE BAD DEBTS	47784						25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	35546						25.02
26	SUBTOTAL	3474182						26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION							27
28	OTHER ADJUSTMENTS							28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							29
30	SUBTOTAL	3474182						30
31	SEQUESTRATION ADJUSTMENT							31
32	INTERIM PAYMENTS	3466220						32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							32.01
33	BALANCE DUE PROVIDER/PROGRAM	7962						33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2							34

CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[ ] TITLE V [ ] TITLE XVIII [XX] TITLE XIX

		HOSPITAL (14-1345) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	461238						1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	461238						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	461238						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES	596193						11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	461238						23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	461238						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	461238						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[ ] TITLE V [ ] TITLE XVIII [XX] TITLE XIX

		HOSPITAL (14-1345) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL	461238						35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL	461238						40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL	461238						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	461238						55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM	461238						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1946960				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	5209268				4
5	OTHER RECEIVABLES	2989				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2055000				6
7	INVENTORY	277142				7
8	PREPAID EXPENSES	576216				8
9	OTHER CURRENT ASSETS	189236				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	6146811				11
	FIXED ASSETS					
12	LAND	61162				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	830484				13
13.01	ACCUMULATED DEPRECIATION	-492685				13.01
14	BUILDINGS	15798884				14
14.01	ACCUMULATED DEPRECIATION	-5169631				14.01
15	LEASEHOLD IMPROVEMENTS					15
15.01	ACCUMULATED AMORTIZATION					15.01
16	FIXED EQUIPMENT	1514596				16
16.01	ACCUMULATED DEPRECIATION	-718053				16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	7961926				18
18.01	ACCUMULATED DEPRECIATION	-4922276				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	14864407				21
	OTHER ASSETS					
22	INVESTMENTS	3074071				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	627358				25
26	TOTAL OTHER ASSETS	3701429				26
27	TOTAL ASSETS	24712647				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1355976				28
29	SALARIES, WAGES & FEES PAYABLE	964858				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	210000				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	388808				35
36	TOTAL CURRENT LIABILITIES	2919642				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	3055000				37
38	NOTES PAYABLE					38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES					41
42	TOTAL LONG TERM LIABILITIES	3055000				42
43	TOTAL LIABILITIES	5974642				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	18738005				44
45	SPECIFIC PURPOSE FUND BALANCE					45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49	PLANT FUND BALANCE - INVESTED IN PLANT					49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51	TOTAL FUND BALANCES	18738005				51
52	TOTAL LIABILITIES AND FUND BALANCES	24712647				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1	FUND BALANCES AT BEGINNING OF PERIOD	17337713				1
2	NET INCOME (LOSS)	1400292				2
3	TOTAL	18738005				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS					10
11	SUBTOTAL	18738005				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	18738005				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	1934419		1934419	1
2	SUBPROVIDER I				2
4	SWING BED - SNF	69034		69034	4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	2003453		2003453	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	249200		249200	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	249200		249200	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	2252653		2252653	16
17	ANCILLARY SERVICES	6457888		6457888	17
18	OUTPATIENT SERVICES		30634051	30634051	18
18.50	PHOTOS RHC		303332	303332	18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY		251430	251430	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	8710541	31188813	39899354	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		20499423	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		20499423	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	39899354	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	18722334	2
3	NET PATIENT REVENUES	21177020	3
4	LESS - TOTAL OPERATING EXPENSES	20499423	4
5	NET INCOME FROM SERVICE TO PATIENTS	677597	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	10707	6
7	INCOME FROM INVESTMENTS	124988	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	136236	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	148	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PROPERTY TAX REVENUE	340199	24
24.01	OTHER OPERATING INCOME		24.01
24.02	LOSS ON DISPOSITION OF EQUIPMENT	-3533	24.02
24.03	NONCAPITAL GRANTS AND CONTRIBUTIONS	195620	24.03
24.04	TRANSFER OF FOUNDATION ASSETS	-81670	24.04
25	TOTAL OTHER INCOME	722695	25
26	TOTAL	1400292	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1400292	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 14-7429 WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL	82030	6021	681		20941	109673	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	122405	8984	5204			136593	6
7	PHYSICAL THERAPY				26858		26858	7
8	OCCUPATIONAL THERAPY				3060		3060	8
9	SPEECH PATHOLOGY				686		686	9
10	MEDICAL SOCIAL SERVICES				158		158	10
11	HOME HEALTH AIDE	398	29	55			482	11
12	SUPPLIES					1523	1523	12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL	204833	15034	5940	30762	22464	279033	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7429

WORKSHEET H
(CONTINUED)

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDG & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION					4
5	ADMINISTRATIVE AND GENERAL		109673		109673	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		136593		136593	6
7	PHYSICAL THERAPY		26858		26858	7
8	OCCUPATIONAL THERAPY		3060		3060	8
9	SPEECH PATHOLOGY		686		686	9
10	MEDICAL SOCIAL SERVICES		158		158	10
11	HOME HEALTH AIDE		482		482	11
12	SUPPLIES		1523		1523	12
13	DRUGS					13
13.20	COST OF ADMINISTERING VACCINES					13.20
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL		279033		279033	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 14-7429 WORKSHEET H-4 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION									4
5	ADMINISTRATIVE AND GENERAL	109673					109673	109673		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	136593					136593	88454	225047	6
7	PHYSICAL THERAPY	26858					26858	17393	44251	7
8	OCCUPATIONAL THERAPY	3060					3060	1982	5042	8
9	SPEECH PATHOLOGY	686					686	444	1130	9
10	MEDICAL SOCIAL SERVICES	158					158	102	260	10
11	HOME HEALTH AIDE	482					482	312	794	11
12	SUPPLIES	1523					1523	986	2509	12
13	DRUGS									13
13.20	COST OF ADMINISTERING VACCINES									13.20
14	DME									14
	HHA NONREIMBURSABLE SERVICES									
15	HOME DIALYSIS AIDE SERVICES									15
16	RESPIRATORY THERAPY									16
17	PRIVATE DUTY NURSING									17
18	CLINIC									18
19	HEALTH PROMOTION ACTIVITIES									19
20	DAY CARE PROGRAM									20
21	HOME DELIVERED MEALS PROGRAM									21
22	HOMEMAKER SERVICE									22
23	ALL OTHERS									23
23.50	TELEMEDICINE									23.50
24	TOTAL	279033					279033		279033	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7429

WORKSHEET H-4
PART II

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL					-109673	169360	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						136593	6
7	PHYSICAL THERAPY						26858	7
8	OCCUPATIONAL THERAPY						3060	8
9	SPEECH PATHOLOGY						686	9
10	MEDICAL SOCIAL SERVICES						158	10
11	HOME HEALTH AIDE						482	11
12	SUPPLIES						1523	12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL					-109673	169360	24
25	COST TO BE ALLOC (PER W/S H)						109673	25
26	UNIT COST MULTIPLIER						.647573	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429

WORKSHEET H-5
PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & ACCOUNTING 6.01	
1	ADMINISTRATIVE AND GENERAL				10489	3639	23185	37313	2616	1
2	SKILLED NURSING CARE	225047					34597	259644	18200	2
3	PHYSICAL THERAPY	44251						44251	3102	3
4	OCCUPATIONAL THERAPY	5042						5042	353	4
5	SPEECH PATHOLOGY	1130						1130	79	5
6	MEDICAL SOCIAL SERVICES	260						260	18	6
7	HOME HEALTH AIDE	794					112	906	64	7
8	SUPPLIES	2509						2509	176	8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	279033			10489	3639	57894	351055	24608	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429

WORKSHEET H-5
PART I

	HHA COST CENTER	BUSINESS SERVICES 6.02	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN-TENANCE OF PERSONNEL 13	
1	ADMINISTRATIVE AND GENERAL			25860		5842		18100		1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS			25860		5842		18100		20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429 WORKSHEET H-5 PART I

	HHA COST CENTER	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PURCHASING 15.01	CENTRAL SERVICES & SUPPLY 15.02	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	
1	ADMINISTRATIVE AND GENERAL			631						1
2	SKILLED NURSING CARE				121					2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS			631	121					20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429

WORKSHEET H-5
PART I

	HHA COST CENTER	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	
1	ADMINISTRATIVE AND GENERAL					90362		90362		1
2	SKILLED NURSING CARE					277965		277965	74787	2
3	PHYSICAL THERAPY					47353		47353	12740	3
4	OCCUPATIONAL THERAPY					5395		5395	1452	4
5	SPEECH PATHOLOGY					1209		1209	325	5
6	MEDICAL SOCIAL SERVICES					278		278	75	6
7	HOME HEALTH AIDE					970		970	261	7
8	SUPPLIES					2685		2685	722	8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS					426217		426217	90362	20
21	UNIT COST MULTIPLIER								.269051	21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429

WORKSHEET H-5
PART I

	HHA COST CENTER	TOTAL HHA COSTS 29	
1	ADMINISTRATIVE AND GENERAL		1
2	SKILLED NURSING CARE	352752	2
3	PHYSICAL THERAPY	60093	3
4	OCCUPATIONAL THERAPY	6847	4
5	SPEECH PATHOLOGY	1534	5
6	MEDICAL SOCIAL SERVICES	353	6
7	HOME HEALTH AIDE	1231	7
8	SUPPLIES	3407	8
9	DRUGS		9
9.20	COST OF ADMINISTERING VACC		9.20
10	DME		10
11	HOME DIALYSIS AIDE SERVICE		11
12	RESPIRATORY THERAPY		12
13	PRIVATE DUTY NURSING		13
14	CLINIC		14
15	HEALTH PROMOTION ACTIVITIE		15
16	DAY CARE PROGRAM		16
17	HOME DELIVERED MEALS PROGR		17
18	HOMEMAKER SERVICE		18
19	ALL OTHERS		19
19.50	TELEMEDICINE		19.50
20	TOTALS	426217	20
21	UNIT COST MULTIPLIER		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A.01	ADMINISTRATIVE & ACCOUNTING ACCUM COST 6.01	BUSINESS SERVICES GROSS CHARGES 6.02	
1	ADMINISTRATIVE AND GENERAL			1320	3640	82030		37313		1
2	SKILLED NURSING CARE					122405		259644		2
3	PHYSICAL THERAPY							44251		3
4	OCCUPATIONAL THERAPY							5042		4
5	SPEECH PATHOLOGY							1130		5
6	MEDICAL SOCIAL SERVICES							260		6
7	HOME HEALTH AIDE					398		906		7
8	SUPPLIES							2509		8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS			1320	3640	204833		351055		20
21	TOTAL COST TO BE ALLOCATED			10489	3639	57894		24608		21
22	UNIT COST MULTIPLIER			7.946212		.282640		.070097		22
22	UNIT COST MULTIPLIER				.999725					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	
1	ADMINISTRATIVE AND GENERAL		1320		22		448			1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS		1320		22		448			20
21	TOTAL COST TO BE ALLOCATED		25860		5842		18100			21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER		19.590909		265.545455		40.401786			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PURCHASING COSTED REQUIS. 15.01	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15.02	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	
1	ADMINISTRATIVE AND GENERAL		3990							1
2	SKILLED NURSING CARE			1523						2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS		3990	1523						20
21	TOTAL COST TO BE ALLOCATED		631	121						21
22	UNIT COST MULTIPLIER			.079448						22
22	UNIT COST MULTIPLIER		.158145							22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7429 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	
1	ADMINISTRATIVE AND GENERAL				1
2	SKILLED NURSING CARE				2
3	PHYSICAL THERAPY				3
4	OCCUPATIONAL THERAPY				4
5	SPEECH PATHOLOGY				5
6	MEDICAL SOCIAL SERVICES				6
7	HOME HEALTH AIDE				7
8	SUPPLIES				8
9	DRUGS				9
9.20	COST OF ADMINISTERING VACC				9.20
10	DME				10
11	HOME DIALYSIS AIDE SERVICE				11
12	RESPIRATORY THERAPY				12
13	PRIVATE DUTY NURSING				13
14	CLINIC				14
15	HEALTH PROMOTION ACTIVITIE				15
16	DAY CARE PROGRAM				16
17	HOME DELIVERED MEALS PROGR				17
18	HOMEMAKER SERVICE				18
19	ALL OTHERS				19
19.50	TELEMEDICINE				19.50
20	TOTALS				20
21	TOTAL COST TO BE ALLOCATED				21
22	UNIT COST MULTIPLIER				22
22	UNIT COST MULTIPLIER				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7429

WORKSHEET H-6
PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	352752		352752	681	517.99	1
2	PHYSICAL THERAPY	3	60093		60093	509	118.06	2
3	OCCUPATIONAL THERAPY	4	6847		6847	57	120.12	3
4	SPEECH PATHOLOGY	5	1534		1534	13	118.00	4
5	MEDICAL SOCIAL SERV	6	353		353	4	88.25	5
6	HOME HEALTH AIDE SERV	7	1231		1231	129	9.54	6
7	TOTAL		422810		422810	1393		7

	LIMITATION COST COMPUTATION PATIENT SERVICES	MSA NO.				PROGRAM COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	9914					8
9	PHYSICAL THERAPY	9914					9
10	OCCUPATIONAL THERAPY	9914					10
11	SPEECH PATHOLOGY	9914					11
12	MEDICAL SOCIAL SERV	9914					12
13	HOME HEALTH AIDE SERV	9914					13
14	TOTAL						14

	SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	3407		3407			15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

	PER BENEFICIARY COST LIMITATION:	MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	9914		17
18	PER BENEFICIARY COST LIMITATION	9914		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7429

WORKSHEET H-6
PARTS I & II
(CONTINUED)

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION

	PATIENT SERVICES	PROGRAM VISITS PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	309	221		160059	114476		274535	1
2	PHYSICAL THERAPY	334	124		39432	14639		54071	2
3	OCCUPATIONAL THERAPY	44	4		5285	480		5765	3
4	SPEECH PATHOLOGY	6			708			708	4
5	MEDICAL SOCIAL SERV		4			353		353	5
6	HOME HEALTH AIDE SERV	15	114		143	1088		1231	6
7	TOTAL	708	467		205627	131036		336663	7

LIMITATION COST COMPUTATION

	PATIENT SERVICES	PROGRAM VISITS PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
		6	7	8	9	10	11	12	
8	SKILLED NURSING CARE								8
9	PHYSICAL THERAPY								9
10	OCCUPATIONAL THERAPY								10
11	SPEECH PATHOLOGY								11
12	MEDICAL SOCIAL SERV								12
13	HOME HEALTH AIDE SERV								13
14	TOTAL								14

SUPPLIES AND DRUGS COST COMPUTATIONS

	OTHER PATIENT SERVICES	PROGRAM COVERED CHARGES PART A	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. FEE REIMBURSED	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. NOT SUBJECT TO	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. SUBJECT TO	COST OF SERVICES PART A	COST OF SERVICES PART B DEDUCT. & COINSUR. FEE REIMBURSED	COST OF SERVICES PART B DEDUCT. & COINSUR. NOT SUBJECT TO	COST OF SERVICES PART B DEDUCT. & COINSUR. SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11	
15	COST OF MEDICAL SUPPLIES									15
16	COST OF DRUGS									16
16.20	COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7429

WORKSHEET H-6
PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.572555			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.223627			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.470686			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
				PROGRAM VISITS		PROGRAM COST		PROGRAM	
		FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
		1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	118.06						1
2	OCCUPATIONAL THERAPY	3	120.12						2
3	SPEECH PATHOLOGY	4	118.00						3
4	TOTAL								4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7429

WORKSHEET H-7
PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES				2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9	PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	118112	72629	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	1746	5385	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES	6115	519	10.04
10.05	TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06	TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11	TOTAL OTHER PAYMENTS			10.11
10.12	DME PAYMENTS			10.12
10.13	OXYGEN PAYMENTS			10.13
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12	SUBTOTAL	125973	78533	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL	125973	78533	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST	125973	78533	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	125973	78533	18
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21	OTHER ADJUSTMENTS (SPECIFY):			21
22	SUBTOTAL	125973	78533	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL	125973	78533	24
25	TOTAL INTERIM PAYMENTS	125973	78533	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE PROVIDER/PROGRAM			26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7429

WORKSHEET H-8

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				125973		78533	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					3.01
		.02					3.02
		.03		NONE		NONE	3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				125973		78533	4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					5.01
		.02		NONE		NONE	5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51		NONE		NONE	5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				125973		78533	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	ADMINISTRATIVE & ACCOUNTING						6.01
6.02	BUSINESS SERVICES						6.02
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
15.01	PURCHASING						15.01
15.02	CENTRAL SERVICES & SUPPLY						15.02
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
53	ELECTROCARDIOLOGY						53
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	SALEM MEDICAL CLINIC						60.01
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	PHOTOS RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
85.03	ISLET CELL ACQUISITION						85.03
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN						96
98	PHYSICIANS' PRIVATE OFFICES						98
98.01	SALEM MEDICAL CENTER						98.01
98.02	WHITAKER BLDG						98.02
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

RHC I
COMPONENT NO: 14-3413

WORKSHEET M-1

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

CHECK [XX] RHC
APPLICABLE BOX: [ ] FQHC

		COMPEN-SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXPENSES FOR ALLOCATION 7	
	FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN								1
2	PHYSICIAN ASSISTANT	55516	3977	59493		59493		59493	2
3	NURSE PRACTITIONER								3
4	VISITING NURSE								4
5	OTHER NURSE	94080	6739	100819		100819		100819	5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS								9
10	SUBTOTAL (SUM OF LINES 1-9)	149596	10716	160312		160312		160312	10
	COSTS UNDER AGREEMENT								
11	PHYSICIAN SERVICES UNDER AGREEMENT		238773	238773	108914	347687		347687	11
12	PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13	OTHER COSTS UNDER AGREEMENT								13
14	SUBTOTAL (SUM OF LINES 11-13)		238773	238773	108914	347687		347687	14
	OTHER HEALTH CARE COSTS								
15	MEDICAL SUPPLIES		3251	3251		3251		3251	15
16	TRANSPORTATION (HEALTH CARE STAFF)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSINAL LIABILITY INSURANCE								18
19	OTHER HEALTH CARE COSTS								19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (SUM OF LINES 15-20)		3251	3251		3251		3251	21
22	TOTAL COSTS OF HEALTH CARE SERVICES	149596	252740	402336	108914	511250		511250	22
	COSTS OTHER THAN RHC/FQHC SERVICES								
23	PHARMACY								23
24	DENTAL								24
25	OPTOMETRY								25
26	ALL OTHER NONREIMBURSABLE COSTS								26
27	NONALLOWABLE GME COSTS								27
28	TOTAL NONREIMBURSABLE COSTS								28
	FACILITY OVERHEAD								
29	FACILITY COSTS								29
30	ADMINISTRATIVE COSTS	30215	11391	41606		41606		41606	30
31	TOTAL FACILITY OVERHEAD	30215	11391	41606		41606		41606	31
32	TOTAL FACILITY COSTS	179811	264131	443942	108914	552856		552856	32

RHC I
COMPONENT NO: 14-3413

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS			4200			1
2 PHYSICIAN ASSISTANTS	0.58	1817	2100	1218		2
3 NURSE PRACTITIONERS			2100			3
4 SUBTOTAL	0.58	1817		1218	1817	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	0.58	1817			1817	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS		2109			2109	9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES	511250	10
11 TOTAL NONREIMBURSABLE COSTS		11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	511250	12
13 RATIO OF RHC/FQHC SERVICES	1.000000	13
14 TOTAL FACILITY OVERHEAD	41606	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	198204	15
16 TOTAL OVERHEAD	239810	16
17 ALLOWABLE GME OVERHEAD		17
18 SUBTRACT LINE 17 FROM LINE 16	239810	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	239810	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	751060	20

RHC I
COMPONENT NO: 14-3413

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	751060	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	23764	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	727296	3
4	TOTAL VISITS	1817	4
5	PHYSICIANS VISITS UNDER AGREEMENT	2109	5
6	TOTAL ADJUSTED VISITS	3926	6
7	ADJUSTED COST PER VISIT	185.25	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	185.25	185.25		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	220	73		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	40755	13523		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES				12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES				13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES				14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST				15
16	TOTAL PROGRAM COST			54278	16
16.01	PRIMARY PAYOR PAYMENTS				16.01
17	LESS: BENEFICIARY DEDUCTIBLE			4000	17
18	NET PROGRAM COST EXCLUDING VACCINES			50278	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE			40222	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			13508	20
21	TOTAL REIMBURSABLE PROGRAM COST			53730	21
22	REIMBURSABLE BAD DEBTS				22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				22.01
23	OTHER ADJUSTMENTS				23
24	NET REIMBURSABLE AMOUNT			53730	24
25	INTERIM PAYMENTS			27352	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				25.01
26	BALANCE DUE COMPONENT/PROGRAM			26378	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2				27

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

		PNEUMOCOCCAL 1	INFLUENZA 2	
1	HEALTH CARE STAFF COSTS	160312	160312	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.032400	0.032400	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	5194	5194	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	172	5616	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	5366	10810	5
6	TOTAL DIRECT COST OF THE FACILITY	511250	511250	6
7	TOTAL OVERHEAD	239810	239810	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.010496	0.021144	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	2517	5071	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	7883	15881	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	5	505	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	1576.60	31.45	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	4	229	13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	6306	7202	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		23764	15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		13508	16

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

RHC I
COMPONENT NO: 14-3413

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

DESCRIPTION			PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				24294	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	11/06/2008	3058	3.01
	PROGRAM TO PROVIDER	.02			3.02
		.03			3.03
		.04			3.04
		.05			3.05
		.50			3.50
	PROVIDER TO PROGRAM	.51			3.51
		.52		NONE	3.52
		.53			3.53
		.54			3.54
SUBTOTAL		.99		3058	3.99
4 TOTAL INTERIM PAYMENTS				27352	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01			5.01
		.02		NONE	5.02
		.03			5.03
	PROVIDER TO PROGRAM	.50			5.50
		.51		NONE	5.51
		.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		26378	6.01
	PROVIDER TO PROGRAM	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				53730	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

***** REPORT 97 ***** UTILIZATION STATISTICS ***** HOSPITAL

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	70.90		6.69				77.59	25
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	11.89	47.67	3.16				62.72	37
41	RADIOLOGY-DIAGNOSTIC	6.05	35.64	0.91				42.60	41
44	LABORATORY	12.30	31.60	1.58				45.48	44
49	RESPIRATORY THERAPY	19.24	30.03	3.81				53.08	49
50	PHYSICAL THERAPY	2.94	32.33	0.14				35.41	50
53	ELECTROCARDIOLOGY	8.41	56.48	0.81				65.70	53
55	MEDICAL SUPPLIES CHARGED TO PAT	30.94	27.19	2.30				60.43	55
56	DRUGS CHARGED TO PATIENTS	35.57	24.81	4.74				65.12	56
60	CLINIC	0.41	24.10					24.51	60
61	EMERGENCY	0.16	37.15	1.27				38.58	61
62	OBSERVATION BEDS (NON-DISTINCT	0.45	63.00					63.45	62
101	TOTAL CHARGES	11.36	31.59	1.58				44.53	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	553088	3.14	-553088	-6.37			3
4	NEW CAP REL COSTS-MVBLE EQUIP	1339790	7.60	-1339790	-15.42			4
5	EMPLOYEE BENEFITS	1977502	11.22	-1977502	-22.77			5
6.01	ADMINISTRATIVE & ACCOUNTING	938914	5.33	-938914	-10.81			6.01
6.02	BUSINESS SERVICES	854682	4.85	-854682	-9.84			6.02
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	763569	4.33	-763569	-8.79			8
9	LAUNDRY & LINEN SERVICE	56779	.32	-56779	-.65			9
10	HOUSEKEEPING	211214	1.20	-211214	-2.43			10
11	DIETARY	119407	.68	-119407	-1.37			11
12	CAFETERIA	367493	2.09	-367493	-4.23			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	143738	.82	-143738	-1.65			14
15	CENTRAL SERVICES & SUPPLY							15
15.01	PURCHASING	91121	.52	-91121	-1.05			15.01
15.02	CENTRAL SERVICES & SUPPLY							15.02
16	PHARMACY	878063	4.98	-878063	-10.11			16
17	MEDICAL RECORDS & LIBRARY	347917	1.97	-347917	-4.01			17
18	SOCIAL SERVICE	43006	.24	-43006	-.50			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1672848	9.49	1842512	21.21	3515360	19.95	25
26	INTENSIVE CARE UNIT							26
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	859305	4.88	995246	11.46	1854551	10.53	37
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	1181407	6.71	1801981	20.75	2983388	16.93	41
44	LABORATORY	1393203	7.91	974196	11.22	2367399	13.44	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	375484	2.13	285497	3.29	660981	3.75	49
50	PHYSICAL THERAPY	635974	3.61	247527	2.85	883501	5.01	50
53	ELECTROCARDIOLOGY	56401	.32	57109	.66	113510	.64	53
55	MEDICAL SUPPLIES CHARGED TO PAT	549933	3.12	195573	2.25	745506	4.23	55
56	DRUGS CHARGED TO PATIENTS	31469	.18	1079613	12.43	1111082	6.31	56
60	CLINIC	130870	.74	67213	.77	198083	1.12	60
60.01	SALEM MEDICAL CLINIC							60.01
61	EMERGENCY	1185531	6.73	664569	7.65	1850100	10.50	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	PHOTOS RHC	552856	3.14	198204	2.28	751060	4.26	63.50
63.60	FQHC							63.60

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	279033	1.58	147184	1.69	426217	2.42	71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			14357	.17	14357	.08	96
98	PHYSICIANS' PRIVATE OFFICES	28766	.16	115502	1.33	144268	.82	98
98.01	SALEM MEDICAL CENTER							98.01
98.02	WHITAKER BLDG							98.02
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	17619363	100.00	0	.00	17619363	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4278245
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	11391865
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.376

TB by Leads Unclassified [Unadjusted to Adjusted Balance]
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:51:13 PM

Done by:	Date:	Index:
mm	8/25/09	
Reviewer:	Date:	

Lead Ref	Description	3/31/09 Unadjusted Balance	3/31/09 Net AJE's	3/31/09 Adjusted Balance	3/31/08 Adjusted Balance
A	Cash and cash equivalents	1,946,960.38	0.00	1,946,960.38 Line 1	934,941.73
C	Patient A/R-Net of allowance	3,154,267.93	0.00	3,154,267.93 ②	3,220,595.35
D	Due from third-party payors	-52,874.70	-220,000.00	-272,874.70	322,066.02
E	Other Receivables	537,444.44	0.00	537,444.44	411,168.12
F	Taxes receivable	348,545.85	0.00	348,545.85 TB-12	367,767.48
H	Inventory of supplies	277,141.63	0.00	277,141.63	219,608.86
I	Prepaid insurance	576,216.47	0.00	576,216.47	516,245.97
J	Board Designated-Bond Redempti	551,874.93	0.00	551,874.93 ①	99,554.21
L	Board Designated-Funded Depr-c	2,362,886.03	0.00	2,362,886.03	5,775,926.17
M	Property and Equipment	14,864,406.54	0.00	14,864,406.54	10,145,589.78
N	Other Assets-Unamortized bond	92,630.80	0.00	92,630.80	100,597.60
Y	Other Assets	-1.29	272.41	271.12	43,145.81
	TOTAL ASSETS	24,659,499.01	-219,727.59	24,439,771.42	22,157,207.10

① 551,874.93
TB-12 159,310.09
711,185.02 Bond Redemption Fund
TB-13 2,362,886 Board Designated Fund
3,074,071 - Investments (Line 22)

② 3,154,268
TB-12 2,055,000
5,209,268 \ AR (Line 4)
TB-12 2,718
5,211,986

TB-1

TB by Leads Unclassified [Unadjusted to Adjusted Balance]
SALEM TOWNSHIP HOSPITAL
March 31, 2009

Done by:	Date:	Index:
Reviewer:	Date:	

Lead Ref	Description	3/31/09 Unadjusted Balance	3/31/09 Net AJE's	3/31/09 Adjusted Balance	3/31/08 Adjusted Balance
P	Current portion of long term d	-210,000.00	0.00	-210,000.00	-195,000.00
R	Accounts payable	-1,355,975.55	0.00	-1,355,975.55	-766,660.16
S	Accrued payroll and related	-964,857.64	0.00	-964,857.64	-959,392.31
T	Accrued interest payable	-2,384.41	0.00	-2,384.41	-3,441.91
U	Due to third-party payors	-113,550.08	0.00	-113,550.08	-129,999.98
V	Long-term debt, net of current	-3,055,000.00	0.00	-3,055,000.00	-2,765,000.00
	TOTAL LIABILITIES	-5,701,767.68	0.00	-5,701,767.68	-4,819,494.36
Z	Fund equity	-17,323,871.88	68,494.77	-17,255,377.11	-15,702,692.98
	NET INCOME	-1,633,859.45	151,232.82	-1,482,626.63	-1,635,019.76
	TOTAL EQUITY	-18,957,731.33	219,727.59	-18,738,003.74	-17,337,712.74
	TOTAL LIABILITIES AND EQUITY	-24,659,499.01	219,727.59	-24,439,771.42	-22,157,207.10

TB by Leads Unclassified [Unadjusted to Adjusted Balance]
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:51:13 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Lead Ref	Description	3/31/09 Unadjusted Balance	3/31/09 Net AJE's	3/31/09 Adjusted Balance	3/31/08 Adjusted Balance
0100	NDR	-2,252,652.68	0.00	-2,252,652.68	-2,210,984.00
0200	Ancillary services	-37,646,700.67	0.00	-37,646,700.67	-32,859,718.17
0300	Allowances and uncollectible a	18,502,334.78	220,000.00	18,722,334.78	15,771,463.64
0400	Revenues from auxiliary servic	-136,332.01	0.00	-136,332.01	-160,429.64
0420	Nonoperating rev-Interest inco	-124,987.50	0.00	-124,987.50	-263,538.75
0440	Nonoperating revenue-taxes	-340,199.00	0.00	-340,199.00	-337,284.37
0460	Nonoperating revenue-Donations	-112,867.75	0.00	-112,867.75	-3,050.00
0480	Nonoperating revenue-Gains/Los	-21,877.85	-68,767.18	-90,645.03	-184,242.57
	TOTAL REVENUES	-22,133,282.68	151,232.82	-21,982,049.86	-20,247,783.86
0600	Adults and Peds	1,369,350.73	0.00	1,369,350.73	1,292,311.59
0700	Intensive/Coronary care	302,947.08	0.00	302,947.08	281,646.60
0800	Ambulance	953.72	0.00	953.72	1,143.13
0900	Home Health	279,471.74	0.00	279,471.74	278,793.43
1000	Emergency services	2,053,781.14	0.00	2,053,781.14	1,863,814.85
1025	Outpatient Clinic	130,870.62	0.00	130,870.62	9,926.21
1050	RURAL HEALTH	220,434.70	0.00	220,434.70	274,158.54
1200	Surgery services	991,431.21	0.00	991,431.21	879,723.03
1300	Anesthesiology services	467,038.53	0.00	467,038.53	448,687.04
1400	Central supply services	549,933.39	0.00	549,933.39	440,320.99
1500	Pharmacy	884,317.84	0.00	884,317.84	840,957.75
1600	Laboratory services	1,393,312.95	0.00	1,393,312.95	1,241,030.36
1700	Electrocardiology (EKG)	111,709.06	0.00	111,709.06	101,578.38
1800	Radiology services	1,535,211.76	0.00	1,535,211.76	1,289,844.23
1900	Speech therpy services	5,771.77	0.00	5,771.77	7,163.43
2000	Respiratory therapy services	483,114.85	0.00	483,114.85	435,146.22
2100	Physical therapy services	630,202.34	0.00	630,202.34	575,660.44
2200	Clinic-Physician private offic	28,765.88	0.00	28,765.88	22,981.20
2300	Dietary services	623,864.83	0.00	623,864.83	556,850.25
2400	Laundry and linen services	56,778.99	0.00	56,778.99	56,558.41
2500	Social services	43,006.54	0.00	43,006.54	45,901.04
2600	Plant and maintenance	764,254.89	0.00	764,254.89	727,066.98
2700	Housekeeping	211,213.60	0.00	211,213.60	212,411.60
2800	Administration and general	2,186,217.21	0.00	2,186,217.21	2,047,520.78
2850	Provision for doubtful account	1,330,755.11	0.00	1,330,755.11	1,152,524.67
2900	Medical records	347,998.57	0.00	347,998.57	317,376.77
3000	PSRO/Utilization review	37,895.04	0.00	37,895.04	52,976.33
3100	Nursing administration	76,056.91	0.00	76,056.91	57,974.70
3200	Human Resources	2,024,178.47	0.00	2,024,178.47	1,787,597.80
3300	Depreciation	1,290,903.50	0.00	1,290,903.50	1,244,910.67
3400	INS/INF CON	67,680.26	0.00	67,680.26	68,206.68
	TOTAL EXPENSES	20,499,423.23	0.00	20,499,423.23	18,612,764.10
	NET INCOME	-1,633,859.45	151,232.82	-1,482,626.63	-1,635,019.76

TB-3

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
	NDR	0100		W15G-2			
30100200	Med/Surg-Acute Care		-1,934,418.68	W1	0.00	-1,934,418.68	-1,952,566.00
30100400	Med/Surg-Swing Bed		-69,034.00	W4	0.00	-69,034.00	-56,984.00
31500200	Scu-I\P		-250,600.00	W10	0.00	-250,600.00	-204,102.00
31500300	Scu - O/P		1,400.00	249,200	0.00	1,400.00	2,668.00
	Total NDR	0100	-2,252,652.68		0.00	-2,252,652.68	-2,210,984.00
	Ancillary services	0200					
30100300	Med/Surg-O\P		-87,600.76		0.00	-87,600.76	-64,616.40
32200200	Ambulance-I\P		0.00		0.00	0.00	-642.73
32200300	Ambulance-O\P		0.00		0.00	0.00	-267.00
32400300	Home Health-O\P		-251,429.75		0.00	-251,429.75 W19	-329,817.50
32509000	OTHER REVENUE		-45,205.00		0.00	-45,205.00	-43,636.61
33000200	E.R.-I\P		-146,368.00		0.00	-146,368.00	-151,167.00
33000300	E.R.-O\P		-3,897,119.00		0.00	-3,897,119.00	-3,364,445.00
33000450	RURAL HEALTH CENTER		-25,866.00		0.00	-25,866.00	-31,578.00
33500450	Rhc - Revenue		-303,332.00		0.00	-303,332.00 W18.5	-299,639.00
34600200	I/P ROUTINE REVENUE		-665.00		0.00	-665.00	0.00
34600300	Outpatient Clinic - O/P		-299,380.00		0.00	-299,380.00	0.00
34700200	Surgery-I\P		-378,432.00		0.00	-378,432.00	-361,405.00
34700300	Surgery-O\P		-1,733,312.00		0.00	-1,733,312.00	-1,308,323.00
34700450	Rural Health Center		-322.00		0.00	-322.00	-306.00
34800200	Recovery Room-I\P		-51,489.00		0.00	-51,489.00	-52,638.00
34800300	Recovery Room-O\P		-66,945.00		0.00	-66,945.00	-175,374.00
34900200	Anesth.-I\P		-173,909.00		0.00	-173,909.00	-163,161.00
34900300	Anesth.-O\P		-725,150.00		0.00	-725,150.00	-629,662.00
35100200	Central Supply-I\P		-619,698.50		0.00	-619,698.50	-541,679.65
35100300	Central Supply-O\P		-1,291,747.25		0.00	-1,291,747.25	-1,126,607.63
35100400	Central Supply-Swing Bed		-4,005.35		0.00	-4,005.35	-5,533.85
35100450	Rural Health Center		-18,627.10		0.00	-18,627.10	-21,695.80
35100600	MISCELLANEOUS		-5.77		0.00	-5.77	-257.66
35500200	Pharmacy-I\P		-1,135,734.94		0.00	-1,135,734.94	-1,080,873.00
35500300	Pharmacy-O\P		-1,035,952.96		0.00	-1,035,952.96	-869,451.21
35500400	Pharmacy-Swing Bed		-44,136.60		0.00	-44,136.60	-56,590.34
35500450	RURAL HEALTH CENTER		-36,403.33		0.00	-36,403.33	-36,378.79
35500600	MISCELLANEOUS		-788.98		0.00	-788.98	-579.61
35600200	I.V. Therapy-I\P		-319,253.50		0.00	-319,253.50	-321,072.00
35600300	I.V. Therapy-O\P		-446,470.00		0.00	-446,470.00	-411,308.50
35600400	I.V. Therapy-Swing Bed		-4,374.00		0.00	-4,374.00	-8,990.00
35600450	Rural Health Center		-3.00		0.00	-3.00	0.00
35800200	Laboratory-I\P		-1,457,715.10		0.00	-1,457,715.10	-1,411,516.20
35800300	Laboratory-O\P		-5,357,070.92		0.00	-5,357,070.92	-4,628,305.95
35800350	Non - Patient Revenue		-1,213,375.00		0.00	-1,213,375.00	-1,155,541.60
35800400	Laboratory-Swing Bed		-33,729.00		0.00	-33,729.00	-41,335.00
35800450	RURAL HEALTH CENTER		-155,899.25		0.00	-155,899.25	-194,056.00
35800600	Laboratory-Reference Lab		-34,045.51		0.00	-34,045.51	-70,628.45
35900200	Blood Trns-I\P		-111,619.00		0.00	-111,619.00	-39,417.00
35900300	Blood Trns-O\P		-81,868.00		0.00	-81,868.00	-18,147.00
35900350	Non - Patient Revenue		0.00		0.00	0.00	-283.00
36200200	Ekg-I\P		-73,289.00		0.00	-73,289.00	-80,192.00
36200300	Ekg-O\P		-711,679.00		0.00	-711,679.00	-650,170.00
36200400	Ekg-Swing Bed		-230.00		0.00	-230.00	-805.00
36200450	RURAL HEALTH CENTER		-3,675.00		0.00	-3,675.00	-4,569.00
36200600	MISCELLANEOUS		-4,495.00		0.00	-4,495.00	-1,440.00
36500200	Radiology-I\P		-175,747.00		0.00	-175,747.00	-202,527.00
36500300	Radiology-O\P		-1,637,136.00		0.00	-1,637,136.00	-1,508,650.20
36500400	Radiology-Swing Bed		-3,543.00		0.00	-3,543.00	-5,305.00
36500450	RURAL HEALTH CENTER		-191,944.50		0.00	-191,944.50	-204,222.00
36500600	MISCELLANEOUS		0.00		0.00	0.00	102.11
36600200	Ultrasound-I\P		-53,695.00		0.00	-53,695.00	-42,172.00
36600300	Ultrasound-O\P		-463,103.00		0.00	-463,103.00	-412,837.00
36600400	Ultrasound-Swing Bed		-268.00		0.00	-268.00	0.00
36600450	Rural Health Center		0.00		0.00	0.00	-1,950.00
36650200	Echo-I/P		-134,661.00		0.00	-134,661.00	-105,073.00
36650300	Echo-O/P		-658,114.00		0.00	-658,114.00	-544,535.00
36650450	RURAL HEALTH CENTER		-2,162.00		0.00	-2,162.00	-4,551.00
36700200	Eeg-I\P		-5,754.00		0.00	-5,754.00	-1,564.00
36700300	Eeg-O\P		-732,408.00		0.00	-732,408.00	-604,282.00
36800200	Nuclear Med-I\P		-120,792.00		0.00	-120,792.00	-91,360.00
36800300	Nuclear Med-O\P		-819,975.00		0.00	-819,975.00	-716,148.00
36900200	Ct. Scan-I\P		-550,717.00		0.00	-550,717.00	-543,373.90
36900300	Ct. Scan-O\P		-5,709,601.60		0.00	-5,709,601.60	-4,489,790.70
36900450	RURAL HEALTH CENTER		-14,507.00		0.00	-14,507.00	-72,312.00
36950200	Mri - Inpatient Revenue		-58,734.00		0.00	-58,734.00	-46,336.00
36950300	Mri - Outpatient Revenue		-1,191,126.00		0.00	-1,191,126.00	-860,180.00
37000200	Speech Therapy-I\P		-1,971.00		0.00	-1,971.00	-2,706.00
37000300	Speech Therapy-O\P		-6,274.00		0.00	-6,274.00	-6,720.00
37000400	Speech Therapy-Swing Bed		0.00		0.00	0.00	-204.00
37300200	Resp Therapy-I\P		-721,431.00		0.00	-721,431.00	-727,185.00
37300300	Resp Therapy-O\P		-339,340.00		0.00	-339,340.00	-287,037.00
37300400	Resp Therapy-Swing Bed		-29,377.00		0.00	-29,377.00	-54,419.00
37300450	RURAL HEALTH CENTER		-21,659.00		0.00	-21,659.00	-31,202.00
38000200	Phys Therapy-I\P		-45,475.00		0.00	-45,475.00	-44,989.00
38000300	Phys Therapy-O\P		-1,211,379.00		0.00	-1,211,379.00	-1,275,477.00
38000400	Phys Therapy-Swing Bed		-52,270.00		0.00	-52,270.00	-29,734.00

TB-4

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
38300300	Cardiac Rehab- O/P		-85,404.00		0.00	-85,404.00	-65,244.00
38500200	Occupational Therapy I/P		-5,551.00		0.00	-5,551.00 ①	-5,939.00
38500300	Occ Ther - O/P Revenue		-192,045.00		0.00	-192,045.00	-101,375.00
38500400	Occupational Therapy-Swin		-28,121.00		0.00	-28,121.00	-16,318.00
	Total Ancillary services	0200	-37,646,700.67		0.00	-37,646,700.67	-32,859,718.17
						① = 6,457,888 w/SG2 Ln17 Col. 1	
	Allowances and uncollecti	0300					
40001000	Cont. Adj.-Medicare		10,439,739.64	2	220,000.00	10,659,739.64	8,588,560.62
40001100	Cont. Adj.-Home Health Mc		-748.67		0.00	-748.67	32,360.16
40001150	Workers Comp W/O		251,456.00		0.00	251,456.00	241,695.52
40001200	Employee Physical W\O		21,105.60		0.00	21,105.60	90,366.70
40001250	Emp Health Benefit W\O		35,974.20		0.00	35,974.20	21,206.90
40001300	Emp Workman's Comp W\O		20,070.90		0.00	20,070.90	31,028.60
40001500	Cont. Adj.-Medicaid		4,309,948.99		0.00	4,309,948.99	3,755,495.44
40002000	Cont. Adj.-BC		193,723.00		0.00	193,723.00	241,839.45
40002550	Cont. Adj.-Healthlink		1,939,236.24		0.00	1,939,236.24	1,501,837.44
40005100	Administrative Adjust.		266,523.29		0.00	266,523.29	446,009.92
40005150	Community Benefit W/O		1,340.50		0.00	1,340.50 w/S6-3	48,817.89
40005200	Provision For Charity Car		1,023,965.09		0.00	1,023,965.09 Ln2	772,245.00
	Total Allowances and unco	0300	18,502,334.78		220,000.00	18,722,334.78	15,771,463.64
	Revenues from auxiliary s	0400					
33100200	Nutritional Services-I/P		-99.00		0.00	136,236 -99.00	1350 0.00
33100300	Nutritional Services-O/P		-1,251.00		0.00	-1,251.00	-1,725.00
33100800	Nutritional Svcs-Meal Sal		-134,885.86		0.00	-134,885.86 3d	-121,040.92
50001800	Med. Rec. Trans. Fees		-148.32		0.00	-148.32 3c	-356.59
50007300	Rental Income		0.00		0.00	0.00	-35,700.00
50009000	Other Revenue		52.17		0.00	52.17 ②	-1,607.13
	Total Revenues from auxil	0400	-136,332.01		0.00	-136,332.01	-160,429.64
						② = 1,605.64 Other Income	
	Nonoperating rev-Interest	0420					
50007000	Interest Income		-162,523.36		0.00	-162,523.36	-235,366.89
50007050	Accrued Interest Income		39,704.00		0.00	39,704.00 w/S	-25,663.72
50007120	Interest Income -Project		-2,168.14		0.00	-2,168.14 G-3	-2,508.14
	Total Nonoperating rev-In	0420	-124,987.50		0.00	-124,987.50 Ln7	-263,538.75
	Nonoperating revenue-taxe	0440					
50006200	Property Tax Income		-340,199.00		0.00	-340,199.00	-337,284.37
	Total Nonoperating revenu	0440	-340,199.00		0.00	-340,199.00	-337,284.37
	Nonoperating revenue-Dona	0460					
50002400	Donations-Unrestricted		-112,604.75		0.00	-112,604.75	-3,050.00
50002450	Donations-Restricted		-263.00		0.00	-263.00	0.00
	Total Nonoperating revenu	0460	-112,867.75		0.00	-112,867.75	-3,050.00
	Nonoperating revenue-Gain	0480					
50005500	Gain\Loss On Asset Sales		3,532.73		0.00	3,532.73 3	39,488.38
50005550	Grant Revenue		-24,692.77	1	-68,767.18	-93,459.95	-223,024.22
50006100	DISCOUNTS TAKEN		-717.81		0.00	-717.81 ②	-706.73
	Total Nonoperating revenu	0480	-21,877.85		-68,767.18	-90,645.03	-184,242.57
	Adults and Peds	0600					
60100100	Med/Surg-Sal & Wages		1,212,729.86		0.00	1,212,729.86	1,160,049.53
60100500	Med/Surg-Accr Vac		12,255.66		0.00	12,255.66	-2,663.01
60100700	Med/Surg-Fica		88,465.89		0.00	88,465.89	85,068.51
60103700	Med/Surg-Non Capital Equi		0.00		0.00	0.00	463.12
60103800	Med/Surg-Dept.Sup.		48,673.31		0.00	48,673.31	42,607.60
60104500	Med/Surg-Purch Serv		1,051.00		0.00	1,051.00	1,008.72
60107500	Med/Surg-Maint Agree		1,592.23		0.00	1,592.23	930.65
60107700	Med/Surg-Rentals		404.46		0.00	404.46	1,044.14
60108000	Med/Surg-Mtg.& Travel		1,904.88		0.00	1,904.88	2,694.11
60108100	Med/Surg-Dues & Subscrip		1,990.18		0.00	1,990.18	993.22
60108700	Med/Surg-Repairs		283.26		0.00	283.26	165.00
60109900	Med/Surg-Other		0.00		0.00	0.00	-50.00
	Total Adults and Peds	0600	1,369,350.73		0.00	1,369,350.73	1,292,311.59
	Intensive/Coronary care	0700					
61500100	Scu-Sal. & Wages		282,444.77		0.00	282,444.77	256,954.07
61500500	Scu-Accr Vac.		-4,998.27		0.00	-4,998.27	2,387.84
61500700	Scu-Fica		20,693.52		0.00	20,693.52	18,813.50
61503800	Scu-Dept. Sup.		3,757.29		0.00	3,757.29	2,672.99

TR.5

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
61507500	Scu-Maint Agree		549.42		0.00	549.42	524.29
61508000	Scu-Mtg & Travel		230.10		0.00	230.10	166.51
61508100	Scu-Dues & Subscrip.		43.64		0.00	43.64	86.15
61508700	Scu-Repairs		226.61		0.00	226.61	41.25
	Total Intensive/Coronary	0700	302,947.08		0.00	302,947.08	281,646.60
	Ambulance	0800					
62200100	Ambul Trns-Sal.& Wages		889.33		0.00	889.33	1,061.06
62200700	Ambul Trns-Fica		64.39		0.00	64.39	82.07
	Total Ambulance	0800	953.72		0.00	953.72	1,143.13
	Home Health	0900					
62400100	Home Health-Sal & Wages		207,249.18		0.00	207,249.18	206,401.90
62400500	Home Health-Accr Vac		-2,415.76		0.00	-2,415.76	97.14
62400700	Home Health-Fica		15,033.48		0.00	15,033.48	14,765.51
62402600	Home Health-Cost Of Sup		1,523.11		0.00	1,523.11	1,904.18
62403800	Home Health-Dept Supp		3,989.77		0.00	3,989.77	4,278.40
62404200	Home Health-Prof Serv		30,761.96		0.00	30,761.96	27,806.92
62404500	Home Health-Purch Serv		3,905.00		0.00	3,905.00	3,900.00
62407500	Home Health-Maint Agree		9,947.90		0.00	9,947.90	9,532.24
62407700	Home Health-Rentals		438.92		0.00	438.92	423.28
62408000	Home Health-Mtg &Travel		680.93		0.00	680.93	311.68
62408050	Home Health-Pt Care Trav		5,258.98		0.00	5,258.98	6,539.73
62408100	Home Health-Dues & Subsc		3,098.27		0.00	3,098.27	2,832.45
	Total Home Health	0900	279,471.74		0.00	279,471.74	278,793.43
	Emergency services	1000					
63000100	E.R.-Salaries & Wages		662,157.77		0.00	662,157.77	588,611.11
63000500	E.R.-Accr Vac.		-2,268.42		0.00	-2,268.42	-1,630.44
63000700	E.R.-Fica		48,767.14		0.00	48,767.14	43,458.59
63003700	E.R.-Non Capital Equip		6,038.08		0.00	6,038.08	1,283.36
63003800	E.R.-Dept Supplies		42,701.43		0.00	42,701.43	38,388.64
63004000	E.R.-Med Spec Fee		1,284,626.48		0.00	1,284,626.48 3f	1,168,082.50
63007500	E.R.-Maint Agree		2,387.43		0.00	2,387.43	2,945.94
63008000	E.R.-Mtg. & Travel		2,324.31		0.00	2,324.31	3,091.88
63008100	E.R.-Dues & Subscription		2,569.17		0.00	2,569.17	1,994.69
63008700	E.R.-Repairs		453.22		0.00	453.22	1,002.38
63009800	GRANTS		4,024.53		0.00	4,024.53	6,798.91
63009900	E.R.-Other		0.00		0.00	0.00	9,787.29
	Total Emergency services	1000	2,053,781.14		0.00	2,053,781.14	1,863,814.85
	Outpatient Clinic	1025					
64600100	SALARIES & WAGES		103,474.37		0.00	103,474.37	6,458.06
64600500	Out Pt Clinic - Accr Vac		16,721.79		0.00	16,721.79	2,335.51
64600700	FICA EXPENSE		7,365.78		0.00	7,365.78	389.98
64603800	DEPT SUPPLIES		2,746.84		0.00	2,746.84	729.72
64604500	PURCHASED SERVICE		375.00		0.00	375.00	0.00
64607700	Out Pt Clinic - Rentals		85.73		0.00	85.73	12.94
64608000	Out Pt Clinic - Mtg. & Tr		25.59		0.00	25.59	0.00
64608100	Out Pt Clinic - Dues Subs		75.52		0.00	75.52	0.00
	Total Outpatient Clinic	1025	130,870.62		0.00	130,870.62	9,926.21
	RURAL HEALTH	1050					
63500100	Rhc - Salaries & Wages		178,318.29		0.00	178,318.29	248,905.41
63500500	Rhc - Accrued Vacation		1,492.87		0.00	1,492.87	-2,323.56
63500700	Rhc - Fica		12,879.44		0.00	12,879.44	18,462.80
63503800	Rhc - Dept Supplies		3,250.77		0.00	3,250.77	3,001.30
63504000	Rhc - Med Spec Fees		15,265.63		0.00	15,265.63 3f	0.00
63504500	Rhc - Purchase Services		7,920.00		0.00	7,920.00	4,760.00
63508000	Rhc - Mtg & Travel		1,016.25		0.00	1,016.25	1,352.59
63508100	Rhc - Dues & Subscription		291.45		0.00	291.45	0.00
	Total RURAL HEALTH	1050	220,434.70		0.00	220,434.70	274,158.54
	Surgery services	1200					
64700100	Surgery-Sal.& Wages		601,251.32		0.00	601,251.32	559,504.40
64700500	Surgery-Accr Vac.		-4,102.90		0.00	-4,102.90	1,303.58
64700700	Surgery-Fica		44,336.96		0.00	44,336.96	40,964.87
64702600	COST OF GOODS SOLD		0.00		0.00	0.00	420.00
64703700	Surgery-Non Capital Equip		8,160.87		0.00	8,160.87	13,310.47
64703800	Surgery-Dept. Supplies		106,800.31		0.00	106,800.31	54,995.30
64704000	Surgery - Med Fees		3,000.00		0.00	3,000.00 3f	12,905.65
64704200	Surgery-Profes Serv		40,404.15		0.00	40,404.15	46,748.25
64704500	Surgery-Purch Services		15,750.00		0.00	15,750.00	0.00
64707500	Surgery-Maint Agree		9,082.54		0.00	9,082.54	8,862.38
64707700	Surgery-Rentals		159,755.87		0.00	159,755.87	127,634.71

TB. 6

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
64708000	Surgery-Mtg. & Travel		3,485.26		0.00	3,485.26	2,549.00
64708100	Surgery-Dues Subscrip.		0.00		0.00	0.00	3,871.80
64708700	Surgery-Maint & Rprs		3,506.83		0.00	3,506.83	6,652.62
	Total Surgery services	1200	991,431.21		0.00	991,431.21	879,723.03
	Anesthesiology services	1300					
64900100	SALARIES & WAGES		178,898.10		0.00	178,898.10	164,105.52
64900500	Accrued Pto		1,534.28		0.00	1,534.28	1,197.82
64900700	FICA EXPENSE		8,488.33		0.00	8,488.33	8,163.94
64902600	COST OF GOODS SOLD		0.00		0.00	0.00	178.92
64903700	Anesth.-Non Capital Equip		5,332.87		0.00	5,332.87	0.00
64903800	Anesth.-Dept. Supplies		9,982.25		0.00	9,982.25	11,076.50
64904000	Medical Fees		24,583.32		0.00	24,583.32	30,648.54
64904200	Anesth.-Professional Serv		232,392.66		0.00	232,392.66	228,002.84
64907500	Anesth.-Maint Agree		3,917.68		0.00	3,917.68	3,647.72
64907700	Anesth.-Rentals		89.73		0.00	89.73	99.57
64908000	Anesth.-Mtg & Travel		1,506.88		0.00	1,506.88	790.68
64908100	Anesth.-Dues & Subscripti		147.43		0.00	147.43	774.99
64908700	Anesth.-Maint & Repairs		165.00		0.00	165.00	0.00
	Total Anesthesiology serv	1300	467,038.53		0.00	467,038.53	448,687.04
	Central supply services	1400					
65100100	Central Sup.-Sal & Wages		10,625.26		0.00	10,625.26	9,314.12
65100500	Central Sup.-Accr Vac.		258.74		0.00	258.74	78.33
65100700	Central Sup.-Fica		766.05		0.00	766.05	731.83
65102600	Central Sup.-Cost Of Sup		519,783.51		0.00	519,783.51	414,622.77
65103800	Central Sup.-Dept Supp		1,419.39		0.00	1,419.39	3,221.61
65107500	Central Sup.-Maint Agree		3,337.96		0.00	3,337.96	2,486.89
65108700	Central Sup.-Repairs		649.24		0.00	649.24	250.81
65603000	I.V. Therapy-Cost Of Sol		13,093.24		0.00	13,093.24	9,614.63
	Total Central supply serv	1400	549,933.39		0.00	549,933.39	440,320.99
	Pharmacy	1500					
65500100	Pharmacy-Sal. & Wages		52,942.53		0.00	52,942.53	42,341.40
65500500	Pharmacy-Accr Vac.		2,217.81		0.00	2,217.81	90.95
65500700	Pharmacy-Fica		3,699.95		0.00	3,699.95	2,926.88
65502500	Pharmacy-Cost Of Drugs		530,837.42		0.00	530,837.42	522,167.46
65502600	COST OF GOODS SOLD		0.00		0.00	0.00	-0.27
65503000	DRUGS		164.03		0.00	164.03	0.00
65503800	Pharmacy-Dept. Supplies		2,508.91		0.00	2,508.91	2,246.33
65504200	Professional Service		285,178.55		0.00	285,178.55	270,906.21
65504500	Pharmacy-Purch. Services		302.50		0.00	302.50	0.00
65507700	Pharmacy-Rentals		6,255.00		0.00	6,255.00	0.00
65508000	Pharmacy-Mtg & Travel		211.14		0.00	211.14	278.79
	Total Pharmacy	1500	884,317.84		0.00	884,317.84	840,957.75
	Laboratory services	1600					
65800100	Laboratory-Sal & Wages		511,724.27		0.00	511,724.27	474,089.38
65800500	Laboratory-Accr Vac.		-3,130.53		0.00	-3,130.53	2,589.16
65800700	Laboratory-Fica		36,971.47		0.00	36,971.47	34,292.56
65803700	Laboratory-Non Capital Eq		4,707.37		0.00	4,707.37	625.22
65803800	Laboratory-Dept. Supp.		497,472.64		0.00	497,472.64	429,647.61
65804000	Laboratory-Med.Spec.Fees		52,000.00		0.00	52,000.00 3f	52,500.00
65804200	Laboratory-Profes Serv		83,277.38		0.00	83,277.38	77,335.63
65804500	Laboratory-Pur. Services		8,716.57		0.00	8,716.57	9,592.45
65807500	Laboratory-Maint Agree		56,249.50		0.00	56,249.50	54,258.78
65807700	Laboratory-Rentals		109.73		0.00	109.73	99.57
65807900	Laboratory Services - Shi		15,392.76		0.00	15,392.76	12,887.76
65808000	Laboratory-Mtg & Travel		1,216.44		0.00	1,216.44	383.15
65808050	Lab-Mileage		12,174.64		0.00	12,174.64	25,949.95
65808100	Laboratory-Dues & Subsc.		3,583.36		0.00	3,583.36	2,636.81
65808700	Laboratory-Repairs		3,205.60		0.00	3,205.60	27.50
65903200	Blood Trans -Cost Of Bloo		109,641.75		0.00	109,641.75	64,114.83
	Total Laboratory services	1600	1,393,312.95		0.00	1,393,312.95	1,241,030.36
	Electrocardiology (EKG)	1700					
66200100	Ekg-Sal. & Wages		46,827.21		0.00	46,827.21	41,256.41
66200700	Ekg-Fica		3,582.30		0.00	3,582.30	3,156.11
66203800	Ekg-Dept. Supplies		3,411.55		0.00	3,411.55	3,483.36
66204000	Ekg-Med. Spec. Fees		55,308.00		0.00	55,308.00 3f	53,023.00
66207500	Ekg-Maint Agreement		2,580.00		0.00	2,580.00	659.50
	Total Electrocardiology (	1700	111,709.06		0.00	111,709.06	101,578.38
	Radiology services	1800					
66500100	Radiology-Sal. & Wages		404,310.94		0.00	404,310.94	403,393.82

EO: 15,809

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TR.7

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
66500500	Radiology-Accr Vac.		1,337.18		0.00	1,337.18	-2,650.40
66500700	Radiology-Fica		29,791.48		0.00	29,791.48	29,628.25
66503300	Radiology-Cost Of Film		9,419.33		0.00	9,419.33	10,593.52
66503400	Radiology-Contrast Media		929.45		0.00	929.45	1,092.10
66503700	Radiology-Non Capital Equ		319.98		0.00	319.98	1,420.39
66503800	Radiology-Dept Supplies		10,718.17		0.00	10,718.17	13,934.14
66504200	Radiology-Prof. Serv		175.00		0.00	175.00	100.00
66504500	Radiology-Purch Services		10,727.70		0.00	10,727.70	6,690.32
66507500	Radiology-Maint Agree		110,228.60		0.00	110,228.60	72,256.72
66507700	Radiology-Rentals		548.65		0.00	548.65	497.85
66508000	Radiology-Mtg. & Travel		725.03		0.00	725.03	403.72
66508100	Radiology-Dues & Subsc.		1,373.00		0.00	1,373.00	529.41
66508700	Radiology-Repairs		1,701.55		0.00	1,701.55	4,342.78
66600100	Ultrasound-Sal. & Wages		80,741.55		0.00	80,741.55	71,243.00
66600700	Ultrasound-Fica		6,031.30		0.00	6,031.30	5,408.78
66603400	Contrast Media		0.00		0.00	0.00	32.00
66603700	Ultrasound-Non Capital Eq		159.99		0.00	159.99	169.99
66603800	Ultrasound-Dept Supplies		805.55		0.00	805.55	684.09
66607500	Ultrasound -Maint Agree		16,573.42		0.00	16,573.42	16,571.44
66608000	Ultrasound-Mtg. & Travel		491.35		0.00	491.35	906.38
66608100	Ultrasound-Dues & Subsc.		349.11		0.00	349.11	289.25
66653400	Echo - Contrast Media		0.00		0.00	0.00	6,636.00
66653800	Echo -Dept Supplies		250.84		0.00	250.84	410.19
66657500	Echo - Maint Agree		807.52		0.00	807.52	7,874.82
66803800	Nuclear Med-Dept Supplies		73,977.33		0.00	73,977.33	71,297.49
66804200	Nuclear Med-Prof Serv		110,405.00		0.00	110,405.00	93,050.00
66807700	Nuclear Med-Rentals		48,000.00		0.00	48,000.00	48,000.00
66900100	Ct. Scan-Sal & Wgs		72,684.27		0.00	72,684.27	71,241.08
66900700	Ct. Scan-Fica		5,148.33		0.00	5,148.33	5,076.01
66903300	Ct. Scan-Cost Of Film		-733.60		0.00	-733.60	0.00
66903400	Ct. Scan-Contrast Media		30,539.82		0.00	30,539.82	24,243.92
66903800	Ct. Scan-Dept Supplies		8,069.84		0.00	8,069.84	5,530.74
66907500	Ct. Scan-Maint Agreement		114,715.60		0.00	114,715.60	120,688.00
66908000	Ct. Scan-Mtg & Travel		444.06		0.00	444.06	329.95
66908700	Ct. Scan-Maint & Repairs		5,662.02		0.00	5,662.02	1,558.00
66950100	MRI - Salaries & Wages		57,723.36		0.00	57,723.36 ①	37,608.79
66950700	MRI - Fica Expense		4,136.60		0.00	4,136.60	2,708.83
66953700	MRI - Non- Capital Equip.		649.05		0.00	649.05	795.90
66953800	Mri - Dept Supplies		9,377.13		0.00	9,377.13	7,058.01
66954200	MRI - Professional Svcs		382.86		0.00	382.86	2,744.00
66957700	Mri - Rentals		305,256.37		0.00	305,256.37	145,330.00
66958000	Mri - Meeting & Travel		252.12		0.00	252.12	88.86
67003800	Dept Supplies		4.91		0.00	4.91	36.09
	Total Radiology services	1800	1,535,211.76		0.00	1,535,211.76	1,289,844.23
						ℰ0: 377,782 MRI	
	Speech therpy services	1900					
67004500	Speech Therpay- Purchase		5,771.77		0.00	5,771.77	7,163.43
	Total Speech therpy servi	1900	5,771.77		0.00	5,771.77	7,163.43
	Respiratory therapy servi	2000					
66703800	Eeg-Dept Supplies		672.01		0.00	672.01	688.23
66704000	Eeg-Med Fees		62,702.00		0.00	62,702.00 38	51,808.00
66704200	Eeg-Prof. Serv.		90,100.00		0.00	90,100.00	74,725.00
66707500	Eeg - Maint Agreements		71.68		0.00	71.68	0.00
67300100	Resp Therapy-Sal & Wages		216,389.59		0.00	216,389.59	195,918.38
67300500	Resp Therapy-Accr Vac.		1,211.08		0.00	1,211.08	1,535.09
67300700	Resp Therapy-Fica		15,698.28		0.00	15,698.28	14,028.04
67303500	Resp Therapy-Oxygen		26,734.45		0.00	26,734.45	22,930.37
67303700	Resp Therapy-Non Capital		0.00		0.00	0.00	2,216.93
67303800	Resp Therapy-Supplies		5,603.01		0.00	5,603.01	7,032.07
67304000	Respiratory Care -Medical		470.00		0.00	470.00 38	750.00
67307500	Resp Therapy-Maint Agree		2,052.26		0.00	2,052.26	1,816.58
67307700	Resp Therapy-Rentals		12,989.90		0.00	12,989.90	11,993.10
67308000	Resp Therapy-Mtg. & Trav		796.14		0.00	796.14	1,027.25
67308100	Resp Therapy-Dues & Subsc		103.50		0.00	103.50	78.50
67308700	Resp Therapy-Repairs		113.30		0.00	113.30	55.00
67309800	Respiratory Care - Grants		0.00		0.00	0.00	4,711.89
68300100	Cardiac Rehab -Sal & Wage		40,870.73		0.00	40,870.73	38,777.16
68300500	Cardiac Rehab -Accr Vacat		1,536.48		0.00	1,536.48	680.29
68300700	Cardiac Rehab -Fica		2,831.75		0.00	2,831.75	2,678.12
68303800	Cardiac Rehab -Dept Suppl		1,418.44		0.00	1,418.44	1,261.65
68307500	Cardiac Rehab-Maint Agree		513.12		0.00	513.12	51.85
68308000	Cardiac Rehab -Mtgs & Tra		199.00		0.00	199.00	24.25
68308100	Cardiac Rehab -Dues & Sub		185.00		0.00	185.00	156.60
68308700	Cardiac Rehab -Maint & Re		-146.87		0.00	-146.87	201.87
	Total Respiratory therapy	2000	483,114.85		0.00	483,114.85	435,146.22
	Physical therapy services	2100					
68002600	Physical Therapy -Cost Of		721.91		0.00	721.91	1,787.46
68003700	Phys Therapy-Non Capital		2,214.10		0.00	2,214.10	0.00
68003800	Phys Therapy-Dept Supplie		4,299.24		0.00	4,299.24	4,757.62

TB-8

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
68004500	Phys Therapy-Purch Serv		295,129.23		0.00	295,129.23	259,836.47
68004600	Physical Therapy -Mgmt Fe		249,021.56		0.00	249,021.56	244,309.87
68007500	Phys Ther-Maint Agree		2,626.75		0.00	2,626.75	3,008.45
68007700	Phys Therapy-Rentals		590.00		0.00	590.00	0.00
68007900	Physical Therapy - Ship &		186.10		0.00	186.10	231.24
68008000	Phys Therapy-Mtg & Travel		27.80		0.00	27.80	0.00
68008700	Phys Therapy-Repairs		223.30		0.00	223.30	0.00
68009900	Phys Therapy-Other Expens		7,033.05		0.00	7,033.05	6,979.37
68502600	Occ.Therapy Cost Of Supp		436.31		0.00	436.31	348.88
68503800	Occupational Therapy - Su		1,427.61		0.00	1,427.61	1,787.97
68504500	Occupational Therapy-Purc		66,265.38		0.00	66,265.38	52,488.11
68508100	Occ Therapy-Dues & Subscr		0.00		0.00	0.00	125.00
	Total Physical therapy se	2100	630,202.34		0.00	630,202.34	575,660.44
	Clinic-Physician private	2200					
72500100	Clinic-Sal & Wages		21,589.23		0.00	21,589.23	18,169.29
72500700	Clinic-Fica		1,529.73		0.00	1,529.73	1,284.96
72503700	Clinic-Non Capital Equip		0.00		0.00	0.00	450.00
72503800	Clinic-Dept. Supplies		4,472.49		0.00	4,472.49	1,928.44
72507500	Clinic - Maint Agreements		1,124.43		0.00	1,124.43	1,148.51
72509900	Clinic-Other		50.00		0.00	50.00	0.00
	Total Clinic-Physician pr	2200	28,765.88		0.00	28,765.88	22,981.20
	Dietary services	2300					
73100100	Nutritional Svc.-Sal. & W		238,031.83		0.00	238,031.83	229,355.74
73100500	Nutritional Services -Acc		3,063.67		0.00	3,063.67	266.99
73100700	Nutritional Services-Fica		16,986.38		0.00	16,986.38	16,412.44
73103600	Nutritional Services-Raw		196,257.76		0.00	196,257.76	166,648.30
73103700	Nutritional Svc-Non Cap E		565.00		0.00	565.00	2,232.54
73103800	Nutritional Svc-Dept. Sup		44,782.92		0.00	44,782.92	40,136.02
73104200	Nutritional Services-Prof		146,217.45		0.00	146,217.45	118,884.64
73104500	Nutritional Svcs-Pur. Ser		1,292.00		0.00	1,292.00	649.00
73107700	Nutritional Services-Rent		828.00		0.00	828.00	798.00
73108000	Nutritional Svc-Mtg. & Tr		220.00		0.00	220.00	0.00
73108100	Nutritional Svc.-Dues & S		70.00		0.00	70.00	465.94
73109900	Nutritional Services-Othe		-24,450.18		0.00	-24,450.18	-18,999.36
	Total Dietary services	2300	623,864.83		0.00	623,864.83	556,850.25
	Laundry and linen service	2400					
73300100	Laundry-Sal.&Wages		30,273.58		0.00	30,273.58	30,483.67
73300500	Laundry-Accr Vac		-84.63		0.00	-84.63	1,856.31
73300700	Laundry-Fica		2,148.87		0.00	2,148.87	2,059.11
73303800	Laundry-Supplies		24,441.17		0.00	24,441.17	22,159.32
	Total Laundry and linen s	2400	56,778.99		0.00	56,778.99	56,558.41
	Social services	2500					
73500100	Social Ser.-Sal. & Wages		38,897.36		0.00	38,897.36	41,458.41
73500700	Social Ser.-Fica		2,809.64		0.00	2,809.64	3,024.07
73503800	Social Ser.-Dept. Sup.		0.00		0.00	0.00	177.88
73504200	Social Ser.-Prof Serv		883.10		0.00	883.10	906.39
73508000	Social Ser.-Mtg. & Trav		416.44		0.00	416.44	304.71
73508100	Social Ser.-Dues & Subsc		0.00		0.00	0.00	29.58
	Total Social services	2500	43,006.54		0.00	43,006.54	45,901.04
	Plant and maintenance	2600					
74100100	Plt. & Maint.-Sal.&Wages		223,170.96		0.00	223,170.96	172,606.26
74100500	Plt. & Maint.-Accr Vac		5,918.11		0.00	5,918.11	701.45
74100700	Plt. & Maint.-Fica		15,598.89		0.00	15,598.89	12,063.87
74103700	Plt. & Maint.-Non Capital		2,996.00		0.00	2,996.00	1,025.00
74103800	Plt. & Maint.-Dept Sup.		43,512.98		0.00	43,512.98	53,975.57
74104500	Plt. & Maint.-Pur Serv.		12,689.49		0.00	12,689.49	15,131.78
74107500	Plt. & Maint.-Maint Agree		13,718.72		0.00	13,718.72	24,993.49
74107700	Plt. & Maint.-Rentals		686.38		0.00	686.38	1,697.42
74108000	Plt. & Maint.-Mtg & Trav		2,490.03		0.00	2,490.03	2,273.75
74108100	Plt. & Maint.-Dues & Sub		1,435.66		0.00	1,435.66	1,205.50
74108700	Plt. & Maint.-Repairs		17,412.55		0.00	17,412.55	39,492.70
74109200	Plt. & Maint.-Electricity		259,377.26		0.00	259,377.26	248,181.49
74109210	Plt. & Maint.-Natural Gas		140,275.21		0.00	140,275.21	132,283.57
74109220	Plt. & Maint.-Swr & Water		24,972.65		0.00	24,972.65	21,354.13
74109800	Plt & Maint - Grants		0.00		0.00	0.00	81.00
	Total Plant and maintenan	2600	764,254.89		0.00	764,254.89	727,066.98
	Housekeeping	2700					
74500100	Housekeeping-Sal & Wages		134,160.59		0.00	134,160.59	147,158.02
74500500	Housekeeping-Accr Vac.		1,459.58		0.00	1,459.58	1,487.71

TB-9

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
74500700	Housekeeping-Fica		9,333.51		0.00	9,333.51	10,454.99
74503700	Housekeeping-Non Capital		500.00		0.00	500.00	843.80
74503800	Housekeeping-Dept Supplie		36,793.77		0.00	36,793.77	30,281.55
74504500	Housekeeping-Purch Servic		28,960.15		0.00	28,960.15	22,185.53
74508000	Housekeeping-Mtg & Travel		6.00		0.00	6.00	0.00
	Total Housekeeping	2700	211,213.60		0.00	211,213.60	212,411.60
	Administration and genera	2800					
75000100	Finance-Sal & Wages		174,524.57		0.00	174,524.57	154,174.49
75000500	Finance-Accr Vac		4,210.35		0.00	4,210.35	993.85
75000700	Finance-Fica		12,618.89		0.00	12,618.89	11,179.80
75003700	Finance-Non Capital Equip		1,920.00		0.00	1,920.00	0.00
75003800	Finance-Dept Supplies		1,141.54		0.00	1,141.54	1,594.52
75004200	Finance-Prof Serv		22,659.00		0.00	22,659.00	25,175.00
75004500	Finance-Pur Services		600.00		0.00	600.00	0.00
75007500	Finance-Maint Agree		3,118.65		0.00	3,118.65	2,509.80
75008000	Finance-Mtg & Travel		745.73		0.00	745.73	1,050.70
75008100	Finance-Dues & Subscr		625.00		0.00	625.00	569.00
75100100	Pt Registration-Sal & Wag		146,433.31		0.00	146,433.31	137,102.33
75100500	Pt Registration-Accr Vac		554.43		0.00	554.43	-305.65
75100700	Pt Registration-Fica		10,296.88		0.00	10,296.88	9,747.91
75103800	Pt Registration-Dept Supp		18,713.73		0.00	18,713.73	16,663.87
75107500	Pt Registration-Maint Agr		2,526.21		0.00	2,526.21	1,677.97
75107700	Pt Registration-Rentals		1,773.16		0.00	1,773.16	1,773.48
75108000	Pt Registration-Mtg & Tra		125.00		0.00	125.00	165.48
75108100	PT REGISTRATION-DUES & SU		253.00		0.00	253.00	471.95
75200100	Business Svcs-Sal & Wages		186,495.89		0.00	186,495.89	189,070.85
75200500	Business Svcs-Accr Vac		-4,182.98		0.00	-4,182.98	-822.35
75200700	Business Svcs-Fica		13,330.36		0.00	13,330.36	13,601.95
75203800	Business Svcs-Dept Supply		5,672.98		0.00	5,672.98	6,018.16
75204500	Business Svcs-Purch Servi		46,621.60		0.00	46,621.60	49,600.15
75205600	Business Svcs-Collection		98,976.41		0.00	98,976.41	90,268.92
75207500	Business Svcs-Maint Agree		2,197.54		0.00	2,197.54	7,160.06
75207700	Bus. Svcs. - Rentals		2,229.00		0.00	2,229.00	2,229.00
75208000	Business Svcs-Mtg & Trave		286.16		0.00	286.16	696.85
75208100	Business Svcs-Dues & Subs		1,411.75		0.00	1,411.75	1,020.91
75300100	Data Proc.-Sal & Wages		64,277.55		0.00	64,277.55	62,824.18
75300500	Data Proc.-Accr Vac.		-623.50		0.00	-623.50	-80.84
75300700	Data Proc.-Fica		4,768.47		0.00	4,768.47	4,660.22
75303800	Data Proc.-Dept.Supplies		503.59		0.00	503.59	577.24
75400100	SALARIES & WAGES		133,134.43		0.00	133,134.43	93,961.45
75400500	ACCRUED PTO		1,055.13		0.00	1,055.13	2,951.41
75400700	FICA EXPENSE		9,615.11		0.00	9,615.11	6,722.85
75403700	NON-CAPITAL EQUIPMENT		0.00		0.00	0.00	3,292.57
75403800	DEPT SUPPLIES		1,181.49		0.00	1,181.49	1,882.97
75404500	I.T. Purchase Service		4,570.00		0.00	4,570.00	570.00
75407500	I.T. - Maint/License		128,645.15		0.00	128,645.15	54,141.23
75408000	I.T. - Meeting & Travel		1,847.35		0.00	1,847.35	633.90
75409900	OTHER OPERATING EXP		3,448.15		0.00	3,448.15	5,737.76
76100100	Admin.-Salaries & Wages		198,881.51		0.00	198,881.51	202,772.67
76100300	O/P REVENUE		0.00		0.00	0.00	-56.80
76100500	Admin.-Accr Vac		-3,000.55		0.00	-3,000.55	748.34
76100700	Admin.-Fica		12,554.26		0.00	12,554.26	14,347.46
76100900	Admin.-Compensatory Wage		11,723.12		0.00	11,723.12	12,000.04
76103700	Admin.-Non Capital Equip		0.00		0.00	0.00	865.96
76103800	Admin.-Dept. Supplies		19,503.24		0.00	19,503.24	21,068.67
76104200	Admin. Professional Servi		0.00		0.00	0.00	32,256.43
76104500	Admin.-Pur. Services		23,898.26		0.00	23,898.26	14,306.81
76107100	Admin.-Ins & Bonding		322,922.73		0.00	322,922.73	293,979.44
76107200	Admin.-Interest Exp		155,262.30		0.00	155,262.30 3b	165,005.10
76107250	Admin.-Wellness Program		2,437.75		0.00	2,437.75	8,471.34
76107400	Admin.-Legal Fees		12,800.48		0.00	12,800.48	12,058.16
76107500	Admin.-Maint Agree		3,215.86		0.00	3,215.86	2,548.93
76107700	Admin.-Rentals		5,518.84		0.00	5,518.84	5,513.45
76108000	Admin.-Mtg. & Travel		8,292.85		0.00	8,292.85	5,437.46
76108100	Admin.-Dues & Subscrip.		39,796.29		0.00	39,796.29	47,187.34
76108150	Admin.-Marketing		87.16		0.00	87.16 3	0.00
76108300	Admin - Phys Svcs/Recrui		69,531.83		0.00	69,531.83 1	52,118.30
76108600	Admin.-Postage		31,251.02		0.00	31,251.02	29,479.50
76108900	Admin.-Telephone		45,027.59		0.00	45,027.59	45,952.85
76109240	INTERNET- CABLE		11,441.64		0.00	11,441.64	11,441.64
76109800	Administration - Grants		15,397.59		0.00	15,397.59	19,150.84
76109900	Admin.-Other		165.60		0.00	165.60	161.26
76900100	Materials Mgt-Sal & Wages		77,599.65		0.00	77,599.65	74,369.46
76900500	Materials Mgt-Accr Vac		207.02		0.00	207.02	696.29
76900700	Materials Mgt-Fica		5,724.97		0.00	5,724.97	5,500.23
76903800	Materials Mgt-Dept Suppli		1,215.04		0.00	1,215.04	2,155.17
76904500	Materials Mgt-Pur Serv		-6,718.76		0.00	-6,718.76	-3,194.14
76907900	Materials Mgt-Shp & Hdl		12,929.66		0.00	12,929.66	9,498.83
76908000	Materials Mgt-Mtg & Trave		169.18		0.00	169.18	335.81
76908100	Materials Mgt-Dues & Subs		80.00		0.00	80.00	80.00
	Total Administration and	2800	2,186,217.21		0.00	2,186,217.21	2,047,520.78

TB.10

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
	Provision for doubtful ac	2850					
40005000	Sth Bad Debt Expense		1,540,484.74		0.00	1,540,484.74	1,332,256.54
50002800	Bad Debt Recovery		-209,729.63		0.00	-209,729.63	-179,731.87
	Total Provision for doubt	2850	1,330,755.11		0.00	1,330,755.11	1,152,524.67
	Medical records	2900					
77100100	Hlth Info Svc-Sal & W		220,478.87		0.00	220,478.87	240,331.92
77100500	Hlth Info Svc-Accr Va		-6,588.22		0.00	-6,588.22	-80.98
77100700	Hlth Info Mgmt-Fica		15,969.31		0.00	15,969.31	17,116.71
77103800	Hlth Info Mgmt-Dept.		6,512.89		0.00	6,512.89	6,114.87
77104200	Hlth Info Mgmt -Prof.		87,936.97		0.00	87,936.97	23,971.58
77104500	Hlth Info Mgmt-Pur. S		1,251.25		0.00	1,251.25	5,481.83
77107500	Hlth Info Mgmt-Maint		17,445.23		0.00	17,445.23	20,807.84
77108000	Hlth Info Mgmt-Mtg. T		938.90		0.00	938.90	1,108.66
77108100	Hlth Info Mgmt-Dues &		2,028.35		0.00	2,028.35	2,416.53
77108700	Hlth Info Mgmt-Repair		2,025.02		0.00	2,025.02	0.00
77109800	Hlth Info Mgmt - Gran		0.00		0.00	0.00	111.25
77109900	Hlth Info Mgmt-Other		0.00		0.00	0.00	-3.44
	Total Medical records	2900	347,998.57		0.00	347,998.57	317,376.77
	PSRO/Utilization review	3000					
77400100	Qa/Pa&I/Rm -Sal&Wages		23,601.89		0.00	23,601.89	35,153.40
77400700	Qa/Pa&I/Rm -Fica		1,757.69		0.00	1,757.69	2,488.09
77403800	Qa/Pa&I/Rm -Dept. Sup		13.20		0.00	13.20	350.11
77404200	PROFESSIONAL SERVICE		0.00		0.00	0.00	500.00
77404500	Qa/Pa&I/Rm -Pur Serv		1,323.75		0.00	1,323.75	1,263.75
77408000	Qa/Pa&I/Rm -Mtg & Trav		2,199.94		0.00	2,199.94	2,103.38
77408100	Qa/Pa&I/Rm -Dues & Sub		8,998.57		0.00	8,998.57	11,117.60
	Total PSRO/Utilization re	3000	37,895.04		0.00	37,895.04	52,976.33
	Nursing administration	3100					
77500100	Nurs. Adm.-Sal.& Wages		71,772.48		0.00	71,772.48	53,708.59
77500500	Nurs. Adm.-Accr Vac		-2,133.15		0.00	-2,133.15	-1,022.56
77500700	Nurs. Adm.-Fica		4,398.58		0.00	4,398.58	3,830.26
77503800	Nurs. Adm.-Dept. Sup.		974.61		0.00	974.61	756.81
77508000	Nurs. Adm.-Mtg. & Trav		677.39		0.00	677.39	349.68
77508100	Nurs. Adm.-Dues & Sub.		367.00		0.00	367.00	351.92
	Total Nursing administrat	3100	76,056.91		0.00	76,056.91	57,974.70
	Human Resources	3200					
79000100	Human Resources-Sal & Wag		81,427.30		0.00	81,427.30	66,099.24
79000500	Human Recources-Accrued V		1,058.88		0.00	1,058.88	1,881.19
79000700	Human Resources- Fica Exp		6,016.98		0.00	6,016.98	4,766.32
79000750	Human Resources-Pension E		64,129.03		0.00	64,129.03	54,735.31
79001700	Human Resources-Prov Emp		1,535,750.23		0.00	1,535,750.23	1,347,592.02
79001900	Human Resources-Health Ad		19,810.39		0.00	19,810.39	17,422.20
79002150	Human Resources-Life Insu		10,366.09		0.00	10,366.09	8,025.98
79002200	Human Resources-Planning		6,948.15		0.00	6,948.15	7,480.56
79002210	Human Resources-Re-Insura		147,181.30		0.00	147,181.30	140,645.68
79002250	Human Resources-Unemploym		3,540.50		0.00	3,540.50	6,990.71
79002300	Human Resources-Workman C		84,274.91		0.00	84,274.91	63,210.19
79002350	Human Resources-Other		5,155.11		0.00	5,155.11	4,236.40
79003800	Human Resources-Dept Supp		3,345.52		0.00	3,345.52	4,348.02
79004500	Humrn Resources-Contract		-2,000.00		0.00	-2,000.00	-1,812.13
79008000	Human Resources-Mtg & Tra		759.74		0.00	759.74	1,372.12
79008100	Human Resources-Dues & Su		9,718.81		0.00	9,718.81	14,325.66
79008150	Human Resources - Marketi		40,601.81		0.00	40,601.81 3	39,338.70
79008200	Human Resources Bnfts-Tui		2,623.41		0.00	2,623.41	5,726.62
79009800	GRANTS		3,470.31		0.00	3,470.31	1,213.01
	Total Human Resources	3200	2,024,178.47		0.00	2,024,178.47	1,787,597.80
	Depreciation	3300					
80000210	Depr.-Land Imp.		33,003.15		0.00	33,003.15	33,911.69
80000310	Depr.-Building		378,839.67		0.00	378,839.67	399,396.47
80000510	Depr.- Fixed Equip.		82,856.19		0.00	82,856.19	82,613.34
80000610	Depr.-Dept Equip.		796,204.49		0.00	796,204.49	728,989.17
	Total Depreciation	3300	1,290,903.50		0.00	1,290,903.50	1,244,910.67
	INS/INF CON	3400					
77600100	Ed./Inf Con-Sal & Wages		57,617.13		0.00	57,617.13	55,552.45
77600500	Ed./Inf Con-Accr Vac		136.75		0.00	136.75	766.12
77600700	Ed./Inf Con-Fica		4,345.61		0.00	4,345.61	3,971.84
77603700	Ed./Inf Con-Non Capital E		1,288.44		0.00	1,288.44	915.40
77603800	Ed./Inf Con-Dept Supplies		1,433.37		0.00	1,433.37	2,712.71
77608000	Ed./Inf Con-Mtg & Travel		1,981.29		0.00	1,981.29	2,246.03

TB-11

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
77608100	Ed./Inf Con-Dues & Sub.		877.67		0.00	877.67	1,482.84
77609800	Education/Inf Control - G		0.00		0.00	0.00	559.29
	Total INS/INF CON	3400	67,680.26		0.00	67,680.26	68,206.68
	Cash and cash equivalents	A					
11002000	Peoples Bank - Operating		1,861,716.13		0.00	1,861,716.13	671,745.71
11003000	Bank Of America - Payroll		3,000.00		0.00	3,000.00	3,000.00
11006000	Change Funds		400.00		0.00	400.00	400.00
11006500	Dietary Change Fund		120.00		0.00	120.00	120.00
11007000	Petty Cash		500.00		0.00	500.00	500.00
12002000	Union Planters - Operatin		0.00		0.00	0.00	55,015.63
12002500	Credit Card Cash		19,307.23		0.00	19,307.23	37,247.00
12003000	Employee Benefit Trust Ac		61,917.02		0.00	61,917.02	166,913.39
	Total Cash and cash equiv	A	1,946,960.38		0.00	1,946,960.38	934,941.73
	Patient A/R-Net of allowa	C					
13001000	Accts. Rec.-Patients		10,345,112.73		0.00	10,345,112.73	8,714,471.30
13002000	Accts Rec - Rev Accruals		0.00		0.00	0.00	55,860.78
13004000	Pip Clearing		-368,512.64		0.00	-368,512.64	-381,080.14
13007100	Allow For Charity Care		-699,836.60		0.00	-699,836.60 (4)	-550,817.50
13008000	Alow Cont Adj-Mcare		-1,059,885.92		0.00	-1,059,885.92	-1,063,378.65
13008010	Home Health Allowance		1,176.02		0.00	1,176.02	8,170.12
13008020	Alow Cont Adj-Mcaid		-3,398,065.22		0.00	-3,398,065.22	-2,198,665.67
13008030	Alow Cont Adj-Bc		-8,013.00		0.00	-8,013.00	-9,328.00
13008040	Hmo/Ppo Allowance		-245,026.07		0.00	-245,026.07	-170,555.07
13009000	Alow. For Doubtful Accts.		-1,355,359.41		0.00	-1,355,359.41 (4)	-1,181,477.66
28002000	Cash Clearing		-48,282.09		0.00	-48,282.09	0.00
28004000	Transfer Clearing		0.00		0.00	0.00	-2,604.16
28006000	Transfer Deposit Clearing		-1,144.30		0.00	-1,144.30	0.00
28007000	UPP CLEARING		-7,895.57		0.00	-7,895.57	0.00
	Total Patient A/R-Net of	C	3,154,267.93		0.00	3,154,267.93	3,220,595.35
					Σ(4) = 2055,000 rounded TB.1		uncollectibles WIS G Ln 6
	Due from third-party payo	D					
13003000	Due From Mcar_App Claim		-249,938.70	2	-220,000.00	-469,938.70	609,186.52
13004500	Pip Receivable		217,064.00		0.00	217,064.00	174,578.00
13005050	Medicaid Y E Settlement		-20,000.00		0.00	-20,000.00	-461,698.50
	Total Due from third-part	D	-52,874.70		-220,000.00	-272,874.70	322,066.02
	Other Receivables	E				WS G TB.1	
13002200	Due From Emp - Scholarshi		2,717.60		0.00	2,717.60	2,623.41
13005000	Due from Phys -Recruitmen		76,378.00		0.00	76,378.00	106,697.00
13005500	Due from Dr. Kessler		345,617.64		0.00	345,617.64	132,257.77
13006500	Interest Inc. Receivable		13,615.03		0.00	13,615.03	53,319.03
13007500	Receivable-Sale Of Buildi		99,116.17		0.00	99,116.17	116,270.91
	Total Other Receivables	E	537,444.44		0.00	537,444.44 Ln25	411,168.12
	Taxes receivable	F					
13006700	Property Taxes Rec-Op		189,235.76		0.00	189,235.76 Ln5	199,487.52
13006800	Property Taxes Rec-B & I		159,310.09		0.00	159,310.09 Ln7 TB.1	168,279.96
	Total Taxes receivable	F	348,545.85		0.00	348,545.85 TB.1	367,767.48
	Inventory of supplies	H					
14002600	Y - Pt Chargables		266,976.31		0.00	266,976.31	211,831.20
14008000	Inventory-Raw Food		10,165.32		0.00	10,165.32	7,777.66
	Total Inventory of suppli	H	277,141.63		0.00	277,141.63 Ln7	219,608.86
	Prepaid insurance	I					
15002000	Prepaid Insurance		300,315.38		0.00	300,315.38	278,209.67
15005000	Prepaid Hds - Dietary		19,520.00		0.00	19,520.00	19,520.00
15006000	2008 Unamortized Bond Cos		63,695.41		0.00	63,695.41	34,572.49
15007000	Prepaid Other		192,685.68		0.00	192,685.68	183,943.81
	Total Prepaid insurance	I	576,216.47		0.00	576,216.47 Ln8	516,245.97
	Board Designated-Bond Red	J					
11004000	USDA PROCEEDS ACCT		49,852.33		0.00	49,852.33	0.00
11004500	USDA B & I ACCOUNT		2,524.65		0.00	2,524.65	0.00
11004550	USDA RESERVE ACCT		385,807.44		0.00	385,807.44	0.00
11008000	Bond & Interest Fund		101,058.98		0.00	101,058.98	90,038.27

TB-12

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

8/25/2009 3:50:47 PM

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
11008500	Alt Bond & Int 2001		12,631.53		0.00	12,631.53	9,515.94
	Total Board Designated-Bo	J	551,874.93		0.00	551,874.93	99,554.21
	Board Designated-Funded D	L					
11005000	Equipment Trust Fund		537,232.49		0.00	537,232.49	1,161,509.25
12001050	Foundation Donations		0.00		0.00	0.00	70,854.65
12004050	EDWARD E JONES A/C		0.00		0.00	0.00	19,747.81
12006000	Cd-Restricted		1,825,653.54		0.00	1,825,653.54	4,523,814.46
	Total Board Designated-Fu	L	2,362,886.03		0.00	2,362,886.03	5,775,926.17
						Σ = 2,362,886 TB-1	
	Property and Equipment	M					
16001000	Land		61,161.28		0.00	61,161.28	61,161.28
16002000	Land Improvements		830,483.86		0.00	830,483.86	828,345.86
16003000	Building		9,722,097.98		0.00	9,722,097.98	9,568,153.10
16005000	Fixed Equipment		1,514,594.57		0.00	1,514,594.57	1,512,988.57
16006000	Departmental Equip		7,961,924.40		0.00	7,961,924.40	7,118,489.55
16007000	Construction In Progr		6,076,787.66		0.00	6,076,787.66	1,189,449.28
17002000	Accum. Dep.-Land Improv		-492,685.40		0.00	-492,685.40	-459,682.25
17003000	Accum. Dep.-Building		-5,169,631.21		0.00	-5,169,631.21	-4,790,791.56
17005000	Accum. Dep.-Fixed Equip.		-718,052.79		0.00	-718,052.79	-636,930.35
17006000	Accum. Dep.-Dept.Equip.		-4,922,273.81		0.00	-4,922,273.81	-4,245,593.70
	Total Property and Equipm	M	14,864,406.54		0.00	14,864,406.54	10,145,589.78
	Other Assets-Unamortized	N					
15003000	Unamortized Bond Exp		92,630.80		0.00	92,630.80	100,597.60
	Total Other Assets-Unamor	N	92,630.80		0.00	92,630.80	100,597.60
	Current portion of long t	P					
24001000	Cur. Port.-Bonds Payable		-145,000.00		0.00	-145,000.00	-135,000.00
24001050	Cur. Port.-Alt Bonds Paya		-65,000.00		0.00	-65,000.00	-60,000.00
	Total Current portion of	P	-210,000.00		0.00	-210,000.00	-195,000.00
	Accounts payable	R					
21001000	Accounts Payable-Trade		-1,272,090.81		0.00	-1,272,090.81	-685,716.28
22009000	Accts Pay -Misc.		0.00		0.00	0.00	-35.54
22009020	Accrued Purchase Service		-73,353.84		0.00	-73,353.84	-30,081.45
22009030	Accrued Supplies		-10,530.90		0.00	-10,530.90	-50,826.89
	Total Accounts payable	R	-1,355,975.55		0.00	-1,355,975.55	-766,660.16
	Accrued payroll and relat	S					
21003000	Accts. Pay.-Fed. W\H. Tax		0.01		0.00	0.01	0.01
21004500	Accts. Pay-Self		-356,513.54		0.00	-356,513.54	-410,722.41
21005000	Accts Pay-Colonial		-1,162.26		0.00	-1,162.26	629.64
21005001	KMG ACCIDENT PRETAX PR DE		-25.01		0.00	-25.01	0.00
21006000	Accts Pay-Misc Deducts		-52.46		0.00	-52.46	0.00
21007000	Accts Pay -Deferred Comp.		0.19		0.00	0.19	0.19
21008250	Unum Life Ins		1,605.63		0.00	1,605.63	1,148.50
21008400	Accts Pay - Flex Program		-1.06		0.00	-1.06	-0.63
22000100	Accrued Payroll		-195,364.92		0.00	-195,364.92	-157,740.29
22000500	Accrued Vacation		-412,238.22		0.00	-412,238.22	-389,537.32
22009200	Accrued Unemployment		-1,106.00		0.00	-1,106.00	-3,170.00
	Total Accrued payroll and	S	-964,857.64		0.00	-964,857.64	-959,392.31
	Accrued interest payable	T					
22007000	Interest Payable-B&I		-2,384.41		0.00	-2,384.41	-3,441.91
	Total Accrued interest pa	T	-2,384.41		0.00	-2,384.41	-3,441.91
	Due to third-party payors	U					
21009050	Accts Pay-Due To B\C Reim		-113,550.08		0.00	-113,550.08	-129,999.98
	Total Due to third-party	U	-113,550.08		0.00	-113,550.08	-129,999.98
	Long-term debt, net of cu	V					
23000100	Alt Bonds Payable (Long T		-2,405,000.00		0.00	-2,405,000.00	-2,470,000.00
23003500	Long Term -USDA Loan		-500,000.00		0.00	-500,000.00	0.00
24002000	Bonds Payable (Long Term)		-150,000.00		0.00	-150,000.00	-295,000.00
	Total Long-term debt, net	V	-3,055,000.00		0.00	-3,055,000.00	-2,765,000.00

W/S 6 Lines 12-18 01

Σ = 15,798,886

Ln25 Ln31 Ln29 Ln35 Ln35 Ln37

TB-13

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

Done by:	Date:	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
	Other Assets	Y					
13007000	Note(S) Receivable		-1.29	1	272.41	271.12	43,145.81
	Total Other Assets	Y	-1.29		272.41	271.12	43,145.81
	Fund equity	Z					
29001050	Equity Restricted - Found		0.00		0.00	0.00	-90,602.46
29007000	(r) Accumulated Earnings		-17,239,773.17		0.00	-17,239,773.17	-15,604,753.41
29008000	Equity-Restricted-Grants		-84,098.71	1	68,494.77	-15,603.94	-7,337.11
	Total Fund equity	Z	-17,323,871.88		68,494.77	-17,255,377.11	-15,702,692.98

TB-14

MM 7/14/09
MD 7-25-09

Salem Hospital
Patient Statistics
3/31/09

Patient Days	Medicare	Medicaid	Total
A&P	PS+R 2289 } 2417	I-Ia 228	3059 } 3231 ① I-Ia
ICU	128	0	1 1/3 172
Swing	275	0	I-Ia 289 < 275 - SNF - PS+R's, 14 - NF
Total	2752	I-Ia 228	3520

Discharges:			
IP	I-Ia 626	I-Ia 65	I-Ia 901
SB	⊥ 34		⊥ 34
Observation Days			1 1/3 178

Staffed Beds	25
Licensed Beds	48

① 3231
x 24 hrs.
77544 - W/S S-3 pt I
Col 2.01 Ln 1

PBC

mm 7/14/09

MP 7-25-09

Salem Township Hospital
Statistics for Year Ending 3/31/2009

Actual Statistics

		Total
DAYS (MED/SURG)	30101000	3059
SWING-BED	30101001	289
SCU	31501000	172
TOTAL DAYS		3520
DISCHARGES (MED/SURG)	30101010	860
SWING-BED	30101011	34
SCU	31501010	42
TOTAL DISCHARGES		936
ALOS (Med/Surg & SCU)		3.58
ALOS (Swingbed)		8.50
ALOS (Total)		3.76
OBSERVATION HOURS		4268
OBSERVATION DAYS - 24 HR AVG (Calculation)		177.8
OBSERVATION DAYS	30102300	518
HOME HEALTH EPISODES	32401010	131
HOME HEALTH VISITS	32402001	1408
E.R. -I/P	33002200	748
E.R. - VISITS		6448
OCCUPATIONAL MEDICINE		483
E.R. - OUTPATIENTS		369
E.R. -O/P (FINANCE)	33002300	6552
E.R. - TOTAL	33002001	7300
RHC - O/P	33502300	3926
OUTPATIENT CLINIC VISITS	34602300	2727
Endoscopy		45
General		78
Gyn Procedures		2
Orthopaedic		16
OPERATIONS -I/P	34702200	141
Endoscopy		609
ENT		9
General		321
Gyn Procedures		23
Opthamology		273
Orthopaedic		44
Pain Management		2
Podiatry		1
Urology		6
OPERATIONS -O/P	34702300	1288
OPERATIONS -TOTAL	34702001	1429
ANESTHESIA - I/P UNITS	34902200	2044
ANESTHESIA - O/P UNITS	34902300	8918
ANESTHESIA - TOTAL	34902001	10962
REC RM -I/P	34802200	126
REC RM -O/P	34802300	175
REC RM - TOTAL	34802001	301
CENTRAL SUPPLY-I/P	35102200	23359
CENTRAL SUPPLY-O/P	35102300	36365
CENTRAL SUPPLY-TOTAL	35102001	59724
PHARMACY -I/P	35502200	76998
PHARMACY -O/P	35502300	53889
PHARMACY -TOTAL	35502001	130887
I.V. THERAPY -I/P	35602200	12379
I.V. THERAPY -O/P	35602300	19368
I.V. THERAPY -TOTAL	35602001	31747
LABORATORY -I/P	35802200	21825
LABORATORY -O/P	35802300	85207

Σ ① = 902

7-1

28 admitted - See email "General Tab"

1/3

PBC

Salem Township Hospital
Statistics for Year Ending 3/31/2009

mm 7/14/09
ND 7-2-09

Actual Statistics

		Total
REFERENCE	35802600	2450
LABORATORY -TOTAL	35802001	109482
LABORATORY - SEND OUTS		6677
BLOOD TRANS -I/Ps		103
BLOOD TRANS -O/Ps		99
BLOOD TRANS -TOTAL PTS		202
BLOOD TRANS -I/P TRNS	35902200	432
BLOOD TRANS -O/P TRNS	35902300	290
BLOOD TRANS -TOTAL TRNS	35902001	722
EKGS -I/P		616
EKGS -O/P		3567
HOLTER MONITOR -I/P		3
HOLTER MONITOR -O/P		307
STRESS TESTS -I/P		1
STRESS TESTS -O/P		221
STRESS TESTS -TOTAL		222
EKG AREA - I/P	36202200	620
EKG AREA - O/P	36202300	4095
EKG AREA - TOTAL	36202001	4715
RESP THERAPY -I/P		38088
RESP THERAPY -O/P		8255
RESP THERAPY - TOTAL		46343
PULMONARY -I/P		2515
PULMONARY -O/P		797
PULMONARY - TOTAL		3312
RT/PULM AREA - I/P TOTAL	37302200	40603
RT/PULM AREA - O/P TOTAL	37302300	9052
RT/PULM AREA - TOTAL	37302001	49655
EEGS -I/P	36702200	7
EEGS -O/P		48
POLYSOMNOGRAPHY (O/P)		213
EEG/SLEEP- O/P TOTAL	36702300	261
EEG/SLEEP- TOTAL	36702001	268
XRAYS -I/P	36502200	942
XRAYS -O/P	36502300	11702
XRAYS - TOTAL	36502001	12644
DEXA SCANS (in XRAY total)		189
MAMMOGRAMS (in XRAY total)		1348
ULTRASOUNDS -I/P	36602200	109
ULTRASOUNDS -O/P	36602300	1120
ULTRASOUNDS - TOTAL	36602001	1229
ECHOS -I/P	36652200	292
ECHOS -O/P	36652300	1340
ECHOS - TOTAL	36652001	1632
E - ECHOS		871
C - ECHOS		279
V - ECHOS		482
S - ECHOS		0
NUC. MED -I/P	36802200	69
NUC. MED -O/P	36802300	904
NUC. MED - TOTAL	36802001	973
STRESS (in NUC. MED total)		642
CT SCANS -I/P	36902200	400
CT SCANS -O/P	36902300	4198
CT SCANS - TOTAL	36902001	4598
MRI - I/P	36952200	27
MRI - O/P	36952300	546
MRI - TOTAL	36952001	573
PHYS THERAPY -I/P MODALITIES	38002200	1135

12/3

PBC

mm 7/14/09
7-25-09

Salem Township Hospital
Statistics for Year Ending 3/31/2009

Actual Statistics

		Total
PHYS THERAPY -O/P MODALITIES	38002300	15302
PHYS THERAPY - TOTAL MODALIT	38002001	16437
SWINGBED PT PTS (incl in IP PT)		39
SWINGBED PT MODALITIES (Incl in IP Modal)		495
SPEECH THERAPY -I/P MODALITIES		11
SPEECH THERAPY -O/P MODALITIES		55
SPEECH THERAPY - TOTAL MODALITIES		66
CARDIAC REHAB -O/P	38302300	2928
OCCUPATIONAL THERAPY - IP	38502200	422
OCCUPATIONAL THERAPY - OP	38502300	2426
OCCUPATIONAL THERAPY - TOTA	38502001	2848
PHYS THER OUTPATIENTS		4627
OT OUTPATIENTS		681
SPEECH OUTPATIENTS		51
TOTAL THERAPIES OUTPATIENTS		5359
ORTHOPEDIC CLINIC		
CHOW		0
FREEHILL		317
STEWART		1087
FROELING		629
STIEHL		37
UROLOGY CLINIC		
BARRIENTOS		77
MCNICHOLS		224
NAYAK		186
CARDIOLOGY CLINIC		
KRONE		202
NORDLICHT		846
NEUROLOGY CLINIC		
NEMANI		466
ONCOLOGY/HEMATOLOGY CLINIC		153
PULMONARY CLINIC		281
ENT CLINIC		289
OBSTETRICS/GYN CLINIC		
COMBS		661
GOZIA		0
MURFIN		539
RHEUMATOLOGY CLINIC		0
CLINIC VISITS	72502300	5994
INPATIENT MEALS		9710
PERSONNEL MEALS		79980
BOB WHITE MEALS		0
DAY CARE MEALS		20100
MISC MEALS (CATERING)		18168
MEALS (Total)	73102001	127958
SCU MEALS		364
SWING-BED MEALS		864
MEDSURG MEALS		8517
TOTAL PATIENT MEALS		9745
WELLNESS EVENTS		9
WELLNESS PARTICIPANTS		1427
HOME HLTH WELLNESS EVENTS		29
HOME HLTH WELLNESS PARTICIPANTS		343
EQUIVALENT PATIENT DAYS		16025
PAID FTES		173.9
PAID FTES/ADJ OCCUPIED BED		3.96
OP - VISITS		36360
		365

3/3

mm 7/14/09

PBC

Salem Township Hospital
Statistics by Financial Class
03-31-09

	Current Month Admits	Dischs	Days	Alos	Year-to-date Admits	Dischs	Days	Alos
Mcare	55	52	205	3.94	656	657 (1)	2704	4.12
Mcare Adv	0	0	0	0.00	3	3 (1)	13	4.33
Mcaid	5	6	11	1.83	63	65 (2)	228	3.51
Blue Cross	4	4	14	3.50	55	57	148	2.60
Ins/Liab	2	2	11	5.50	27	27	114	4.22
HMO/PPO	8	7	15	2.14	70	69	177	2.57
Workers Comp	2	2	5	2.50	3	3	6	2.00
Self	2	4	4	1.00	54	54	130	2.41
Total	78	77	265	3.44	931	935 (3)	3520	3.76
Adult & Ped:								
Mcare	55	52	205	3.94	623	623	2415	3.88
Mcare Adv	0	0	0	0.00	3	3	13	4.33
Mcaid	5	6	11	1.83	63	65	228	3.51
Blue Cross	4	4	14	3.50	55	57	148	2.60
Ins/Liab	2	2	11	5.50	27	27	114	4.22
HMO/PPO	8	7	15	2.14	70	69	177	2.57
Workers Comp	2	2	5	2.50	3	3	6	2.00
Self	2	4	4	1.00	54	54	130	2.41
Total Ad & Ped	78	77	265	3.44	898	901	3231	3.59
Swingbed:								
Mcare	0	0	0		33	34	289	
Mcare Adv	0	0	0		0	0	0	
Self	0	0	0		0	0	0	
Blue Cross	0	0	0		0	0	0	
HMO/PPO	0	0	0		0	0	0	
WORK COMP	0	0	0		0	0	0	
Total Swingbed	0	0	0	0.00	33	34	289	8.50

(1) Medicare
(2) Medicaid
(3) Total Discharge.

REVENUE:	I/P		O/P		Home Health	Swingbed	Total		
Current Month									
Mcare	509591	70.9%	1283253	43.6%	14683	0	1807527	49.1%	
Mcare Adv	0	0.0%	12554	0.4%	0	0	12554	0.3%	
Mcaid	40801	5.7%	509783	17.3%	173	0	550757	15.0%	
Blue Cross	41696	5.8%	298581	10.1%	0	0	340277	9.2%	
Ins/Liab	26381	3.7%	111456	3.8%	0	0	137837	3.7%	
HMO/PPO	66895	9.3%	420299	14.3%	0	0	487194	13.2%	
Workers Comp	16066	2.2%	77855	2.6%	0	0	93921	2.6%	
Self	17219	2.4%	232367	7.9%	0	0	249586	6.8%	
									0.866
Total Revenue	718649	100.0%	2946148	100.0%	14856	0	3679653	100.0%	
% of Rev	19.5%		80.1%		0.4%	0.0%	100.0%		1357
Year-to-date									
Mcare	5998348	70.2%	13708145	44.4%	207429	269507	20183429	50.5%	50.9%
Mcare Adv	23649	0.3%	123511	0.4%	1244	0	148404	0.4%	
Mcaid	680712	8.0%	4806891	15.6%	11075	0	5498678	13.8%	
Blue Cross	502359	5.9%	3599044	11.6%	8457	0	4109860	10.3%	
Ins/Liab	333778	3.9%	1873792	6.1%	3672	49	2211291	5.5%	
HMO/PPO	570820	6.7%	3930515	12.7%	17437	0	4518772	11.3%	
Workers Comp	21698	0.3%	694959	2.2%	168	0	716825	1.8%	
Self	415686	4.9%	2161803	7.0%	5182	0	2582671	6.5%	0.858
Total Revenue	8547050	100.0%	30898660	100.0%	254664	269556	39969930	100.0%	
% of Rev	21.4%		77.3%		0.6%	0.7%	100.0%		

PBC

mm 7/14/09

MP 7-25-09

SALEM TOWNSHIP HOSPITAL
HOME HEALTH STATISTAL REPORT
March, 2009]

PAGE 3
Services by Discipline

	Month				YTD			
Patient:	M'care	M'caid	Other	Total	M'care	M'caid	Other	Total
SN	14	0	0	14	163	21	32	216
HHA	1	0	0	1	23	0	0	23
PT	4	0	0	4	110	6	10	126
ST	0	0	0	0	3	0	2	5
MSS	1	0	0	1	3	0	0	3
OT	0	0	0	0	27	0	5	32
Total	20	0	0	20	329	27	49	405
Visits:								
SN	61	1	0	62	523	54	115	692
HHA	1	0	0	1	118	0	0	118
PT	12	0	0	12	451	20	38	509
ST	0	0	0	0	5	0	8	13
MSS	1	0	0	1	3	0	0	3
OT	0	0	0	0	46	0	12	58
Total	75	1	0	76	1146	74	173	1393
					S3-Col4 Line 18	S3 Col5 Line 18		S3 Col6 Line 18

Time Spent : (Minutes)

Patient:	Month	YTD
SN	3731	40581
HHA	43	4912
PT	465	21199
OT	0	2515
ST	0	840
Total	4239	70047

Travel:	Month	YTD
SN	1564	19345
HHA	0	290
PT	0	0
Total	1564	19635

Mileage:	Month	YTD
SN	873	10784
HHA	0	115
PT	0	0
Total	873	10899

Office:	Month	YTD
SN	5717	77034
HHA	0	800
PT	0	0
Total	5717	77834

1-a

Salem Township Hospital
Home Health Statistical Report

3/31/2009

PBC

UNDUPLICATED CENSUS

MCARE	110
OTHER	34
TOTAL	144

WS S-4 Ln2

Patient	Medicare Patients	Medicaid Patients	Other Patients	Total Patients	Medicare Visits	Medicaid Visits	Other Visits	Total Visits
SN	163	21	32	216	523	54	115	692
HHA	23	0	0	23	118	0	0	118
PT	110	6	10	126	451	20	38	509
ST	3	0	2	5	5	0	8	13
MSS	3	0	0	3	3	0	0	3
OT	27	0	5	32	46	0	12	58
Total	329	27	49	405	1146	74	173	1393

WS H-6 Part I Col 4

Time Spent (minutes)

	Patient Total	Travel Total	Office Total	Mileage Total
SN	40581	19345	77034	10784
HHA	4912	290	800	115
PT	21199	0	0	0
ST	840	0	0	0
MSS	0	0	0	0
OT	2515	0	0	0
Total	70047	19635	77834	10899

	SN	HHA
	692	118
	(11)	11
	681	129

to agree to PSAR

	MSS	OT
	3	58
	1	(1)
	4	57

STH Home Health Statistical Report 3/31/09

	MINUTES PT CARE	TRAVEL	TOTAL	CONVERT TO HRS	AVE HRS PER VISIT	Hours Spent
HHA TIME SPENT (MINUTES	4912	290	5202	86.7		
HHA VISITS				118	0.7347	
TITLE 18 HHA VISITS				118	0.7347	87
TITLE 19 HHA VISITS				0	0.7347	0
OTHER HHA VISITS .				0	0.7347	0
						87

WS S-4 Ln1 Col 2

Home Health Patient Care Travel Exp per TB 62408050 **5259**

	MILEAGE		TRAVEL EXP
SKILLED NURSING	10784	98.9%	5204
HHA	115	1.1%	55
TOTAL MILEAGE	10899	100.0%	5259

Home Health Professional Service Exp per TB 62404200 **30762**

	Visits		Prof Svc
PT	509	87.3%	26857
ST	13	2.2%	686
MSS	3	0.5%	158
OT	58	9.9%	3060
	583	100.0%	30762

MM 7/14/09

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7/9/2009 2:43 PM

SALEM TOWNSHIP HOSPITAL - PAYROLL SUMMARY
PER PAYROLL_SUM_DATA.XLS FILE 04/01/2008 THROUGH 3/31/2009

PBC

	SALARY EXPENSE	PAID HOURS	HOURLY RATE	**********PER W/S A********** SALARY EXPENSE	PAID HOURS	HOURLY RATE	ON-CALL WAGES
TOTAL	6,975,690	399,029	17.48	7,079,045	404,941	17.48	
LESS:							
3 MERIT BONUS		1					
7 or 18 CALL		37,228					52,119
12 MISCELLANEOUS		38					
20 INCENTIVE RATE		0					
ADJUSTED PAYROLL	6,975,690	361,762	19.28	7,079,045	367,122	19.28	

MERIT BONUS - USED AS A LUMPSUM PAYMENT IN LIEU OF A MERIT RAISE
...FOR EMPLOYEES WHOSE HOURLY RATE IS OVER THE MAXIMUM.

CALL - PAID HOURLY TO EMPLOYEES WHO MUST REPORT TO WORK IF CALLED UPON.

MISCELLANEOUS - BACK PAY AND OTHER ADJUSTMENTS

INCENTIVE RATE - $25 PER SHIFT...USED TO COVER SHIFTS OTHERWISE NOT FILLED - not used DUE TO LACK OF STAFF FOR COVERAGE.

367122 lc
2080 =

	176.50	
FTES	**176.50**	*19.28*
FY08 FTES	174.52	*19.50*
VAR	1.98	*-0.22*
	1.1%	-1.1%

WS S-3 Col 10 Ln 25

STH Payroll Summary 3/31/09

Note: S-3, part II, not applicable for CAH

MM 7/14/09
MS 7/25/09

mm 7/14/09
ND 7-7-5

SALEM TOWNSHIP HOSPITAL

PBC

WAGE INDEX - S-3 II **3/31/2009**

	WAGES PER DIST SUM	WAGES PER **TB**	HOURS PER DIST SUM	HOURS PER **ADJ TO TB**	AVERAGE HRLY WAGE	FTEs
TOTAL HOSPITAL (LN 1)	6,975,690	**7,079,045**	361,762	**367,122**	19.28	176.50
EXCLUDED DEPTS (CRNA'S EXP NOT IN WKST A COL 1 - NO ADJUSTMENT TO WAGE INDEX NECESSARY)						
HOME HEALTH	204,967	**204,833** 2%	9,342	**9,336** 2% (A)	21.94	4.49
NON REIMB						
CLINIC	21,268	**21,589**	1,122	**1,139**	18.96	0.55
CRNA	177,865	**180,432**	2,080	**2,110**	85.51	1.01
TOTAL EXCLUDED	404,100	**406,854**	12,544	**12,585**	32.33	6.05

EXCLUDED SALARY % OF TOTAL 5.75%

FRINGE BENEFITS - PER WAGE RELATED COSTS - Exhibit 7 - Part III

TOTAL FRINGES	**2,503,877**	
EXCLUDED DEPT %	5.75%	
EXCLUDED BENEFITS	143,905	
NET BENEFITS		**2,359,972**
GENERAL SERVICE HOURS	139,508	
ON CALL WAGES	52,119	

S-3 Part I

	Hrs		FTE	
Total Hosp 1b	367122	÷	2080 =	176.5
HHA 2%, (A)	(9336)	÷	2080 =	(4.49)
RHC M-1	(7922)	÷	2080 =	(3.81)
	349,864			168.2

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10.

SALEM TOWNSHIP HOSPITAL

GENERAL SERVICE PAYROLL HOURS
PER PAYROLL_SUM_DATA.XLS FILE 04/01/2008 THROUGH 3/31/2009

mm 7/14/09

PBC

	DEPT #	TOTAL HOURS	MERIT BONUS 3	CALL 7 or 18	MISC 12	INCENTIVE PAY 20	ADJ PAID HOURS	EARNINGS	AVERAGE HRLY RATE
	7500	6,456					6,456	172,365	26.70
	7610	3,817					3,817	197,173	51.66
ADMIN & ACCTING		10,273					(1) 10,273	369,537	**35.97**
	7510	12,897			1		12,896	144,472	11.20
	7520	15,369					15,369	185,037	12.04
	7530	5,023					5,023	63,720	12.68
	7540	6,312	1				6,311	131,944	20.91
BUSINESS SERVICES		39,602					(1) 39,600	525,173	
EMP HLTH & WELFAF	7900	3,605					3,605	80,437	**22.31**
OPERATION OF PLAN	7410	15,149		1,009			14,140	220,112	**15.57**
LAUNDRY	7330	2,083					2,083	30,006	**14.41**
HOUSEKEEPING	7450	14,355		3			14,352	132,971	**9.26**
NUTRITIONAL SVCS	7310	23,282		27	11		23,244	235,017	**10.11**
NURSING ADMIN	7750	2,032					2,032	71,735	35.30
	7760	2,084					2,084	57,200	27.45
		4,116					4,116	128,936	**31.33**
PURCHASING (MATEI	MM 7690	4,193					* 4,193	76,975	**18.36**
CENTRAL SUPPLY	CS 6510	1,144					* 1,144	10,377	**9.07**
PHARM	6550	3,479					3,479	52,930	**15.21**
MED REC	7710	14,257					14,257	218,834	15.35
	7740	1,237					1,237	23,511	19.00
		15,494					15,494	242,345	**15.64**
SOCIAL SERVICE	7350	1,475					1,475	38,696	**26.23**
TOTAL HOURS		**138,250**	**1**	**1,039**	**12**	**0**	**137,198**	**2,143,512**	**15.62**
						FTEs	*65.96*		
					S&W PER TB		**139,508**	**2,179,597**	

*CS = 5,337

Note: Info to S-3 part II Not Applicable for CAH

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NO 7-25-09

PBC

SALEM TOWNSHIP HOSPITAL
WAGE RELATED COSTS
EXHIBIT 7 - PART III

3/31/2009

	Description	Cost per Mcare		Cost per GAAP	(line #)
79000750	PENSION EXPENSE	64129		64129	3
79001900	HEALTH ADMIN FEE	19810		19810	7
79001700	PROV FOR HEALTH EXPENSE	1535750	1535750		
79002210	RE-INSURANCE	147181	147181		
40001200	EMP PHYSICAL W/O		90367		
40001250	EMP HEALTH BENEFIT W/O		21207		
				1794505	8
79002100	DENTAL/VISION	0		0	10
79002150	LIFE INSURANCE	10366		10366	11
79002300	WORKERS' COMP	84275	84275		
79006000	WORK COMP DEDUCT	0	0		
40001300	EMP WORKERS' COMP W/O		20071		
				104346	15
lc - 7b	FICA - SS			408922	17
lc - 7b	FICA - MEDICARE			95635	18
79002250	UNEMPLOYMENT EXPENSE	3541		3541	19
79008200	TUITION REIMBURSEMENT			2623	23
79002200	SOCIAL COMMITTEE	6948			
79002320	EMP PHYSICALS	0			
79002350	OTHER EMP BENEFITS	5155			
		1877155		**2503877**	
		WS A/COL 2 Employee Benefits		**Exhibit 7 Part III**	

	S&W		Core Benefits	
TOTAL S&W	7079045		2503877	
LESS EXCLUDED AREAS	406854	5.75%	**143905**	S-3 II ln 15
NET S&W	6672191		**2359972**	S-3 II ln 13
1% THRESHOLD	**66722**			

SALEM HOSPITAL
Worksheet A Summary
3/31/200\9

Lead			Salaries	Accr Vac	Total Salaries	Other	Total
3300	300	Bldg - New			0	494,700	494,700
3300	400	MME - New			0	796,204	796,204
3200	500	Employee Benefit	81,427	1,059	82,486	1,941,692	2,024,178
2800 & 3000	601	A & G - Admin & Acct	408,730	1,210	409,940	836,828	1,246,768
2800	602	A & G - Business Services	530,341	(3,197)	527,144	358,993	886,137
2600	800	Oper of Plant	223,171	5,918	229,089	535,166	764,255
2400	900	Laundry	30,274	(85)	30,189	26,590	56,779
2700	1000	Housekeeping	134,161	1,460	135,621	75,593	211,214
2300	1100	Dietary	238,032	3,064	241,096	382,769	623,865
3100 & 3400	1400	Nursing Admin	129,390	(1,996)	127,394	16,344	143,738
1400	1502	Central Supply	10,625	259	10,884	539,049	549,933
2800	1501	Purchasing	77,600	207	77,807	13,400	91,207
1500	1600	Pharmacy	52,943	2,218	55,161	829,157	884,318
2900	1700	Med Records	220,479	(6,588)	213,891	134,108	347,999
2500	1800	Social Service	38,897	0	38,897	4,109	43,006
600	2500	Adults & Peds	1,212,730	12,256	1,224,986	144,365	1,369,351
700	2600	ICU	282,445	(4,998)	277,447	25,501	302,948
1200	3700	Oper Room	601,251	(4,103)	597,148	394,283	991,431
1300	4000	Anesth	178,898	1,534	180,432	286,606	467,038
1800	4100	Radiology (Excl EEG - 6670)	615,460	1,337	616,797	918,415	1,535,212
1600	4400	Lab	511,724	(3,131)	508,593	884,720	1,393,313
2000	4900	RT	257,260	2,748	260,008	223,107	483,115
2100 & 1900	5000	PT	0	0	0	635,974	635,974
1700	5300	EKG	46,827	0	46,827	64,882	111,709
1050	6310	RHC	178,318	1,493	179,811	40,624	220,435
1000	6100	ER	662,158	(2,268)	659,890	1,393,891	2,053,781
800	6500	Ambulance	889	0	889	64	953
900	7100	Admin - HHA	207,249	(2,416)	204,833	74,638	279,471
1025	6000	OP Clinic	103,474	16,722	120,196	10,674	130,870
2200	9800	Clinic	21,589	0	21,589	7,177	28,766
2200	Revenue Reclass				0		0
		Total	7,056,342	22,703	7,079,045	12,089,623	19,168,668
		Prov for Bad Debts				1,330,755	1,330,755
						13420378	
		Expenses per fin stmts					20,499,423

1246768
① 1,330,755 Provision
2,577,523 Total A&G

1,672,299

Include w/ A+P

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mm 7/6/09

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

Done by:	Date:	Index:
MM	7/6/09	
Reviewer:	Date:	
MJ	7/25/09	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
	NDR	0100					
30100200	Med/Surg-Acute Care		-1,934,418.68		0.00	-1,934,418.68	-1,952,566.00
30100400	Med/Surg-Swing Bed		-69,034.00		0.00	-69,034.00	-56,984.00
31500200	Scu-I\P		-250,600.00		0.00	-250,600.00	-204,102.00
31500300	Scu - O/P		1,400.00		0.00	1,400.00	2,668.00
	Total NDR	0100	-2,252,652.68		0.00	-2,252,652.68	-2,210,984.00
	Ancillary services	0200					
30100300	Med/Surg-O\P		-87,600.76		0.00	-87,600.76	-64,616.40
32200200	Ambulance-I\P		0.00		0.00	0.00	-642.73
32200300	Ambulance-O\P		0.00		0.00	0.00	-267.00
32400300	Home Health-O\P		-251,429.75		0.00	-251,429.75	-329,817.50
32509000	OTHER REVENUE		-45,205.00		0.00	-45,205.00	-43,636.61
33000200	E.R.-I\P		-146,368.00		0.00	-146,368.00	-151,167.00
33000300	E.R.-O\P		-3,897,119.00		0.00	-3,897,119.00	-3,364,445.00
33000450	RURAL HEALTH CENTER		-25,866.00		0.00	-25,866.00	-31,578.00
33500450	Rhc - Revenue		-303,332.00		0.00	-303,332.00	-299,639.00
34600200	I/P ROUTINE REVENUE		-665.00		0.00	-665.00	0.00
34600300	Outpatient Clinic - O/P		-299,380.00		0.00	-299,380.00	0.00
34700200	Surgery-I\P		-378,432.00		0.00	-378,432.00	-361,405.00
34700300	Surgery-O\P		-1,733,312.00		0.00	-1,733,312.00	-1,308,323.00
34700450	Rural Health Center		-322.00		0.00	-322.00	-306.00
34800200	Recovery Room-I\P		-51,489.00		0.00	-51,489.00	-52,638.00
34800300	Recovery Room-O\P		-66,945.00		0.00	-66,945.00	-175,374.00
34900200	Anesth.-I\P		-173,909.00		0.00	-173,909.00	-163,161.00
34900300	Anesth.-O\P		-725,150.00		0.00	-725,150.00	-629,662.00
35100200	Central Supply-I\P		-619,698.50		0.00	-619,698.50	-541,679.65
35100300	Central Supply-O\P		-1,291,747.25		0.00	-1,291,747.25	-1,126,607.63
35100400	Central Supply-Swing Bed		-4,005.35		0.00	-4,005.35	-5,533.85
35100450	Rural Health Center		-18,627.10		0.00	-18,627.10	-21,695.80
35100600	MISCELLANEOUS		-5.77		0.00	-5.77	-257.66
35500200	Pharmacy-I\P		-1,135,734.94		0.00	-1,135,734.94	-1,080,873.00
35500300	Pharmacy-O\P		-1,035,952.96		0.00	-1,035,952.96	-869,451.21
35500400	Pharmacy-Swing Bed		-44,136.60		0.00	-44,136.60	-56,590.34
35500450	RURAL HEALTH CENTER		-36,403.33		0.00	-36,403.33	-36,378.79
35500600	MISCELLANEOUS		-788.98		0.00	-788.98	-579.61
35600200	I.V. Therapy-I\P		-319,253.50		0.00	-319,253.50	-321,072.00
35600300	I.V. Therapy-O\P		-446,470.00		0.00	-446,470.00	-411,308.50
35600400	I.V. Therapy-Swing Bed		-4,374.00		0.00	-4,374.00	-8,990.00
35600450	Rural Health Center		-3.00		0.00	-3.00	0.00
35800200	Laboratory-I\P		-1,457,715.10		0.00	-1,457,715.10	-1,411,516.20
35800300	Laboratory-O\P		-5,357,070.92		0.00	-5,357,070.92	-4,628,305.95
35800350	Non - Patient Revenue		-1,213,375.00		0.00	-1,213,375.00	-1,155,541.60
35800400	Laboratory-Swing Bed		-33,729.00		0.00	-33,729.00	-41,335.00
35800450	RURAL HEALTH CENTER		-155,899.25		0.00	-155,899.25	-194,056.00
35800600	Laboratory-Reference Lab		-34,045.51		0.00	-34,045.51	-70,628.45
35900200	Blood Trns-I\P		-111,619.00		0.00	-111,619.00	-39,417.00
35900300	Blood Trns-O\P		-81,868.00		0.00	-81,868.00	-18,147.00
35900350	Non - Patient Revenue		0.00		0.00	0.00	-283.00
36200200	Ekg-I\P		-73,289.00		0.00	-73,289.00	-80,192.00
36200300	Ekg-O\P		-711,679.00		0.00	-711,679.00	-650,170.00
36200400	Ekg-Swing Bed		-230.00		0.00	-230.00	-805.00
36200450	RURAL HEALTH CENTER		-3,675.00		0.00	-3,675.00	-4,569.00
36200600	MISCELLANEOUS		-4,495.00		0.00	-4,495.00	-1,440.00
36500200	Radiology-I\P		-175,747.00		0.00	-175,747.00	-202,527.00
36500300	Radiology-O\P		-1,637,136.00		0.00	-1,637,136.00	-1,508,650.20
36500400	Radiology-Swing Bed		-3,543.00		0.00	-3,543.00	-5,305.00
36500450	RURAL HEALTH CENTER		-191,944.50		0.00	-191,944.50	-204,222.00
36500600	MISCELLANEOUS		0.00		0.00	0.00	102.11
36600200	Ultrasound-I\P		-53,695.00		0.00	-53,695.00	-42,172.00
36600300	Ultrasound-O\P		-463,103.00		0.00	-463,103.00	-412,837.00
36600400	Ultrasound-Swing Bed		-268.00		0.00	-268.00	0.00
36600450	Rural Health Center		0.00		0.00	0.00	-1,950.00
36650200	Echo-I/P		-134,661.00		0.00	-134,661.00	-105,073.00
36650300	Echo-O/P		-658,114.00		0.00	-658,114.00	-544,535.00
36650450	RURAL HEALTH CENTER		-2,162.00		0.00	-2,162.00	-4,551.00
36700200	Eeg-I\P		-5,754.00		0.00	-5,754.00	-1,564.00
36700300	Eeg-O\P		-732,408.00		0.00	-732,408.00	-604,282.00
36800200	Nuclear Med-I\P		-120,792.00		0.00	-120,792.00	-91,360.00
36800300	Nuclear Med-O\P		-819,975.00		0.00	-819,975.00	-716,148.00
36900200	Ct. Scan-I\P		-550,717.00		0.00	-550,717.00	-543,373.90
36900300	Ct. Scan-O\P		-5,709,601.60		0.00	-5,709,601.60	-4,489,790.70
36900450	RURAL HEALTH CENTER		-14,507.00		0.00	-14,507.00	-72,312.00
36950200	Mri - Inpatient Revenue		-58,734.00		0.00	-58,734.00	-46,336.00
36950300	Mri - Outpatient Revenue		-1,191,126.00		0.00	-1,191,126.00	-860,180.00
37000200	Speech Therapy-I\P		-1,971.00		0.00	-1,971.00	-2,706.00
37000300	Speech Therapy-O\P		-6,274.00		0.00	-6,274.00	-6,720.00
37000400	Speech Therapy-Swing Bed		0.00		0.00	0.00	-204.00
37300200	Resp Therapy-I\P		-721,431.00		0.00	-721,431.00	-727,185.00
37300300	Resp Therapy-O\P		-339,340.00		0.00	-339,340.00	-287,037.00
37300400	Resp Therapy-Swing Bed		-29,377.00		0.00	-29,377.00	-54,419.00
37300450	RURAL HEALTH CENTER		-21,659.00		0.00	-21,659.00	-31,202.00
38000200	Phys Therapy-I\P		-45,475.00		0.00	-45,475.00	-44,989.00
38000300	Phys Therapy-O\P		-1,211,379.00		0.00	-1,211,379.00	-1,275,477.00
38000400	Phys Therapy-Swing Bed		-52,270.00		0.00	-52,270.00	-29,734.00

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by:	Date:	Index:
MM	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
38300300	Cardiac Rehab- O/P		-85,404.00		0.00	-85,404.00	-65,244.00
38500200	Occupational Therapy I/P		-5,551.00		0.00	-5,551.00	-5,939.00
38500300	Occ Ther - O/P Revenue		-192,045.00		0.00	-192,045.00	-101,375.00
38500400	Occupational Therapy-Swin		-28,121.00		0.00	-28,121.00	-16,318.00
	Total Ancillary services	0200	-37,646,700.67		0.00	-37,646,700.67	-32,859,718.17
	Allowances and uncollecti	0300					
40001000	Cont. Adj.-Medicare		10,439,739.64		0.00	10,439,739.64	8,588,560.62
40001100	Cont. Adj.-Home Health Mc		-748.67		0.00	-748.67	32,360.16
40001150	Workers Comp W/O		251,456.00		0.00	251,456.00	241,695.52
40001200	Employee Physical W\O		21,105.60		0.00	21,105.60	90,366.70
40001250	Emp Health Benefit W\O		35,974.20		0.00	35,974.20	21,206.90
40001300	Emp Workman's Comp W\O		20,070.90		0.00	20,070.90	31,028.60
40001500	Cont. Adj.-Medicaid		4,309,948.99		0.00	4,309,948.99	3,755,495.44
40002000	Cont. Adj.-BC		193,723.00		0.00	193,723.00	241,839.45
40002550	Cont. Adj.-Healthlink		1,939,236.24		0.00	1,939,236.24	1,501,837.44
40005100	Administrative Adjust.		266,523.29		0.00	266,523.29	446,009.92
40005150	Community Benefit W/O		1,340.50		0.00	1,340.50	48,817.89
40005200	Provision For Charity Car		1,023,965.09		0.00	1,023,965.09	772,245.00
	Total Allowances and unco	0300	18,502,334.78		0.00	18,502,334.78	15,771,463.64
	Revenues from auxiliary s	0400					
33100200	Nutritional Services-I/P		-99.00		0.00	-99.00	0.00
33100300	Nutritional Services-O/P		-1,251.00		0.00	-1,251.00	-1,725.00
33100800	Nutritional Svcs-Meal Sal		-134,885.86		0.00	-134,885.86	-121,040.92
50001800	Med. Rec. Trans. Fees		-148.32		0.00	-148.32	-356.59
50007300	Rental Income		0.00		0.00	0.00	-35,700.00
50009000	Other Revenue		52.17		0.00	52.17	-1,607.13
	Total Revenues from auxil	0400	-136,332.01		0.00	-136,332.01	-160,429.64
	Nonoperating rev-Interest	0420					
50007000	Interest Income		-162,523.36		0.00	-162,523.36	-235,366.89
50007050	Accrued Interest Income		39,704.00		0.00	39,704.00	-25,663.72
50007120	Interest Income -Project		-2,168.14		0.00	-2,168.14	-2,508.14
	Total Nonoperating rev-In	0420	-124,987.50		0.00	-124,987.50	-263,538.75
	Nonoperating revenue-taxe	0440					
50006200	Property Tax Income		-340,199.00		0.00	-340,199.00	-337,284.37
	Total Nonoperating revenu	0440	-340,199.00		0.00	-340,199.00	-337,284.37
	Nonoperating revenue-Dona	0460					
50002400	Donations-Unrestricted		-112,604.75		0.00	-112,604.75	-3,050.00
50002450	Donations-Restricted		-263.00		0.00	-263.00	0.00
	Total Nonoperating revenu	0460	-112,867.75		0.00	-112,867.75	-3,050.00
	Nonoperating revenue-Gain	0480					
50005500	Gain\Loss On Asset Sales		3,532.73		0.00	3,532.73	39,488.38
50005550	Grant Revenue		-24,692.77	1	-68,767.18	-93,459.95	-223,024.22
50006100	DISCOUNTS TAKEN		-717.81		0.00	-717.81	-706.73
	Total Nonoperating revenu	0480	-21,877.85		-68,767.18	-90,645.03	-184,242.57
	Adults and Peds	0600					
60100100	Med/Surg-Sal & Wages		1,212,729.86		0.00	1,212,729.86	1,160,049.53
60100500	Med/Surg-Accr Vac		12,255.66		0.00	12,255.66	-2,663.01
60100700	Med/Surg-Fica		88,465.89		0.00	88,465.89	85,068.51
60103700	Med/Surg-Non Capital Equi		0.00		0.00	0.00	463.12
60103800	Med/Surg-Dept.Sup.		48,673.31		0.00	48,673.31	42,607.60
60104500	Med/Surg-Purch Serv		1,051.00		0.00	1,051.00	1,008.72
60107500	Med/Surg-Maint Agree		1,592.23		0.00	1,592.23	930.65
60107700	Med/Surg-Rentals		404.46		0.00	404.46	1,044.14
60108000	Med/Surg-Mtg.& Travel		1,904.88		0.00	1,904.88	2,694.11
60108100	Med/Surg-Dues & Subscrip		1,990.18		0.00	1,990.18	993.22
60108700	Med/Surg-Repairs		283.26		0.00	283.26	165.00
60109900	Med/Surg-Other		0.00		0.00	0.00	-50.00
	Total Adults and Peds	0600	1,369,350.73		0.00	1,369,350.73	1,292,311.59
	Intensive/Coronary care	0700					
61500100	Scu-Sal. & Wages		282,444.77		0.00	282,444.77	256,954.07
61500500	Scu-Accr Vac.		-4,998.27		0.00	-4,998.27	2,387.84
61500700	Scu-Fica		20,693.52		0.00	20,693.52	18,813.50
61503800	Scu-Dept. Sup.		3,757.29		0.00	3,757.29	2,672.99

Expenses Start ↓

144,367

A-1a

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by:	Date:	Index:
MM	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
61507500	Scu-Maint Agree		549.42		0.00	549.42	524.29
61508000	Scu-Mtg & Travel		230.10		0.00	230.10	166.51
61508100	Scu-Dues & Subscrip.		43.64		0.00	43.64	86.15
61508700	Scu-Repairs		226.61		0.00	226.61	41.25
	Total Intensive/Coronary	0700	302,947.08		0.00	302,947.08	281,646.60
	Ambulance	0800					
62200100	Ambul Trns-Sal.& Wages		889.33		0.00	889.33	1,061.06
62200700	Ambul Trns-Fica		64.39		0.00	64.39	82.07
	Total Ambulance	0800	953.72		0.00	953.72	1,143.13
	Home Health	0900					
62400100	Home Health-Sal & Wages		207,249.18		0.00	207,249.18	206,401.90
62400500	Home Health-Accr Vac		-2,415.76		0.00	-2,415.76	97.14
62400700	Home Health-Fica		15,033.48		0.00	15,033.48	14,765.51
62402600	Home Health-Cost Of Sup		1,523.11		0.00	1,523.11	1,904.18
62403800	Home Health-Dept Supp		3,989.77		0.00	3,989.77	4,278.40
62404200	Home Health-Prof Serv		30,761.96		0.00	30,761.96	27,806.92
62404500	Home Health-Purch Serv		3,905.00		0.00	3,905.00	3,900.00
62407500	Home Health-Maint Agree		9,947.90		0.00	9,947.90	9,532.24
62407700	Home Health-Rentals		438.92		0.00	438.92	423.28
62408000	Home Health-Mtg &Travel		680.93		0.00	680.93	311.68
62408050	Home Health-Pt Care Trav		5,258.98		0.00	5,258.98	6,539.73
62408100	Home Health-Dues & Subsc		3,098.27		0.00	3,098.27	2,832.45
	Total Home Health	0900	279,471.74		0.00	279,471.74	278,793.43
	Emergency services	1000					
63000100	E.R.-Salaries & Wages		662,157.77		0.00	662,157.77	588,611.11
63000500	E.R.-Accr Vac.		-2,268.42		0.00	-2,268.42	-1,630.44
63000700	E.R.-Fica		48,767.14		0.00	48,767.14	43,458.59
63003700	E.R.-Non Capital Equip		6,038.08		0.00	6,038.08	1,283.36
63003800	E.R.-Dept Supplies		42,701.43		0.00	42,701.43	38,388.64
63004000	E.R.-Med Spec Fee		1,284,626.48		0.00	1,284,626.48	1,168,082.50
63007500	E.R.-Maint Agree		2,387.43		0.00	2,387.43	2,945.94
63008000	E.R.-Mtg. & Travel		2,324.31		0.00	2,324.31	3,091.88
63008100	E.R.-Dues & Subscription		2,569.17		0.00	2,569.17	1,994.69
63008700	E.R.-Repairs		453.22		0.00	453.22	1,002.38
63009800	GRANTS		4,024.53		0.00	4,024.53	6,798.91
63009900	E.R.-Other		0.00		0.00	0.00	9,787.29
	Total Emergency services	1000	2,053,781.14		0.00	2,053,781.14	1,863,814.85
	Outpatient Clinic	1025					
64600100	SALARIES & WAGES		103,474.37		0.00	103,474.37	6,458.06
64600500	Out Pt Clinic - Accr Vac		16,721.79		0.00	16,721.79	2,335.51
64600700	FICA EXPENSE		7,365.78		0.00	7,365.78	389.98
64603800	DEPT SUPPLIES		2,746.84		0.00	2,746.84	729.72
64604500	PURCHASED SERVICE		375.00		0.00	375.00	0.00
64607700	Out Pt Clinic - Rentals		85.73		0.00	85.73	12.94
64608000	Out Pt Clinic - Mtg. & Tr		25.59		0.00	25.59	0.00
64608100	Out Pt Clinic - Dues Subs		75.52		0.00	75.52	0.00
	Total Outpatient Clinic	1025	130,870.62		0.00	130,870.62	9,926.21
	RURAL HEALTH	1050					
63500100	Rhc - Salaries & Wages		178,318.29		0.00	178,318.29	248,905.41
63500500	Rhc - Accrued Vacation		1,492.87		0.00	1,492.87	-2,323.56
63500700	Rhc - Fica		12,879.44		0.00	12,879.44	18,462.80
63503800	Rhc - Dept Supplies		3,250.77		0.00	3,250.77	3,001.30
63504000	Rhc - Med Spec Fees		15,265.63		0.00	15,265.63	0.00
63504500	Rhc - Purchase Services		7,920.00		0.00	7,920.00	4,760.00
63508000	Rhc - Mtg & Travel		1,016.25		0.00	1,016.25	1,352.59
63508100	Rhc - Dues & Subscription		291.45		0.00	291.45	0.00
	Total RURAL HEALTH	1050	220,434.70		0.00	220,434.70	274,158.54
	Surgery services	1200					
64700100	Surgery-Sal.& Wages		601,251.32		0.00	601,251.32	559,504.40
64700500	Surgery-Accr Vac.		-4,102.90		0.00	-4,102.90	1,303.58
64700700	Surgery-Fica		44,336.96		0.00	44,336.96	40,964.87
64702600	COST OF GOODS SOLD		0.00		0.00	0.00	420.00
64703700	Surgery-Non Capital Equip		8,160.87		0.00	8,160.87	13,310.47
64703800	Surgery-Dept. Supplies		106,800.31		0.00	106,800.31	54,995.30
64704000	Surgery - Med Fees		3,000.00		0.00	3,000.00	12,905.65
64704200	Surgery-Profes Serv		40,404.15		0.00	40,404.15	46,748.25
64704500	Surgery-Purch Services		15,750.00		0.00	15,750.00	0.00
64707500	Surgery-Maint Agree		9,082.54		0.00	9,082.54	8,862.38
64707700	Surgery-Rentals		159,755.87		0.00	159,755.87	127,634.71

A-1h

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by:	Date:	Index:
MM	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
64708000	Surgery-Mtg. & Travel		3,485.26		0.00	3,485.26	2,549.00
64708100	Surgery-Dues Subscrip.		0.00		0.00	0.00	3,871.80
64708700	Surgery-Maint & Rprs		3,506.83		0.00	3,506.83	6,652.62
	Total Surgery services	1200	991,431.21		0.00	991,431.21	879,723.03
	Anesthesiology services	1300					
64900100	SALARIES & WAGES		178,898.10		0.00	178,898.10	164,105.52
64900500	Accrued Pto		1,534.28		0.00	1,534.28	1,197.82
64900700	FICA EXPENSE		8,488.33		0.00	8,488.33	8,163.94
64902600	COST OF GOODS SOLD		0.00		0.00	0.00	178.92
64903700	Anesth.-Non Capital Equip		5,332.87		0.00	5,332.87	0.00
64903800	Anesth.-Dept. Supplies		9,982.25		0.00	9,982.25	11,076.50
64904000	Medical Fees		24,583.32		0.00	24,583.32	30,648.54
64904200	Anesth.-Professional Serv		232,392.66		0.00	232,392.66	228,002.84
64907500	Anesth.-Maint Agree		3,917.68		0.00	3,917.68	3,647.72
64907700	Anesth.-Rentals		89.73		0.00	89.73	99.57
64908000	Anesth.-Mtg & Travel		1,506.88		0.00	1,506.88	790.68
64908100	Anesth.-Dues & Subscripti		147.43		0.00	147.43	774.99
64908700	Anesth.-Maint & Repairs		165.00		0.00	165.00	0.00
	Total Anesthesiology serv	1300	467,038.53		0.00	467,038.53	448,687.04
	Central supply services	1400					
65100100	Central Sup.-Sal & Wages		10,625.26		0.00	10,625.26	9,314.12
65100500	Central Sup.-Accr Vac.		258.74		0.00	258.74	78.33
65100700	Central Sup.-Fica		766.05		0.00	766.05	731.83
65102600	Central Sup.-Cost Of Sup		519,783.51		0.00	519,783.51	414,622.77
65103800	Central Sup.-Dept Supp		1,419.39		0.00	1,419.39	3,221.61
65107500	Central Sup.-Maint Agree		3,337.96		0.00	3,337.96	2,486.89
65108700	Central Sup.-Repairs		649.24		0.00	649.24	250.81
65603000	I.V. Therapy-Cost Of Sol		13,093.24		0.00	13,093.24	9,614.63
	Total Central supply serv	1400	549,933.39		0.00	549,933.39	440,320.99
	Pharmacy	1500					
65500100	Pharmacy-Sal. & Wages		52,942.53		0.00	52,942.53	42,341.40
65500500	Pharmacy-Accr Vac.		2,217.81		0.00	2,217.81	90.95
65500700	Pharmacy-Fica		3,699.95		0.00	3,699.95	2,926.88
65502500	Pharmacy-Cost Of Drugs		530,837.42		0.00	530,837.42	522,167.46
65502600	COST OF GOODS SOLD		0.00		0.00	0.00	-0.27
65503000	DRUGS		164.03		0.00	164.03	0.00
65503800	Pharmacy-Dept. Supplies		2,508.91		0.00	2,508.91	2,246.33
65504200	Professional Service		285,178.55		0.00	285,178.55	270,906.21
65504500	Pharmacy-Purch. Services		302.50		0.00	302.50	0.00
65507700	Pharmacy-Rentals		6,255.00		0.00	6,255.00	0.00
65508000	Pharmacy-Mtg & Travel		211.14		0.00	211.14	278.79
	Total Pharmacy	1500	884,317.84		0.00	884,317.84	840,957.75
	Laboratory services	1600					
65800100	Laboratory-Sal & Wages		511,724.27		0.00	511,724.27	474,089.38
65800500	Laboratory-Accr Vac.		-3,130.53		0.00	-3,130.53	2,589.16
65800700	Laboratory-Fica		36,971.47		0.00	36,971.47	34,292.56
65803700	Laboratory-Non Capital Eq		4,707.37		0.00	4,707.37	625.22
65803800	Laboratory-Dept. Supp.		497,472.64		0.00	497,472.64	429,647.61
65804000	Laboratory-Med.Spec.Fees		52,000.00		0.00	52,000.00	52,500.00
65804200	Laboratory-Profes Serv		83,277.38		0.00	83,277.38	77,335.63
65804500	Laboratory-Pur. Services		8,716.57		0.00	8,716.57	9,592.45
65807500	Laboratory-Maint Agree		56,249.50		0.00	56,249.50	54,258.78
65807700	Laboratory-Rentals		109.73		0.00	109.73	99.57
65807900	Laboratory Services - Shi		15,392.76		0.00	15,392.76	12,887.76
65808000	Laboratory-Mtg & Travel		1,216.44		0.00	1,216.44	383.15
65808050	Lab-Mileage		12,174.64		0.00	12,174.64	25,949.95
65808100	Laboratory-Dues & Subsc.		3,583.36		0.00	3,583.36	2,636.81
65808700	Laboratory-Repairs		3,205.60		0.00	3,205.60	27.50
65903200	Blood Trans -Cost Of Bloo		109,641.75		0.00	109,641.75	64,114.83
	Total Laboratory services	1600	1,393,312.95		0.00	1,393,312.95	1,241,030.36
	Electrocardiology (EKG)	1700					
66200100	Ekg-Sal. & Wages		46,827.21		0.00	46,827.21	41,256.41
66200700	Ekg-Fica		3,582.30		0.00	3,582.30	3,156.11
66203800	Ekg-Dept. Supplies		3,411.55		0.00	3,411.55	3,483.36
66204000	Ekg-Med. Spec. Fees		55,308.00		0.00	55,308.00	53,023.00
66207500	Ekg-Maint Agreement		2,580.00		0.00	2,580.00	659.50
	Total Electrocardiology (	1700	111,709.06		0.00	111,709.06	101,578.38
	Radiology services	1800					
66500100	Radiology-Sal. & Wages		404,310.94		0.00	404,310.94	403,393.82

Σ① = 412,825 2g CRNA Cost

786,606

Σ① = (412,825) 34,214 25 CRNA Supplies

539,049

829,157

884,320

64,582

A-1c

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by:	Date:	Index:
MM	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
66500500	Radiology-Accr Vac.		1,337.18		0.00	1,337.18 ②	-2,650.40
66500700	Radiology-Fica		29,791.48		0.00	29,791.48	29,628.25
66503300	Radiology-Cost Of Film		9,419.33		0.00	9,419.33	10,593.52
66503400	Radiology-Contrast Media		929.45		0.00	929.45	1,092.10
66503700	Radiology-Non Capital Equ		319.98		0.00	319.98	1,420.39
66503800	Radiology-Dept Supplies		10,718.17		0.00	10,718.17	13,934.14
66504200	Radiology-Prof. Serv		175.00		0.00	175.00	100.00
66504500	Radiology-Purch Services		10,727.70		0.00	10,727.70	6,690.32
66507500	Radiology-Maint Agree		110,228.60		0.00	110,228.60	72,256.72
66507700	Radiology-Rentals		548.65		0.00	548.65	497.85
66508000	Radiology-Mtg. & Travel		725.03		0.00	725.03	403.72
66508100	Radiology-Dues & Subsc.		1,373.00		0.00	1,373.00	529.41
66508700	Radiology-Repairs		1,701.55		0.00	1,701.55	4,342.78
66600100	Ultrasound-Sal. & Wages		80,741.55		0.00	80,741.55 ①	71,243.00
66600700	Ultrasound-Fica		6,031.30		0.00	6,031.30	5,408.78
66603400	Contrast Media		0.00		0.00	0.00	32.00
66603700	Ultrasound-Non Capital Eq		159.99		0.00	159.99	169.99
66603800	Ultrasound-Dept Supplies		805.55		0.00	805.55	684.09
66607500	Ultrasound -Maint Agree		16,573.42		0.00	16,573.42	16,571.44
66608000	Ultrasound-Mtg. & Travel		491.35		0.00	491.35	906.38
66608100	Ultrasound-Dues & Subsc.		349.11		0.00	349.11	289.25
66653400	Echo - Contrast Media		0.00		0.00	0.00	6,636.00
66653800	Echo -Dept Supplies		250.84		0.00	250.84	410.19
66657500	Echo - Maint Agree		807.52		0.00	807.52	7,874.82
66803800	Nuclear Med-Dept Supplies		73,977.33		0.00	73,977.33	71,297.49
66804200	Nuclear Med-Prof Serv		110,405.00		0.00	110,405.00	93,050.00
66807700	Nuclear Med-Rentals		48,000.00		0.00	48,000.00	48,000.00
66900100	Ct. Scan-Sal & Wgs		72,684.27		0.00	72,684.27 ①	71,241.08
66900700	Ct. Scan-Fica		5,148.33		0.00	5,148.33	5,076.01
66903300	Ct. Scan-Cost Of Film		-733.60		0.00	-733.60	0.00
66903400	Ct. Scan-Contrast Media		30,539.82		0.00	30,539.82	24,243.92
66903800	Ct. Scan-Dept Supplies		8,069.84		0.00	8,069.84	5,530.74
66907500	Ct. Scan-Maint Agreement		114,715.60		0.00	114,715.60	120,688.00
66908000	Ct. Scan-Mtg & Travel		444.06		0.00	444.06	329.95
66908700	Ct. Scan-Maint & Repairs		5,662.02		0.00	5,662.02	1,558.00
66950100	MRI - Salaries & Wages		57,723.36		0.00	57,723.36 ①	37,608.79
66950700	MRI - Fica Expense		4,136.60		0.00	4,136.60	2,708.83
66953700	MRI - Non- Capital Equip.		649.05		0.00	649.05	795.90
66953800	Mri - Dept Supplies		9,377.13		0.00	9,377.13	7,058.01
66954200	MRI - Professional Svcs		382.86		0.00	382.86	2,744.00
66957700	Mri - Rentals		305,256.37		0.00	305,256.37	145,330.00
66958000	Mri - Meeting & Travel		252.12		0.00	252.12	88.86
67003800	Dept Supplies		4.91		0.00	4.91	36.09
	Total Radiology services	1800	1,535,211.76		0.00	1,535,211.76	1,289,844.23
	Speech therpy services	1900					
67004500	Speech Therpay- Purchase		5,771.77		0.00	5,771.77 A-1e	7,163.43
	Total Speech therpy servi	1900	5,771.77		0.00	5,771.77	7,163.43
	Respiratory therapy servi	2000					
66703800	Eeg-Dept Supplies		672.01		0.00	672.01	688.23
66704000	Eeg-Med Fees		62,702.00		0.00	62,702.00	51,808.00
66704200	Eeg-Prof. Serv.		90,100.00		0.00	90,100.00	74,725.00
66707500	Eeg - Maint Agreements		71.68		0.00	71.68	0.00
67300100	Resp Therapy-Sal & Wages		216,389.59		0.00	216,389.59 ③	195,918.38
67300500	Resp Therapy-Accr Vac.		1,211.08		0.00	1,211.08 ④	1,535.09
67300700	Resp Therapy-Fica		15,698.28		0.00	15,698.28	14,028.04
67303500	Resp Therapy-Oxygen		26,734.45		0.00	26,734.45	22,930.37
67303700	Resp Therapy-Non Capital		0.00		0.00	0.00	2,216.93
67303800	Resp Therapy-Supplies		5,603.01		0.00	5,603.01	7,032.07
67304000	Respiratory Care -Medical		470.00		0.00	470.00	750.00
67307500	Resp Therapy-Maint Agree		2,052.26		0.00	2,052.26	1,816.58
67307700	Resp Therapy-Rentals		12,989.90		0.00	12,989.90	11,993.10
67308000	Resp Therapy-Mtg. & Trav		796.14		0.00	796.14	1,027.25
67308100	Resp Therapy-Dues & Subsc		103.50		0.00	103.50	78.50
67308700	Resp Therapy-Repairs		113.30		0.00	113.30	55.00
67309800	Respiratory Care - Grants		0.00		0.00	0.00	4,711.89
68300100	Cardiac Rehab -Sal & Wage		40,870.73		0.00	40,870.73 ③	38,777.16
68300500	Cardiac Rehab -Accr Vacat		1,536.48		0.00	1,536.48 ④	680.29
68300700	Cardiac Rehab -Fica		2,831.75		0.00	2,831.75	2,678.12
68303800	Cardiac Rehab -Dept Suppl		1,418.44		0.00	1,418.44	1,261.65
68307500	Cardiac Rehab-Maint Agree		513.12		0.00	513.12	51.85
68308000	Cardiac Rehab -Mtgs & Tra		199.00		0.00	199.00	24.25
68308100	Cardiac Rehab -Dues & Sub		185.00		0.00	185.00	156.60
68308700	Cardiac Rehab -Maint & Re		-146.87		0.00	-146.87	201.87
	Total Respiratory therapy	2000	483,114.85		0.00	483,114.85	435,146.22
	Physical therapy services	2100					
68002600	Physical Therapy -Cost Of		721.91		0.00	721.91	1,787.46
68003700	Phys Therapy-Non Capital		2,214.10		0.00	2,214.10	0.00
68003800	Phys Therapy-Dept Supplie		4,299.24		0.00	4,299.24	4,757.62

Σ① = 615,460
Σ② = 1,337
Σ③ = 257,260
Σ④ = 2,748

MRI 377,777
AR CR 61,860

A-1d

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by:	Date:	Index:
mm	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
68004500	Phys Therapy-Purch Serv		295,129.23		0.00	295,129.23	259,836.47
68004600	Physical Therapy -Mgmt Fe		249,021.56		0.00	249,021.56	244,309.87
68007500	Phys Ther-Maint Agree		2,626.75		0.00	2,626.75	3,008.45
68007700	Phys Therapy-Rentals		590.00		0.00	590.00	0.00
68007900	Physical Therapy - Ship &		186.10		0.00	186.10	231.24
68008000	Phys Therapy-Mtg & Travel		27.80		0.00	27.80	0.00
68008700	Phys Therapy-Repairs		223.30		0.00	223.30	0.00
68009900	Phys Therapy-Other Expens		7,033.05		0.00	7,033.05	6,979.37
68502600	Occ.Therapy Cost Of Supp		436.31		0.00	436.31	348.88
68503800	Occupational Therapy - Su		1,427.61		0.00	1,427.61	1,787.97
68504500	Occupational Therapy-Purc		66,265.38		0.00	66,265.38	52,488.11
68508100	Occ Therapy-Dues & Subscr		0.00		0.00	0.00	125.00
	Total Physical therapy se	2100	630,202.34		0.00	630,202.34 + 5772 = 635,974	575,660.44
	Clinic-Physician private	2200					
72500100	Clinic-Sal & Wages		21,589.23		0.00	21,589.23	18,169.29
72500700	Clinic-Fica		1,529.73		0.00	1,529.73	1,284.96
72503700	Clinic-Non Capital Equip		0.00		0.00	0.00	450.00
72503800	Clinic-Dept. Supplies		4,472.49		0.00	4,472.49	1,928.44
72507500	Clinic - Maint Agreements		1,124.43		0.00	1,124.43	1,148.51
72509900	Clinic-Other		50.00		0.00	50.00	0.00
	Total Clinic-Physician pr	2200	28,765.88		0.00	28,765.88	22,981.20
	Dietary services	2300					
73100100	Nutritional Svc.-Sal. & W		238,031.83		0.00	238,031.83	229,355.74
73100500	Nutritional Services -Acc		3,063.67		0.00	3,063.67	266.99
73100700	Nutritional Services-Fica		16,986.38		0.00	16,986.38	16,412.44
73103600	Nutritional Services-Raw		196,257.76		0.00	196,257.76	166,648.30
73103700	Nutritional Svc-Non Cap E		565.00		0.00	565.00	2,232.54
73103800	Nutritional Svc-Dept. Sup		44,782.92		0.00	44,782.92	40,136.02
73104200	Nutritional Services-Prof		146,217.45		0.00	146,217.45	118,884.64
73104500	Nutritional Svcs-Pur. Ser		1,292.00		0.00	1,292.00	649.00
73107700	Nutritional Services-Rent		828.00		0.00	828.00	798.00
73108000	Nutritional Svc-Mtg. & Tr		220.00		0.00	220.00	0.00
73108100	Nutritional Svc.-Dues & S		70.00		0.00	70.00	465.94
73109900	Nutritional Services-Othe		-24,450.18		0.00	-24,450.18	-18,999.36
	Total Dietary services	2300	623,864.83		0.00	623,864.83	556,850.25
	Laundry and linen service	2400					
73300100	Laundry-Sal.&Wages		30,273.58		0.00	30,273.58	30,483.67
73300500	Laundry-Accr Vac		-84.63		0.00	-84.63	1,856.31
73300700	Laundry-Fica		2,148.87		0.00	2,148.87	2,059.11
73303800	Laundry-Supplies		24,441.17		0.00	24,441.17	22,159.32
	Total Laundry and linen s	2400	56,778.99		0.00	56,778.99	56,558.41
	Social services	2500					
73500100	Social Ser.-Sal. & Wages		38,897.36		0.00	38,897.36	41,458.41
73500700	Social Ser.-Fica		2,809.64		0.00	2,809.64	3,024.07
73503800	Social Ser.-Dept. Sup.		0.00		0.00	0.00	177.88
73504200	Social Ser.-Prof Serv		883.10		0.00	883.10	906.39
73508000	Social Ser.-Mtg. & Trav		416.44		0.00	416.44	304.71
73508100	Social Ser.-Dues & Subsc		0.00		0.00	0.00	29.58
	Total Social services	2500	43,006.54		0.00	43,006.54	45,901.04
	Plant and maintenance	2600					
74100100	Plt. & Maint.-Sal.&Wages		223,170.96		0.00	223,170.96	172,606.26
74100500	Plt. & Maint.-Accr Vac		5,918.11		0.00	5,918.11	701.45
74100700	Plt. & Maint.-Fica		15,598.89		0.00	15,598.89	12,063.87
74103700	Plt. & Maint.-Non Capital		2,996.00		0.00	2,996.00	1,025.00
74103800	Plt. & Maint.-Dept Sup.		43,512.98		0.00	43,512.98	53,975.57
74104500	Plt. & Maint.-Pur Serv.		12,689.49		0.00	12,689.49	15,131.78
74107500	Plt. & Maint.-Maint Agree		13,718.72		0.00	13,718.72	24,993.49
74107700	Plt. & Maint.-Rentals		686.38		0.00	686.38	1,697.42
74108000	Plt. & Maint.-Mtg & Trav		2,490.03		0.00	2,490.03	2,273.75
74108100	Plt. & Maint.-Dues & Sub		1,435.66		0.00	1,435.66	1,205.50
74108700	Plt. & Maint.-Repairs		17,412.55		0.00	17,412.55	39,492.70
74109200	Plt. & Maint.-Electricity		259,377.26		0.00	259,377.26	248,181.49
74109210	Plt. & Maint.-Natural Gas		140,275.21		0.00	140,275.21	132,283.57
74109220	Plt. & Maint.-Swr & Water		24,972.65		0.00	24,972.65	21,354.13
74109800	Plt & Maint - Grants		0.00		0.00	0.00	81.00
	Total Plant and maintenan	2600	764,254.89		0.00	764,254.89	727,066.98
	Housekeeping	2700					
74500100	Housekeeping-Sal & Wages		134,160.59		0.00	134,160.59	147,158.02
74500500	Housekeeping-Accr Vac.		1,459.58		0.00	1,459.58	1,487.71

A-1e

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by:	Date:	Index:
mm	7/6/09	
Reviewer:	Date:	

A+G Admin < Σ① = 408,730; Σ② = 1210

A+G Bus Svc < Σ③ = 530,341; Σ④ = (3,197)

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
74500700	Housekeeping-Fica		9,333.51		0.00	9,333.51	10,454.99
74503700	Housekeeping-Non Capital		500.00		0.00	500.00	843.80
74503800	Housekeeping-Dept Supplie		36,793.77		0.00	36,793.77	30,281.55
74504500	Housekeeping-Purch Servic		28,960.15		0.00	28,960.15	22,185.53
74508000	Housekeeping-Mtg & Travel		6.00		0.00	6.00	0.00
	Total Housekeeping	2700	211,213.60		0.00	211,213.60	212,411.60
	Administration and genera	2800					
75000100	Finance-Sal & Wages		174,524.57		0.00	174,524.57 ①	154,174.49
75000500	Finance-Accr Vac		4,210.35		0.00	4,210.35 ②	993.85
75000700	Finance-Fica		12,618.89		0.00	12,618.89	11,179.80
75003700	Finance-Non Capital Equip		1,920.00		0.00	1,920.00	0.00
75003800	Finance-Dept Supplies		1,141.54		0.00	1,141.54	1,594.52
75004200	Finance-Prof Serv		22,659.00		0.00	22,659.00	25,175.00
75004500	Finance-Pur Services		600.00		0.00	600.00	0.00
75007500	Finance-Maint Agree		3,118.65		0.00	3,118.65	2,509.80
75008000	Finance-Mtg & Travel		745.73		0.00	745.73	1,050.70
75008100	Finance-Dues & Subscr		625.00		0.00	625.00	569.00
75100100	Pt Registration-Sal & Wag		146,433.31		0.00	146,433.31 ③	137,102.33
75100500	Pt Registration-Accr Vac		554.43		0.00	554.43 ④	-305.65
75100700	Pt Registration-Fica		10,296.88		0.00	10,296.88	9,747.91
75103800	Pt Registration-Dept Supp		18,713.73		0.00	18,713.73	16,663.87
75107500	Pt Registration-Maint Agr		2,526.21		0.00	2,526.21	1,677.97
75107700	Pt Registration-Rentals		1,773.16		0.00	1,773.16	1,773.48
75108000	Pt Registration-Mtg & Tra		125.00		0.00	125.00	165.48
75108100	PT REGISTRATION-DUES & SU		253.00		0.00	253.00	471.95
75200100	Business Svcs-Sal & Wages		186,495.89		0.00	186,495.89 ③	189,070.85
75200500	Business Svcs-Accr Vac		-4,182.98		0.00	-4,182.98 ④	-822.35
75200700	Business Svcs-Fica		13,330.36		0.00	13,330.36	13,601.95
75203800	Business Svcs-Dept Supply		5,672.98		0.00	5,672.98	6,018.16
75204500	Business Svcs-Purch Servi		46,621.60		0.00	46,621.60	49,600.15
75205600	Business Svcs-Collection		98,976.41		0.00	98,976.41	90,268.92
75207500	Business Svcs-Maint Agree		2,197.54		0.00	2,197.54	7,160.06
75207700	Bus. Svcs. - Rentals		2,229.00		0.00	2,229.00	2,229.00
75208000	Business Svcs-Mtg & Trave		286.16		0.00	286.16	696.85
75208100	Business Svcs-Dues & Subs		1,411.75		0.00	1,411.75	1,020.91
75300100	Data Proc.-Sal & Wages		64,277.55		0.00	64,277.55 ③	62,824.18
75300500	Data Proc.-Accr Vac.		-623.50		0.00	-623.50 ④	-80.84
75300700	Data Proc.-Fica		4,768.47		0.00	4,768.47	4,660.22
75303800	Data Proc.-Dept.Supplies		503.59		0.00	503.59	577.24
75400100	SALARIES & WAGES		133,134.43		0.00	133,134.43 ③	93,961.45
75400500	ACCRUED PTO		1,055.13		0.00	1,055.13 ④	2,951.41
75400700	FICA EXPENSE		9,615.11		0.00	9,615.11	6,722.85
75403700	NON-CAPITAL EQUIPMENT		0.00		0.00	0.00	3,292.57
75403800	DEPT SUPPLIES		1,181.49		0.00	1,181.49	1,882.97
75404500	I.T. Purchase Service		4,570.00		0.00	4,570.00	570.00
75407500	I.T. - Maint/License		128,645.15		0.00	128,645.15	54,141.23
75408000	I.T. - Meeting & Travel		1,847.35		0.00	1,847.35	633.90
75409900	OTHER OPERATING EXP		3,448.15		0.00	3,448.15	5,737.76
76100100	Admin.-Salaries & Wages		198,881.51		0.00	198,881.51 ①	202,772.67
76100300	O/P REVENUE		0.00		0.00	0.00	-56.80
76100500	Admin.-Accr Vac		-3,000.55		0.00	-3,000.55 ②	748.34
76100700	Admin.-Fica		12,554.26		0.00	12,554.26	14,347.46
76100900	Admin.-Compensatory Wage		11,723.12		0.00	11,723.12 ①	12,000.04
76103700	Admin.-Non Capital Equip		0.00		0.00	0.00	865.96
76103800	Admin.-Dept. Supplies		19,503.24		0.00	19,503.24	21,068.67
76104200	Admin. Professional Servi		0.00		0.00	0.00	32,256.43
76104500	Admin.-Pur. Services		23,898.26		0.00	23,898.26	14,306.81
76107100	Admin.-Ins & Bonding		322,922.73		0.00	322,922.73	293,979.44
76107200	Admin.-Interest Exp		155,262.30		0.00	155,262.30	165,005.10
76107250	Admin.-Wellness Program		2,437.75		0.00	2,437.75	8,471.34
76107400	Admin.-Legal Fees		12,800.48		0.00	12,800.48	12,058.16
76107500	Admin.-Maint Agree		3,215.86		0.00	3,215.86	2,548.93
76107700	Admin.-Rentals		5,518.84		0.00	5,518.84	5,513.45
76108000	Admin.-Mtg. & Travel		8,292.85		0.00	8,292.85	5,437.46
76108100	Admin.-Dues & Subscrip.		39,796.29		0.00	39,796.29	47,187.34
76108150	Admin.-Marketing		87.16		0.00	87.16	0.00
76108300	Admin - Phys Svcs/Recrui		69,531.83		0.00	69,531.83	52,118.30
76108600	Admin.-Postage		31,251.02		0.00	31,251.02	29,479.50
76108900	Admin.-Telephone		45,027.59		0.00	45,027.59	45,952.85
76109240	INTERNET- CABLE		11,441.64		0.00	11,441.64	11,441.64
76109800	Administration - Grants		15,397.59		0.00	15,397.59	19,150.84
76109900	Admin.-Other		165.60		0.00	165.60	161.26
76900100	Materials Mgt-Sal & Wages		77,599.65		0.00	77,599.65	74,369.46
76900500	Materials Mgt-Accr Vac		207.02		0.00	207.02	696.29
76900700	Materials Mgt-Fica		5,724.97		0.00	5,724.97	5,500.23
76903800	Materials Mgt-Dept Suppli		1,215.04		0.00	1,215.04	2,155.17
76904500	Materials Mgt-Pur Serv		-6,718.76		0.00	-6,718.76	-3,194.14
76907900	Materials Mgt-Shp & Hdl		12,929.66		0.00	12,929.66	9,498.83
76908000	Materials Mgt-Mtg & Trave		169.18		0.00	169.18	335.81
76908100	Materials Mgt-Dues & Subs		80.00		0.00	80.00	80.00
	Total Administration and	2800	2,186,217.21		0.00	2,186,217.21	2,047,520.78

75,593

43,429

33,310

378

179,726

52,72

149,307

779,106

13,400

A+G Admin

A+G Business Services

A+G Admin

Include w/ Purch

A-1f

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 8:19:17 AM

Done by: mm	Date: 7/6/09	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
	Provision for doubtful ac	2850					
40005000	Sth Bad Debt Expense		1,540,484.74		0.00	1,540,484.74	1,332,256.54
50002800	Bad Debt Recovery		-209,729.63		0.00	-209,729.63	-179,731.87
	Total Provision for doubt	2850	1,330,755.11		0.00	1,330,755.11	1,152,524.67
	Medical records	2900					
77100100	Hlth Info Svc-Sal & W		220,478.87		0.00	220,478.87	240,331.92
77100500	Hlth Info Svc-Accr Va		-6,588.22		0.00	-6,588.22	-80.98
77100700	Hlth Info Mgmt-Fica		15,969.31		0.00	15,969.31	17,116.71
77103800	Hlth Info Mgmt-Dept.		6,512.89		0.00	6,512.89	6,114.87
77104200	Hlth Info Mgmt -Prof.		87,936.97		0.00	87,936.97	23,971.58
77104500	Hlth Info Mgmt-Pur. S		1,251.25		0.00	1,251.25	5,481.83
77107500	Hlth Info Mgmt-Maint		17,445.23		0.00	17,445.23	20,807.84
77108000	Hlth Info Mgmt-Mtg. T		938.90		0.00	938.90	1,108.66
77108100	Hlth Info Mgmt-Dues &		2,028.35		0.00	2,028.35	2,416.53
77108700	Hlth Info Mgmt-Repair		2,025.02		0.00	2,025.02	0.00
77109800	Hlth Info Mgmt - Gran		0.00		0.00	0.00	111.25
77109900	Hlth Info Mgmt-Other		0.00		0.00	0.00	-3.44
	Total Medical records	2900	347,998.57		0.00	347,998.57	317,376.77
	PSRO/Utilization review	3000					
77400100	Qa/Pa&I/Rm -Sal&Wages		23,601.89		0.00	23,601.89	35,153.40
77400700	Qa/Pa&I/Rm -Fica		1,757.69		0.00	1,757.69	2,488.09
77403800	Qa/Pa&I/Rm -Dept. Sup		13.20		0.00	13.20	350.11
77404200	PROFESSIONAL SERVICE		0.00		0.00	0.00	500.00
77404500	Qa/Pa&I/Rm -Pur Serv		1,323.75		0.00	1,323.75	1,263.75
77408000	Qa/Pa&I/Rm -Mtg & Trav		2,199.94		0.00	2,199.94	2,103.38
77408100	Qa/Pa&I/Rm -Dues & Sub		8,998.57		0.00	8,998.57	11,117.60
	Total PSRO/Utilization re	3000	37,895.04		0.00	37,895.04	52,976.33
	Nursing administration	3100					
77500100	Nurs. Adm.-Sal.& Wages		71,772.48		0.00	71,772.48	53,708.59
77500500	Nurs. Adm.-Accr Vac		-2,133.15		0.00	-2,133.15	-1,022.56
77500700	Nurs. Adm.-Fica		4,398.58		0.00	4,398.58	3,830.26
77503800	Nurs. Adm.-Dept. Sup.		974.61		0.00	974.61	756.81
77508000	Nurs. Adm.-Mtg. & Trav		677.39		0.00	677.39	349.68
77508100	Nurs. Adm.-Dues & Sub.		367.00		0.00	367.00	351.92
	Total Nursing administrat	3100	76,056.91		0.00	76,056.91	57,974.70
	Human Resources	3200					
79000100	Human Resources-Sal & Wag		81,427.30		0.00	81,427.30	66,099.24
79000500	Human Recources-Accrued V		1,058.88		0.00	1,058.88	1,881.19
79000700	Human Resources- Fica Exp		6,016.98		0.00	6,016.98	4,766.32
79000750	Human Resources-Pension E		64,129.03		0.00	64,129.03	54,735.31
79001700	Human Resources-Prov Emp		1,535,750.23		0.00	1,535,750.23	1,347,592.02
79001900	Human Resources-Health Ad		19,810.39		0.00	19,810.39	17,422.20
79002150	Human Resources-Life Insu		10,366.09		0.00	10,366.09	8,025.98
79002200	Human Resources-Planning		6,948.15		0.00	6,948.15	7,480.56
79002210	Human Resources-Re-Insura		147,181.30		0.00	147,181.30	140,645.68
79002250	Human Resources-Unemploym		3,540.50		0.00	3,540.50	6,990.71
79002300	Human Resources-Workman C		84,274.91		0.00	84,274.91	63,210.19
79002350	Human Resources-Other		5,155.11		0.00	5,155.11	4,236.40
79003800	Human Resources-Dept Supp		3,345.52		0.00	3,345.52	4,348.02
79004500	Humrn Resources-Contract		-2,000.00		0.00	-2,000.00	-1,812.13
79008000	Human Resources-Mtg & Tra		759.74		0.00	759.74	1,372.12
79008100	Human Resources-Dues & Su		9,718.81		0.00	9,718.81	14,325.66
79008150	Human Resources - Marketi		40,601.81		0.00	40,601.81	39,338.70
79008200	Human Resources Bnfts-Tui		2,623.41		0.00	2,623.41	5,726.62
79009800	GRANTS		3,470.31		0.00	3,470.31	1,213.01
	Total Human Resources	3200	2,024,178.47		0.00	2,024,178.47	1,787,597.80
	Depreciation	3300					
80000210	Depr.-Land Imp.		33,003.15		0.00	33,003.15	33,911.69
80000310	Depr.-Building		378,839.67		0.00	378,839.67	399,396.47
80000510	Depr.- Fixed Equip.		82,856.19		0.00	82,856.19	82,613.34
80000610	Depr.-Dept Equip.		796,204.49		0.00	796,204.49	728,989.17
	Total Depreciation	3300	1,290,903.50		0.00	1,290,903.50	1,244,910.67
	INS/INF CON	3400					
77600100	Ed./Inf Con-Sal & Wages		57,617.13		0.00	57,617.13	55,552.45
77600500	Ed./Inf Con-Accr Vac		136.75		0.00	136.75	766.12
77600700	Ed./Inf Con-Fica		4,345.61		0.00	4,345.61	3,971.84
77603700	Ed./Inf Con-Non Capital E		1,288.44		0.00	1,288.44	915.40
77603800	Ed./Inf Con-Dept Supplies		1,433.37		0.00	1,433.37	2,712.71
77608000	Ed./Inf Con-Mtg & Travel		1,981.29		0.00	1,981.29	2,246.03

Group w/ Nursing Admin

134,108

Acct Mgmt 14,293

1,648

194,692

474,699

99,26

⑤ = 129,390
⑥ = 11996
⑦ = 16,344

A-19

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

Done by:	Date:	Index:
MM	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
77608100	Ed./Inf Con-Dues & Sub.		877.67		0.00	877.67	1,482.84
77609800	Education/Inf Control - G		0.00		0.00	0.00	559.29
	Total INS/INF CON	3400	67,680.26		0.00	67,680.26	68,206.68

A-1h

SALEM HOSPITAL
Revenue Summary
3/31/09

		I/P	O/P	Total	Employee Charges O/P	Gross Up Ref Lab O/P	Physician Charges (IP/OP)	NRV Reclass IP	NRV Reclass OP	I/P and Swing Bed	OP	Total
37	OR (Surg. and Rec)	429,921	1,800,577	2,230,498			0			429,921	1,798,317	2,228,238
37	Anesth	173,909	725,150	899,059			(2,260) (175,166) (723,011)			(1,257)	2,139	882
41	X-Ray (Rad., U.S., Echo, Nuc Med, and CT Scan)	1,098,157	10,687,670	11,785,827				(12,319)	(97,752)	1,098,157	10,687,670	11,785,827
44	Lab (Lab and Blood)	1,603,063	6,842,259	8,445,322	(56,259)	365,875				1,603,063	7,151,875	8,754,938
49	RT (and EEG)	756,562	1,178,811	1,935,373	(1,326)		0	(434,859)	(194,653)	321,703	981,656	1,303,359
50	PT (and ST)	133,388	1,409,698	1,543,086			(1,176)			133,388	1,409,698	1,543,086
53	EKG	73,519	719,849	793,368			(13,764)			59,755	495,209	554,964
55	Supplies (CS and IV Therapy)	947,332	1,756,853	2,704,185			(224,640)	434,859	194,653	1,382,191	1,951,506	3,333,697
16	Drugs	1,179,872	1,073,145	2,253,017	(2,527)			12,319	97,752	1,192,191	1,168,370	2,360,561
60	OP Clinic	* 2000 ~~665~~	298,045 ~~299,380~~	300,045						2000 ~~665~~	261,452 ~~262,787~~	263,452
61	ER	146,368	3,922,985	4,069,353	(10,168)		(36,593) (1,204,328)			109,775	2,708,489	2,818,264
62	Observation	* 500	87,101 ~~87,601~~	87,601						500 ~~0~~	87,101 ~~87,601~~	87,601
25	Ambulance	0	0	0						0	0	- (1) - include w/ A+P
71	HHA		251,430	251,430						0	251,430	251,430
25	A & P	1,934,056 ~~1,934,419~~		1,934,419						1,934,419	0	1,934,419 (1)
25	Swing Bed	69,034		69,034						69,034	0	69,034
25	ICU	250,600	(1,400)	249,200						250,600	(1,400)	249,200
63.10	RHC		348,537	348,537						0	348,537	348,537
		8,796,809	31,102,545	39,899,354	(70,280)	365,875	(2,380,938)	0	0	8,583,605	29,303,884	37,887,489
	A & P	(1,934,419)	(251,430)	(2)			(3)			HHA	251,430	
	ICU	(250,600)	0									
	Amb	0								wkst C	29,052,454	
	SB A&P		30,851,115									
	SB											
		6,611,790										

(3)/(2) = 5.967%
x A 527,144
31,455 3

Eliminate Costs of Bus. office related to Phy 3e on charges

A+P Σ(1) = 2,252,053
w/s D-1 (69,034)
pt I
Ln 28 → 2,183,619

A:\n

* Adjusted to remove errors more I/P charges per PPWK's Ln 1 on G/L.

mm 7/6/09

Salem Hospital
Revenue Summary
For the year ended 3/31/09

Acct #	Dept #	FY09 I/P	FY09 O/P	Total				
3470020	OR	378,432		378,432	3700			
3470030	OR		1,733,312	1,733,312	3700			
3470045	OR		320	320	3700			
3480020	RR	51,489		51,489	3700			
3480030	RR		66,945	66,945	3700	429,921	1,800,577	OR
3480045	RR			0	3700			
3490020	Anesth	173,909		173,909	4000			
3490030	Anesth		725,150	725,150	4000	173,909	725,150	Anesth
3650020	Radio	175,747		175,747	4100			
3650030	Radio		1,637,136	1,637,136	4100			
3650040	Radio	3,543		3,543	4100			
3650045	Radio		191,945	191,945	4100			
3650060	Radio			0	4100			
3660020	Ultra	53,695		53,695	4100			
3660030	Ultra		463,103	463,103	4100			
3660040	Ultra	268		268	4100			
3660045	Ultra		0	0	4100			
3695020	MRI	58,734		58,734	4100			
3695030	MRI		1,191,126	1,191,126	4100			
3680020	Nuc Med	120,792		120,792	4100			
3680030	Nuc Med		819,975	819,975	4100			
3680040	Nuc Med			0	4100			
3665020	Echo	134,661		134,661	4100			
3665030	Echo		658,114	658,114	4100			
3665030	Echo	0		0	4100			
3665045	Echo		2,162	2,162	4100			
3690020	CT Scan	550,717		550,717	4100			
3690030	CT Scan		5,709,602	5,709,602	4100			
3690040	CT Scan	0		0	4100			
3690045	CT Scan		14,507	14,507	4100	1,098,157	10,687,670	X-Ray
3580020	Lab	1,457,715		1,457,715	4400			
3580030	Lab		5,357,071	5,357,071	4400			
3580035	Lab		1,213,375	1,213,375	4400			
3580040	Lab	33,729		33,729	4400			
3580045	Lab		155,899	155,899	4400			
3580060	Lab-ref		34,046	34,046	4400			
3590020	Blood	111,619		111,619	4400			
3590030	Blood		81,868	81,868	4400	1,603,063	6,842,259	Lab
3590035	Blood			0	4400			
3670020	EEG	5,754		5,754	4900			
3670030	EEG		732,408	732,408	4900			
3730020	RT	721,431		721,431	4900			
3730030	RT		339,340	339,340	4900			
3730040	RT	29,377		29,377	4900			
3730045	RT		21,659	21,659	4900			
3830020	Cardio Rehab	0		0	4900			
3830030	Cardio Rehab		85,404	85,404	4900	756,562	1,178,811	RT
3700020	Speech	1,971		1,971	5000			
3700030	Speech		6,274	6,274	5000			
3700040	Speech	0		0	5000			
3800020	PT	45,475		45,475	5000			
3800030	PT		1,211,379	1,211,379	5000			
3800040	PT	52,270		52,270	5000			
3850020	OT	5,551		5,551	5000			
3850030	OT		192,045	192,045	5000			
3850040	OT	28,121		28,121	5000	133,388	1,409,698	PT
3620020	EKG	73,289		73,289	5300			
3620030	EKG		711,679	711,679	5300			
3620040	EKG	230		230	5300			
3620045	EKG		3,675	3,675	5300			
3620060	EKG		4,495	4,495	5300	73,519	719,849	EKG
3510020	CS	619,699		619,699	5500			
3510030	CS		1,291,747	1,291,747	5500			
3510040	CS	4,005		4,005	5500			
3510045	CS		18,627	18,627	5500			
3510060	CS		6	6	5500			
3560020	IV	319,254		319,254	5500			
3560030	IV		446,470	446,470	5500			
3560040	IV	4,374		4,374	5500			
3560045	IV		3	3	5500	947,332	1,756,853	Med Sup
3550020	Pharm	1,135,735		1,135,735	5600			
3550030	Pharm		1,035,953	1,035,953	5600			
3550040	Pharm	44,137		44,137	5600			
3550045	Pharm		36,403	36,403	5600			
3550060	Pharm		789	789	5600	1,179,872	1,073,145	Drugs
3460020	OP Clinic	665		665	~~6100~~ 6000			
3460030	OP Clinic		299380	299,380	~~6100~~ 6000	665.00	299,380	OP Clinic
3300020	ER	146,368		146,368	6100			
3300030	ER		3,897,119	3,897,119	6100			
3300045	RHC		25,866	25,866	6100	146,368	3,922,985	ER
3010030	Med/Surg OP		87,601	87,601	6200		87,601	Observ
3350045	RHC		303,332	303,332	6310			
3250900	Other		45,205	45,205	6310		348,537	RHC
3220020	Ambul			0	6500			
3220030	Ambul			0	6500	0	0	Ambul
3240030	HHA		251,430	251,430	7100		251,430	HHA
		6,542,756	31,103,945	37,646,701		6,542,756	31,103,945	
		Revenue per Lead 0200		37,646,701		37,646,701		

C-1b

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Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 10:32:35 AM

Done by:	Date:	Index:
Mm	7/6/09	
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
	NDR	0100					
30100200	Med/Surg-Acute Care		-1,934,418.68		0.00	-1,934,418.68	-1,952,566.00
30100400	Med/Surg-Swing Bed		-69,034.00		0.00	-69,034.00	-56,984.00
31500200	Scu-I\P		-250,600.00		0.00	-250,600.00	-204,102.00
31500300	Scu - O/P		1,400.00		0.00	1,400.00	2,668.00
	Total NDR	0100	-2,252,652.68		0.00	-2,252,652.68	-2,210,984.00
	Ancillary services	0200					
30100300	Med/Surg-O\P		-87,600.76		0.00	-87,600.76	-64,616.40
32200200	Ambulance-I\P		0.00		0.00	0.00	-642.73
32200300	Ambulance-O\P		0.00		0.00	0.00	-267.00
32400300	Home Health-O\P		-251,429.75		0.00	-251,429.75	-329,817.50
32509000	OTHER REVENUE		-45,205.00		0.00	-45,205.00	-43,636.61
33000200	E.R.-I\P		-146,368.00		0.00	-146,368.00	-151,167.00
33000300	E.R.-O\P		-3,897,119.00		0.00	-3,897,119.00	-3,364,445.00
33000450	RURAL HEALTH CENTER		-25,866.00		0.00	-25,866.00	-31,578.00
33500450	Rhc - Revenue		-303,332.00		0.00	-303,332.00	-299,639.00
34600200	I/P ROUTINE REVENUE		-665.00		0.00	-665.00	0.00
34600300	Outpatient Clinic - O/P		-299,380.00		0.00	-299,380.00	0.00
34700200	Surgery-I\P		-378,432.00		0.00	-378,432.00	-361,405.00
34700300	Surgery-O\P		-1,733,312.00		0.00	-1,733,312.00	-1,308,323.00
34700450	Rural Health Center		-322.00		0.00	-322.00	-306.00
34800200	Recovery Room-I\P		-51,489.00		0.00	-51,489.00	-52,638.00
34800300	Recovery Room-O\P		-66,945.00		0.00	-66,945.00	-175,374.00
34900200	Anesth.-I\P		-173,909.00		0.00	-173,909.00	-163,161.00
34900300	Anesth.-O\P		-725,150.00		0.00	-725,150.00	-629,662.00
35100200	Central Supply-I\P		-619,698.50		0.00	-619,698.50	-541,679.65
35100300	Central Supply-O\P		-1,291,747.25		0.00	-1,291,747.25	-1,126,607.63
35100400	Central Supply-Swing Bed		-4,005.35		0.00	-4,005.35	-5,533.85
35100450	Rural Health Center		-18,627.10		0.00	-18,627.10	-21,695.80
35100600	MISCELLANEOUS		-5.77		0.00	-5.77	-257.66
35500200	Pharmacy-I\P		-1,135,734.94		0.00	-1,135,734.94	-1,080,873.00
35500300	Pharmacy-O\P		-1,035,952.96		0.00	-1,035,952.96	-869,451.21
35500400	Pharmacy-Swing Bed		-44,136.60		0.00	-44,136.60	-56,590.34
35500450	RURAL HEALTH CENTER		-36,403.33		0.00	-36,403.33	-36,378.79
35500600	MISCELLANEOUS		-788.98		0.00	-788.98	-579.61
35600200	I.V. Therapy-I\P		-319,253.50		0.00	-319,253.50	-321,072.00
35600300	I.V. Therapy-O\P		-446,470.00		0.00	-446,470.00	-411,308.50
35600400	I.V. Therapy-Swing Bed		-4,374.00		0.00	-4,374.00	-8,990.00
35600450	Rural Health Center		-3.00		0.00	-3.00	0.00
35800200	Laboratory-I\P		-1,457,715.10		0.00	-1,457,715.10	-1,411,516.20
35800300	Laboratory-O\P		-5,357,070.92		0.00	-5,357,070.92	-4,628,305.95
35800350	Non - Patient Revenue		-1,213,375.00		0.00	-1,213,375.00	-1,155,541.60
35800400	Laboratory-Swing Bed		-33,729.00		0.00	-33,729.00	-41,335.00
35800450	RURAL HEALTH CENTER		-155,899.25		0.00	-155,899.25	-194,056.00
35800600	Laboratory-Reference Lab		-34,045.51		0.00	-34,045.51	-70,628.45
35900200	Blood Trns-I\P		-111,619.00		0.00	-111,619.00	-39,417.00
35900300	Blood Trns-O\P		-81,868.00		0.00	-81,868.00	-18,147.00
35900350	Non - Patient Revenue		0.00		0.00	0.00	-283.00
36200200	Ekg-I\P		-73,289.00		0.00	-73,289.00	-80,192.00
36200300	Ekg-O\P		-711,679.00		0.00	-711,679.00	-650,170.00
36200400	Ekg-Swing Bed		-230.00		0.00	-230.00	-805.00
36200450	RURAL HEALTH CENTER		-3,675.00		0.00	-3,675.00	-4,569.00
36200600	MISCELLANEOUS		-4,495.00		0.00	-4,495.00	-1,440.00
36500200	Radiology-I\P		-175,747.00		0.00	-175,747.00	-202,527.00
36500300	Radiology-O\P		-1,637,136.00		0.00	-1,637,136.00	-1,508,650.20
36500400	Radiology-Swing Bed		-3,543.00		0.00	-3,543.00	-5,305.00
36500450	RURAL HEALTH CENTER		-191,944.50		0.00	-191,944.50	-204,222.00
36500600	MISCELLANEOUS		0.00		0.00	0.00	102.11
36600200	Ultrasound-I\P		-53,695.00		0.00	-53,695.00	-42,172.00
36600300	Ultrasound-O\P		-463,103.00		0.00	-463,103.00	-412,837.00
36600400	Ultrasound-Swing Bed		-268.00		0.00	-268.00	0.00
36600450	Rural Health Center		0.00		0.00	0.00	-1,950.00
36650200	Echo-I/P		-134,661.00		0.00	-134,661.00	-105,073.00
36650300	Echo-O/P		-658,114.00		0.00	-658,114.00	-544,535.00
36650450	RURAL HEALTH CENTER		-2,162.00		0.00	-2,162.00	-4,551.00
36700200	Eeg-I\P		-5,754.00		0.00	-5,754.00	-1,564.00
36700300	Eeg-O\P		-732,408.00		0.00	-732,408.00	-604,282.00
36800200	Nuclear Med-I\P		-120,792.00		0.00	-120,792.00	-91,360.00
36800300	Nuclear Med-O\P		-819,975.00		0.00	-819,975.00	-716,148.00
36900200	Ct. Scan-I\P		-550,717.00		0.00	-550,717.00	-543,373.90
36900300	Ct. Scan-O\P		-5,709,601.60		0.00	-5,709,601.60	-4,489,790.70
36900450	RURAL HEALTH CENTER		-14,507.00		0.00	-14,507.00	-72,312.00
36950200	Mri - Inpatient Revenue		-58,734.00		0.00	-58,734.00	-46,336.00
36950300	Mri - Outpatient Revenue		-1,191,126.00		0.00	-1,191,126.00	-860,180.00
37000200	Speech Therapy-I\P		-1,971.00		0.00	-1,971.00	-2,706.00
37000300	Speech Therapy-O\P		-6,274.00		0.00	-6,274.00	-6,720.00
37000400	Speech Therapy-Swing Bed		0.00		0.00	0.00	-204.00
37300200	Resp Therapy-I\P		-721,431.00		0.00	-721,431.00	-727,185.00
37300300	Resp Therapy-O\P		-339,340.00		0.00	-339,340.00	-287,037.00
37300400	Resp Therapy-Swing Bed		-29,377.00		0.00	-29,377.00	-54,419.00
37300450	RURAL HEALTH CENTER		-21,659.00		0.00	-21,659.00	-31,202.00
38000200	Phys Therapy-I\P		-45,475.00		0.00	-45,475.00	-44,989.00
38000300	Phys Therapy-O\P		-1,211,379.00		0.00	-1,211,379.00	-1,275,477.00
38000400	Phys Therapy-Swing Bed		-52,270.00		0.00	-52,270.00	-29,734.00

Lead Schedules (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 10:32:35 AM

Done by: mm	Date: 7/6/09	Index:
Reviewer:	Date:	

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
38300300	Cardiac Rehab- O/P		-85,404.00		0.00	-85,404.00	-65,244.00
38500200	Occupational Therapy I/P		-5,551.00		0.00	-5,551.00	-5,939.00
38500300	Occ Ther - O/P Revenue		-192,045.00		0.00	-192,045.00	-101,375.00
38500400	Occupational Therapy-Swin		-28,121.00		0.00	-28,121.00	-16,318.00
	Total Ancillary services	0200	-37,646,700.67		0.00	-37,646,700.67 C-1	-32,859,718.17
	Allowances and uncollecti	0300					
40001000	Cont. Adj.-Medicare		10,439,739.64		0.00	10,439,739.64	8,588,560.62
40001100	Cont. Adj.-Home Health Mc		-748.67		0.00	-748.67	32,360.16
40001150	Workers Comp W/O		251,456.00		0.00	251,456.00	241,695.52
40001200	Employee Physical W\O		21,105.60		0.00	21,105.60	90,366.70
40001250	Emp Health Benefit W\O		35,974.20		0.00	35,974.20	21,206.90
40001300	Emp Workman's Comp W\O		20,070.90		0.00	20,070.90	31,028.60
40001500	Cont. Adj.-Medicaid		4,309,948.99		0.00	4,309,948.99	3,755,495.44
40002000	Cont. Adj.-BC		193,723.00		0.00	193,723.00	241,839.45
40002550	Cont. Adj.-Healthlink		1,939,236.24		0.00	1,939,236.24	1,501,837.44
40005100	Administrative Adjust.		266,523.29		0.00	266,523.29	446,009.92
40005150	Community Benefit W/O		1,340.50		0.00	1,340.50	48,817.89
40005200	Provision For Charity Car		1,023,965.09		0.00	1,023,965.09	772,245.00
	Total Allowances and unco	0300	18,502,334.78		0.00	18,502,334.78	15,771,463.64
	Revenues from auxiliary s	0400					
33100200	Nutritional Services-I/P		-99.00		0.00	-99.00	0.00
33100300	Nutritional Services-O/P		-1,251.00		0.00	-1,251.00	-1,725.00
33100800	Nutritional Svcs-Meal Sal		-134,885.86		0.00	-134,885.86	-121,040.92
50001800	Med. Rec. Trans. Fees		-148.32		0.00	-148.32	-356.59
50007300	Rental Income		0.00		0.00	0.00	-35,700.00
50009000	Other Revenue		52.17		0.00	52.17	-1,607.13
	Total Revenues from auxil	0400	-136,332.01		0.00	-136,332.01	-160,429.64
	Nonoperating rev-Interest	0420					
50007000	Interest Income		-162,523.36		0.00	-162,523.36	-235,366.89
50007050	Accrued Interest Income		39,704.00		0.00	39,704.00	-25,663.72
50007120	Interest Income -Project		-2,168.14		0.00	-2,168.14	-2,508.14
	Total Nonoperating rev-In	0420	-124,987.50		0.00	-124,987.50	-263,538.75
	Nonoperating revenue-taxe	0440					
50006200	Property Tax Income		-340,199.00		0.00	-340,199.00	-337,284.37
	Total Nonoperating revenu	0440	-340,199.00		0.00	-340,199.00	-337,284.37
	Nonoperating revenue-Dona	0460					
50002400	Donations-Unrestricted		-112,604.75		0.00	-112,604.75	-3,050.00
50002450	Donations-Restricted		-263.00		0.00	-263.00	0.00
	Total Nonoperating revenu	0460	-112,867.75		0.00	-112,867.75	-3,050.00
	Nonoperating revenue-Gain	0480					
50005500	Gain\Loss On Asset Sales		3,532.73		0.00	3,532.73	39,488.38
50005550	Grant Revenue		-24,692.77	1	-68,767.18	-93,459.95	-223,024.22
50006100	DISCOUNTS TAKEN		-717.81		0.00	-717.81	-706.73
	Total Nonoperating revenu	0480	-21,877.85		-68,767.18	-90,645.03	-184,242.57

C-1b

mm 7/14/09

Salem Township Hospital
W/S C
Reclasses

		INC.	DEC
1			
Med Supply Chg to PT	c/d	692,512	
RT			629,512
2			
Drugs chg to PT		110,071	
RT			110,071

Salem [illegible]ship Hospital
Shared NRV Analysis by Department
Gross Charges all payors
3/31/2009

(CS) IV Therapy F *

PBC

Inpatient Charges

NRV	CS 3510	OR 3470	Pharm 3550	Drugs 3560	Radio. 3650	RT 3730	PT/OT 3800/3850	Total
250	0	250	914191				2648	917089
258	17868			108222				126090
270	236618			104749		434859 *		776226
272	231476	9		112308				343793
274	112943							112943
276	0							0
278	26894							26894
360	0	384494			10889			395383
480								0
636			150413		12319 F			162732
760	594		0	0	0	0	0	594
	626393	384753	1064604	325279	23208	434859	2648	2861744

Drugs
Med Supp ⊥
Med Supp.
OR
Rad
Drugs

Inpatient Charge Percentages by Dept

NRV	CS 3510	OR 3470	Pharm 3550	Drug 3560	Radio 3650	RT 3730	PT/OT 3800/3850	
250	0.0%	0.0%	99.7%	0.0%	0.0%	0.0%	0.3%	100.0%
258	14.2%	0.0%	0.0%	85.8%	0.0%	0.0%	0.0%	100.0%
270	30.5%	0.0%	0.0%	13.5%	0.0%	56.0%	0.0%	100.0%
272	67.3%	0.0%	0.0%	32.7%	0.0%	0.0%	0.0%	100.0%
274	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
276	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
278	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
360	0.0%	97.2%	0.0%	0.0%	2.8%	0.0%	0.0%	100.0%
480	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
636	0.0%	0.0%	92.4%	0.0%	7.6%	0.0%	0.0%	100.0%
760	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	21.9%	13.4%	37.2%	11.4%	0.8%	15.2%	0.1%	100.0%

Outpatient Charges

NRV	3510	3470	3550	3560	3650	3730	3800/3850	Total
250	0	432	741144				14792	756368
258	44182			92725				136907
270	706409			66413		194653 *	1192	968667
272	447626	932		287674				736232
274	0						565	565
276	97253							97253
278	1178							1178
360	12500	1693076			15570			1721146
480								0
636			305508		97752 F			403260
760	4270							4270
	1313418	1694440	1046652	446812	113322	194653	16549	4825846

Drugs
Med Supp ⊥
Med Supp
OR
Rad.
Drugs

Outpatient Charge Percentages by Dept

NRV	3510	3470	3550	3560	3650	3730	3800/3850	
250	0.0%	0.1%	98.0%	0.0%	0.0%	0.0%	2.0%	100.0%
258	32.3%	0.0%	0.0%	67.7%	0.0%	0.0%	0.0%	100.0%
270	72.9%	0.0%	0.0%	6.9%	0.0%	20.1%	0.1%	100.0%
272	60.8%	0.1%	0.0%	39.1%	0.0%	0.0%	0.0%	100.0%
274	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
276	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
278	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
360	0.7%	98.4%	0.0%	0.0%	0.9%	0.0%	0.0%	100.0%
480	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
636	0.0%	0.0%	75.8%	0.0%	24.2%	0.0%	0.0%	100.0%
760	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	27.2%	35.1%	21.7%	9.3%	2.3%	4.0%	0.3%	100.0%

* Cost is in CS Σ * = 629,512 C-1C
F Must reclass cost Σ F = 110,071 ⊥

MN 7/14/09

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Salem Township Hospital
Employee Write-off Log Summary
3/31/2009

Dept	Description	Charge Amount
3300 Total	Emergency Room	10,168
3550 Total	Pharmacy	2,527
3580 Total	Laboratory	56,259
3730 Total	Respiratory Care	1,326
Grand Total		**70,280**

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mm 7/14/09

PBC

SALEM TOWNSHIP HOSPITAL
REFERENCE LAB GROSS UP CHARGES

PROC CODE	DESCRIPT	AMT INPATIENT	CNT INPATIENT	AMT OUTPATIENT	CNT OUTPATIENT	Total Charges	Quantity	Price	Grossed up Charges	Variance
87494	GONOCOCCU	0	0	108	3	108	3	36.00	108	0
87497	Cytomegal	483	1	0	0	483	1	483.00	483	0
87521	Hep C Rna	0	0	2983.5	14	2983.5	14	221.00	3,094	-111
87522	Hep C Vir	0	0	2745	5	2745	5	549.00	2,745	0
87535	Hiv Pcr Q	0	0	313	1	313	1	313.00	313	0
87641	Mrsa Rapi	50565	564	51450	573	102015	1137	90.00	102,330	-315
87703	Celiac Di	0	0	166.52	1	166.52	1	166.52	167	0
87796	Ehrlichia	0	0	270	1	270	1	270.00	270	0
87799	Enterovir	0	0	471	1	471	1	471.00	471	0
87800	Chlamydia	0	0	73.5	3	73.5	3	24.50	74	0
87802	Beta Stre	35.2	1	0	0	35.2	1	35.20	35	0
87902	Hepatitis	0	0	1051.75	2	1051.75	2	769.00	1,538	-486
88160	MICROSOMA	168	1	1336	8	1504	9	168.00	1,512	-8
88230	Tissue Cu	0	0	652	2	652	2	326.00	652	0
88262	Count 15-	0	0	696	2	696	2	348.00	696	0
88291	Cyogeneti	0	0	114	2	114	2	57.00	114	0
88305	Gram Stai	2046	38	6699.7	153	8745.7	191	54.00	10,314	-1,568
88306	STOOL FOR	432	8	1242	23	1674	31	54.00	1,674	0
88312	ALPHA-FET	0	0	1638	14	1638	14	117.00	1,638	0
88498	THEOPHYLL	618	6	3806	37	4424	43	103.00	4,429	-5
88889	Microalbu	0	0	0	101	0	101	0.00	0	0
89003	Urinalysi	0	0	96	2	96	2	48.00	96	0
89004	Amino Aci	0	0	96	2	96	2	48.00	96	0
89006	Amplified	0	0	511	7	511	7	73.00	511	0
89050	CELL COUN	0	0	132	2	132	2	66.00	132	0
89051	CELL CT W	41	1	54	3	95	4	41.00	164	-69
89052	Csf Cell	132	2	198	3	330	5	66.00	330	0
89053	CSF SPECI	0	0	20	1	20	1	20.00	20	0
89060	CRYSTAL I	0	0	34	1	34	1	76.00	76	-42
89065	CRYSTALS	0	0	131	1	131	1	131.00	131	0
89300	SPERM COU	0	0	402	6	402	6	67.00	402	0
89500	Virus Cul	170	1	510	3	680	4	170.00	680	0
89600	Venipunct	81516	4553	239081.5	13326	320597.5	17879	18.00	321,822	-1,225
89601	ARTERIAL	1488	62	5988	250	7476	312	24.00	7,488	-12
89602	Veinpunct	0	0	18	1	18	1	18.00	18	0
89603	IDPA SEND	0	0	0	200	0	200	0.00	0	0
89901	VDRL-CSF	31	1	0	0	31	1	31.00	31	0
						8,260,694	109,488		8,626,568	

Add to Reference Lab Revenues 365,874.8 G

MEDICARE WORKSHEET C DATA

					FYTD 03/31/2009		
3580	200	LABORATORY-I\P	200	1	1,457,715		
3590	200	BLOOD TRNS-I\P	200	1	111,619		
		INPATIENT CHARGES				1,569,334	
3580	300	LABORATORY-O\P	300	2	5,357,071		
3590	300	BLOOD TRNS-O\P	300	2	81,868		
3580	450	RURAL HEALTH CENTER	450	2	155,899		
		OUTPATIENT CHARGES					5,594,838
3580	400	LABORATORY-SWING BED	400	3	33,729		
3590	400	BLOOD TRNS-SWING BED	400	3	0		
		SWING BED CHARGES				33,729	
3580	600	LAB-REFERENCE LAB	600	4	34,046		
3580	600	LAB-Ref (Gross up Adjustment)	600	4	365,875	G	
		REF LAB CHARGES					399,921
3580	350 (includes 3590)	NON-PATIENT LAB CHARGES			1,213,658		1,213,658
		INPATIENT & SWBED CHARGES				1,603,063	
		OUTPATIENT CHARGES					7,208,417
					8,811,480		
		TOTAL LAB GROSSUP CHARGES -12 MOS ENDING 03/31/2008					8,811,480

SALEM TOWNSHIP HOSPITAL
12 month ended 03/31/2009

PHYSICIAN CHARGES fytd 03/31/2009

DEPT #	DEPARTMENT	TOTAL INPATIENT	TOTAL OUTPATIENT	TOTAL TOTAL	MEDICARE INPATIENT	MEDICARE OUTPATIENT	MEDICARE TOTAL	Total Dept Charges		Total Mcare Charges	
3300	EMERGENCY ROOM	36593 C	1204328 C	1240921	959	378086	379045	4,077,749	0.092954	1385185	0.273642
3470	OPERATING ROOM	0 C	2260 C	2260	0	161	161	2,112,418	0.0000762	1212654	0.000133
3490	CRNA	175166 C	723011 C	898177	99948	347436	447384	901,840	0.496079	450905	0.992191
3620	EKG INTERPRETATIONS	12784	72904	85688	9568	44188	53756	793623	0.067735	450229	0.119397
3670	EEG INTERPRETATIONS	980	151736	152716	840	58860	59700	738162	0.080877	309136	0.193119
	TOTAL COST CENTER EKG	13764 C	224640 C	238404	10408	103048	113456				
3730	RESPIRATORY CARE	0 C	1176 C	1176	0	672	672	1,111,959			
	TOTAL PHYSICIAN CHARGES	225523	2155415	2380938 C	111315	829403	940718				

Rev Sum Ln 44 Col 1

Previous Fiscal Year Charges	*216944*	1854019	*2070963*	*93662*	*722696*	*816358*
Variance	*8579*	*301396*	*309975*	*17653*	*106707*	*124360*
% Variance	*4.0%*	*16.3%*	*15.0%*	*18.8%*	*14.8%*	*15.2%*

mm 7/14/07

mm 7/23/09
1-15-09

Salem Hospital
Reclass Entries
3/31/09

Ref			Increase Salaries	Increase Other	Decrease Salaries	Decrease Other
1 2a	1200	Cafeteria	184,921	293,584		
	1100	Dietary			184,921	293,584
		(To reclass café cost)				
2 2b	5500	Med Supply	10,884	539,049		
	1501	Central Supply			10,884	539,049
		(To reclass supply cost)				
3 2c	300	New Cap- Bldg				
	400	New Cap- Equip		543,879		
	2500	A & P				404
	7100	HHA				438
	3700	OR				158,756
	1100	Dietary				828
	1502	Central Supply				86
	1600	Pharnacy				6,255
	4400	Lab				110
	4100	X-ray				353,805
	4900	RT				12,990
	5000	PT				-
	800	Plant				686
	600	A & G				9,521
		(To reclass rentals)				
4 2g	2000	CRNA		412,825		
	4000	Anesth				412,825
		(To reclass CRNA cost)				
5 2g	3700	OR		54,213		
	4000	Anesth				54,213
		(To reclass remaining Anesth supplies)				
6 3b	300	New Bldg				
	600	Int Exp				
		(To reclass interest expense)				
7 2e	~~6000~~ 6350	Hospital Clinic		238,773		
	6100	ER				238,773
		(To reclass physician exp for RHC)				
8 2d	300	New Cap-Bldg		58,388		
	600	Other Cap costs				58,388
		(To reclass other cap costs)				
9 2h	5400	Drugs charged to patients		31,469		
	4900	Respiratory therapy				31,469
10 3f	6350	Hospital Clinic		108,914		
	6100	ER				108,914
		(To reclass admin expenses for RHC)				

N/A for FY '09. Interest Rev > Interest Exp.
No interest exp left to reclass.

mm 7/14/09
N? 1-25-A

Salem Hospital
Cafeteria Reclass
3/31/09

		Total	Salaries	Other
Dietary Expense	A	623,865	241,096	
Reclass %	12	76.70%	12 76.70%	
		478,504	184,921 2	293,584 2

mm 7/21/09

MD 7/28/09

Salem Hospital
Central Supply
3/31/09

		Salary Cost	IV	Other	Total
Central Supply	A-1c	10,884	13,093	525,956	
Reclass %		100.00% ✓	100.00% ✓	100.00% ✓	
		10,884	13,093	525,956	549,933

✓ - per T. Furhop

mm 7/6/09

MJ 7/25/09

Salem Hospital
Operating Lease
3/31/09

REF	Dept:	Acct 7700:	3/31/09	
PL-9	6010	A&P	404	
	6240	HHA	438	
	6470	OR	158,756	
	6460	Central Supply	86	
	6550	Pharmacy	6,255	
	6580	Lab	110	
	6650	X-Ray	549	353,805 Rad
	6680	Nuclear Med	48,000	
	6695	Radiology	305,256	
	6730	RT	12,990	12,990 RT
	6830	Cardiac Rehab	-	
	7310	Dietary	828	
	7410	Plant	686	
	7510+7520	A&G-AA	4,002	9,521 A+G
	7610	A&G-BS	5,519	
			543,879	

MM 7/6/09
MJ 1-25-09

SALEM HOSPITAL
Insurance Reclass
3/31/09

Earthquake, Flood		
DIC and Property	H-1a	58,388
		58,388

2d

mm 7/23/09

M 7-25-09

Salem Hospital
RHC- Physician Visits
3/31/09

Total RHC Physician Visits	M-1	1,829
Avg time per Visits(Avg minutes per patient)		30 ✓
		54,870
		Divided by 60
Physician Hours		915
Rate per hour	M-1	142
Patient Care		129,859
Administrative Time	39	767
	M-1	142
		108,914
Total ER Physician reclass to RHC		238,773 2

✓- per T. Furhop. See email "General" tab

2e

SALEM TOWNSHIP HOSPITAL
HOME HEALTH SALARIES & WAGES
PER PAYROLL_SUMMARY_RPT_TLF09 FILE 04/01/2008 THROUGH 3/31/2009

CHOOSE DEPT 6240
FOR HOURS EXCLUDE PAYCODES
03, 07,12,20,18

GRADE	Adj Dist Hours	Sal & Wages	Fica	Ave rate	Amounts per TB Est Hours	Amounts per TB S & W	(26 pps) FTE's	
241 Home Health Clerk	2111	25184	1847	11.93	2110	25168	1.01	WS S-4 Col 3 Ln 4
900 Director	2080	56900	4174	27.36	2079	56863	1.00	WS S-4 Col 3 Ln 3
Total A&G	4191	82084	6021 H	19.59	4188	82030 H	2.01	
		*	*					
182/183 Aide	39	398	29 H	10.21	39	398 H	0.02	WS S-4 Col 3 Ln 16
5XX/6XX R.N.'s	5112	122485	8984 H	23.96	5109	122405 H	2.46	WS S-4 Col 3 Ln 6
Dept total per Dist Sum	9342	204967		21.94			4.49	
Totals/Adjust to TB			15034		9336 C	204833 C		

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Mar 7/14/09
Gosz 4-25-09

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MM 7/14/09

MD 7-25-09

Salem Township Hospital
CRNA Reclass
3/31/2009

CRNA Cost

A-1c	412,825	
	-	On call
	412,825	To reclass

CRNA Supplies and On-Call

A-1c	54,214	
	-	On call
	54,214	To reclass

✓ - Per Teresa Stroud, CFO - See email - "General" tab

mm 7/14/09

NO 1-25-09

Salem Township Hospital
WS A-6 Reclass-"RT to Drugs"
3/31/2009

1	INC	DEC
Drugs chg to PT	31,469	
RT		31,469

	Ak #	
Radio	66503400	929.45
	66903400	30,539.82
		31,469.27

mm 7/23/09

7-25-09

SALEM HOSPITAL
Adjustments A-8
3/31/09

Cost Center	Description	w/p ref	Cost Eliminations	Rev. Eliminations	Total
600	Provision for Doubtful Accounts	TB-11	(1,330,755)		
600	Telephone	3a	(993)		
400	Telephone	3a	(293)		
600	Interest Revenue	3b		(155,262)	
1700	Medical Records	3c	(82)		
1100	Dietary Revenue	3d		(25,125)	
1200	Cafeteria Revenue	3d		(111,012)	
600	Advertising	TB-11	(87)		
600	Physician Recruitment	TB-11	(69,532)		
6100	ER Physicians	3f	① (520,563) A-8-2		
4400	Lab Physicians	3f	0		
5300	EKG	3f	(55,308)		
4900	RT	3f	(470)		
4900	RT	3f	(62,702)		
3700	OR	3f	(3,000)		
661	Business Office	C	(31,455)		
2000	CRNA	2	(412,825)		
600	Other Revenue	TB-5		(52)	
600	Discounts Taken	TB-5		(718)	
600	Lobbying Portion of Dues	3h	(13,301)		
500	Marketing	TB-11	(40,602)	(46,676)	
500	Marketing (20% of HR Director)	3e	(6,074)		
			(2,548,042)	(292,169)	(2,840,211)

4000 Anest
6310 RHC

3f ① (24,583) A-8-2
3f (15,266)
(2,587,891) (292,169) (2880,060)

{ ① = 681,892 A-8-2 - total

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SALEM TOWNSHIP HOSPITAL
SWITCHBOARD RECLASS

3/31/2009

PBC

		per Payroll Summary Rpt Annual Salary	FICA		********** Switchboard ********** Time Spent Hours	Reclassed Salary	Reclassed FICA	Total
Purcell, Rita		22611	1653					
Switchboard	**10%**				*210*	**$2,261**	**$165**	**$2,426**
Other Duties	**80%**			1894				
Total Hours				2104				
Clark, Christine		20120	1471					
Switchboard	**100%**				*2085*	**$20,120**	**$1,471**	**$21,591**
Other Duties	**0%**			0				
Total Hours				2085				
Green, Ramona		15308	1119					
Switchboard	**5%**				*87*	**$765**	**$56**	**$821**
Other Duties	**95%**			1657				
Total Hours				1744				
					2383	**$23,147**	**$1,692**	**$24,839**
				FTE	1.15		Non-allow	3a' 4.00%
						Non-allow	Sal & FICA	**993** ®, 3

Depreciation	Switchboard Salaries & FICA		
F/A#160133	7325.10		
	7325.10	3a' 4.00%	**293** ®, 3

®: Recalculated

MM 7/14/09

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MM 7/14/09

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SALEM TOWNSHIP HOSPITAL
CALL LOG (Minutes)
FISCAL YEAR 2009

		INCOMING		OUTGOING		DEPARTMENT
		TOTAL	PATIENT	TOTAL	PATIENT	
APRIL	2008	64,289	2,383	34,862	2,032	94,737
MAY	2008	61,807	1,919	33,016	1,123	91,782
JUNE	2008	63,426	1,759	33,988	1,712	93,944
JULY	2008	62,441	1,332	36,526	1,119	96,517
AUGUST	2008	59,455	1,344	34,985	1,193	91,903
SEPTEMBER	2008	57,860	1,405	36,738	3,932	89,261
OCTOBER	2008	63,463	2,807	35,839	1,684	94,811
NOVEMBER	2008	55,499	2,017	30,639	1,219	82,902
DECEMBER	2008	63,078	1,633	34,346	1,143	94,647
JANUARY	2009	62,989	1,584	33,628	1,028	94,005
FEBRUARY	2009	57,492	1,708	31,184	1,574	85,394
MARCH	2009	65,663	1,476	35,218	1,263	98,142
TOTALS		737,463	21,368	410,970	19,021	1,108,044
RATIO OF PATIENT TO TOTAL			2.90%		4.63%	

OVERALL RATIO PATIENT CALLS 3.76% — Rd up to 4% 3a

mm 7/14/09

MD 7-15-09

Salem Hospital
Interest Revenue Offset
3/31/09

Hospital Interest Expense	TB-11	155,262
Unrestricted Interest Income	*Vol.2*	
Operating Savings	E-5	164,692
All other funds	E-5	-
		164,692

		Interest exp subject to offset	%	Int Income offset	Allowable Int exp
New Equipment					
New Building		155,262	100%	164,692	(9,430)
		155,262	100%	164,692	(9,430)

Capital Leases		-	
LTD-Banks		-	-
Bond Interest	M-6	148,598	
Amortization Bonds	M-6	7,967	
Immaterial Variance		(1,303)	155,262
		155,262	

3h

MM 7/14/09

MD 7/25/09

Salem Hospital
Medical Records
3/31/09

Revenue per TB-5	148		
Avg charge	divided by 10		
	15		
# of copies per set	x 5 t		
	74		
cost per copy	0.12		
Other	8.88		9 other
# of Transcripts	15		
Time per transcript	x 20min. t		
	296		
	divided by 60		
Hours	5		
Avg. hourly rate	15.35 ✓		
	76		
Gross-up for FICA	x 1.0765		
	82 3		82 salaries
			90 Total

t consistent with PY

✓ Per Teresa Stroud, CFO See email "General" tab.

mm 7/14/09
M/ 25%

Salem Hospital
Cafeteria Revenue
3/31/09

Cafeteria Revenue per TB-5 136,137

	Meals on Wheels	Daycare	
Meals	0 12	20100 12	
	1.25	1.25	
	0	25125	25125

	25,125 3	Dietary
136,137		
	111,012	Café

3d

SALEM TOWNSHIP HOSPITAL - HUMAN RESOURCES S RECLASS

3/31/2009

PBC

HUMAN RESOURCES - 7900

			per General Ledger Annual Salary	FICA	Hours	********** TB ********** Time Spent Hours	Reclassed Salary	Reclassed FICA	Total
Director - exp class 100			56473	4269	2080				
Reclass to:									
7610 Administration/A&G	**Marketing**	**10%** ✓				*208*	**$5,647**	**$427**	**$6,074**
per Diane Boswell	Human Resources	**90%** ⊥							
Reclass from:									
7900 Human Resources/Emp Hlth & Welfare						*208*	**$5,647**	**$427**	**$6,074** 3
					FTE	0.10			

✓ - Per HR Director, Consistent w/ PY

MM 7/14/09

D:\Finance\Audit\FY2009\COST\SAL_SCHDULE09 *HR*

7/9/2009 2:31 PM

30.

mm 1/23/09
M 1-23-09

Salem Hospital
w/s A-8-2
3/31/09

Line		Ref	Total	Prof	Prov	Hours
3700	OR	TB-6	3,000	3,000		
4000	Anesthesiology	TB-7	24,583	24,583		
4400	Lab	TB-7	52,000		52,000	
4900	EEG	TB-8	62,702	62,702		
4900	RT	TB-8	470	470		
5300	EKG	TB-7	55,308	55,308		
6310	RHC	TB-6	15,266	15,266		
6100	ER	See below	1,045,853	520,563	525,290	
			1,259,182	681,892	577,290	-

27,583 27,583

RCE Limit		
ER	-	-
Lab	-	-
Physician adjustment	1,259,182	681,892

RHC Admin
767 hours*142.00= 108,914 (A)
3g 2e

ER Physcian	TB-6	1,284,626	
Less: RHC Reclass	2	(238,773)	Direct Patient Care
		1,045,853	
Less: Admin RHC	(A)	(108,914)	Reclass
		936,939	936,939
Times % ER prof hrs	3g	55.56%	44.44%
ER Phys adjustment - prof		520,563	416,376

ER Phys adj - provider 525,290

2f

Salem Township Hospital
Emergency Physician Time Study
FYE 3/31/2009

PBC

ER Physician Director Time Study (in hours)

Note [redacted]

		Supervision/ Administration	RHC Supervision	Hospital Committees	Teaching Time (approved)	Time on QA	On-call (downtime)	Patient Care	Total
April	2008		9	0			6	153	168
May	2008		16	0			44	108	168
June	2008		7	1			52	108	168
July	2008		18	0			44	106	168
August	2008		21	0			48	99	168
September	2008		8	0			53	107	168
October	2008		0	0			70	98	168
November	2008		21	2			91	54	168
December	2008		16	0			86	66	168
January	2009		24	0			53	91	168
February	2009		16	0			88	64	168
March	2009		21	0			81	66	168
Total		0	177	3	0	0	715.9	1120.1	2016
% of Time Spent		*0.00%*	*8.78%*	*0.15%*	*0.00%*	*0.00%*	*35.51%*	*55.56%*	*100.00%*
Average/week 12 weeks		0	15	0	0	0	60	93	168
Annualized	52 weeks	**0**	**767** 2e	**13**	**0**	**0**	**3102**	**4854**	**8736**

3f

ER Physician Time Study (in hours)

		Time spent with Patients	On-call (downtime)	Total Time
April	2008	*153*	15	*168*
May	2008	*108*	60	168
June	2008	*108*	60	168
July	2008	*106*	62	168
August	2008	*99*	69	168
September	2008	*107*	61	168
October	2008	*98*	70	168
November	2008	*54*	114	168
December	2008	*66*	102	168
January	2009	*91*	77	168
February	2009	*64*	104	168
March	2009	*66*	102	168
Total		1120	896	2016
% of Time Spent		*55.56%* 3f	*44.44%* 3f	*100.00%*
Average/week 12 weeks		93	75	168
Annualized	52 weeks	**4854**	**3882**	**8736**

Salem Township Hospital
EK Physician Time Study Summary
3/31/09

MM 7/23/09

mm 7/22/09

INVOICE

Illinois Hospital Association
1151 E. Warrenville Road
P.O. Box 3015
Naperville, IL 60566
630.276.5546
FED ID # 36-2352486

PBC

Salem Township Hospital
1201 Ricker Drive
Salem, IL 62881-6250

Invoice No.: [redacted]
Customer No.: 6432900
Invoice Date: 11/24/2008
Payment Terms: Due January 1, 2009
Total Amount Due: [redacted]

[redacted]

For services provided to your hospital by the Illinois Hospital Association.

2009 Dues:	$24,692.88 A
2007 Hospital Expenses:	$17,575,000

ok to pay
R Bennegarde
1-6-09

2009 Membership Dues Structure
Based on Hospital Expenses

First	$26,400,000	1.405 Per Thousand
Next	$26,400,000	.976 Per Thousand
Next	$26,400,000	.368 Per Thousand
Balance	.....	.068 Per Thousand

15007000
Q

Hospital expenses from the 2007 Medicare Cost Report (column 3 of line 95 less line 35 on worksheet A) are applied to the above 2009 membership dues structure.

ENTERED JAN 0 7 2009

Membership dues paid to the Illinois Hospital Association are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as ordinary and necessary business expenses. IHA estimates that 37% B of your membership dues are allocable to lobbying activities, and, therefore, are not deductible for income tax purposes.

2009 IHA A 24,693
3h-1 AHA 11,255
35,948
B x .37
13,301 3

3h

MM 7/22/09

Illinois Hospital Association
1151 East Warrenville Rd
P.O. Box 3015
Naperville, Illinois 60566
630.276.5546
FED ID # 36-2352486

INVOICE

INVOICE #	INV DATE	DUE DATE	ACCOUNT
IHA048310	12/05/2008	01/01/2009	6432900

TERMS	DUE ON JAN. 1, 2009
PROGRAM	American Hospital Association
PO NUMBER	
AMOUNT DUE	$ 11,255.00

Sold To: Salem Township Hospital
1201 Ricker Drive
Salem, IL 62881-6250

Additional Info:

DESCRIPTION	AMOUNT
2009 AHA Membership Dues	$11,255.00
	3h

Richelle,
need approval!
Kim

The mission of the American Hospital Association is to advance the health of individuals and communities and to lead, represent and serve health care provider organizations that are accountable to the community and committed to health improvement. Thank you for your continued membership and support of our mission.

Payment of dues to American Hospital Association are not deductible as charitable contributions However ,they may be deductible as ordinary and necessary expenses.

ENTERED DEC 1 0 2008
Kim

OK to pay
R Lennegale
12-11-08

15007000
prepaid

INVOICE TOTAL	$11,255.00

3h-1

SALEM TOWNSHIP HOSPITAL

3/31/2009

RURAL HEALTH CLINIC (STH RHC) SALARIES & WAGES - revised for new graduate midlevels
PER PAYROLL_SUM_DATA.XLS FILE 04/01/2008 THROUGH 3/31/2009

Grade		Adj Dist Hours	Sal & Wages	Fica	Ave rate	Amounts per TB Est Hours	Amounts per TB S & W	(26 pps) FTE's	Visits	
3004000	ER Physicians	2e						2e	1307	33.3%
	Medical Director	$142 average hourly rate Apr 08 - Mar 09						1,829	522 (2109)	13.3%
3504500	Contract Midlevel	$80 per Hour - started Feb 08							97	2.5%
	Contract Physician	No reclass necessary - all of Dr Kessler's pay was for RHC services							183	4.7%
999	Nurse Practitioners	1202	54087	3977	44.99	**1234**	**55516**	***0.58***	1817	46.3%
						(A)			3926	100.0%
161-220	Clerk	3111	29437	2164	9.46	**3193**	**30215**	***1.50***		
900	Director	0	0	0	0.00	**0**	**0**	***0.00***		
	Aide			0	0.00	**0**	**0**	***0.00***		
	Total A&G	3111	29437	2164 (1)	9.46	**3193**	**30215**	***1.50***		
500-600	R.N.'s	2549	59055							
999	S Lynch - non-lic mid-level	349	12779							
999	L Williams - non-lic mid-level	507	19825							
500-600	R.N.'s Total	3405	91659	6739	26.92	**3495**	**94080** (-Rd.ny)	***1.64***		
	Dept total per Dist Sum	7718	175183		22.70			***3.71***		
	Totals/Adjust to TB			12880		**7922**	**179811**	***3.81***		
							0			

(A) 1234/2080 = .59 FTE

(1) 2164
9227
11,391 - Other Admin Cost

MM 7/28/09

mm 7/14/09

PBC

Salem Township Hospital
RHC Visit breakdown
3/31/2009

RHC VISITS PER RHC_STATS.TXT FILE (created w/RHC_VISIT_RPT)

PHYS DIRECTOR				
	Garcia	522	522	13.3%
Contract Midlevel	Kayla Funkhouser	97	97	2.5%
Contract Physician	Jeffery Kessler, MD	183	183	4.7%
MIDLEVELS	Leslie Williams	818		
	Sherry Lynch	319		
(employees)	Patricia Carr	680		
			1817	46.3%
ALL OTHERS		1307		
			1307	33.3%
	TOTAL		3926	100.0%

RHC VIISITS BREAKDOWN			
VISITS BY MIDLEVEL -Employed			1817
VISITS BY MIDLEVEL -Contract			97
VISITS BY OTHERS		1307	1829
VISITS BY PHYS DIRECTOR		522	
			1829
TOTAL VISITS FY 2009	**3926**		3743

mm 1/1

RURAL HEALTH - Lead (Intermediate)
SALEM TOWNSHIP HOSPITAL
March 31, 2009

7/6/2009 2:08:52 PM

Done by:	Date:	Index:
Mm	7/6/09	
Reviewer:	Date:	1050

Acct # Source	Description	W/P Ref	3/31/09 Unadjusted Balance	AJE	3/31/09 Adjusting Entries	3/31/09 Adjusted Balance	3/31/08 Report Balance
63500100	Rhc - Salaries & Wages		178,318.29		0.00	178,318.29	248,905.41
63500500	Rhc - Accrued Vacation		1,492.87		0.00	1,492.87	-2,323.56
63500700	Rhc - Fica		12,879.44		0.00	12,879.44	18,462.80
63503800	Rhc - Dept Supplies		3,250.77		0.00	3,250.77	3,001.30
63504000	Rhc - Med Spec Fees		15,265.63		0.00	15,265.63	0.00
63504500	Rhc - Purchase Services		7,920.00		0.00	7,920.00	4,760.00
63508000	Rhc - Mtg & Travel		1,016.25		0.00	1,016.25	1,352.59
63508100	Rhc - Dues & Subscription		291.45		0.00	291.45	0.00
	Total RURAL HEALTH		220,434.70		0.00	220,434.70	274,158.54

Σ① = 9,227 m-1

m-1

SALEM TOWNSHIP HOSPITAL

PBC

Influenza/Pneumococal Vaccines
FY 2009

	Charge per Injection	Cost per Injection	Injections Medicare	Injections Other	Injections Total	Charges Medicare	Charges Other	Charges Total	Costs Medicare	Costs Other	Costs Total
21466/10187 FLU SHOT/SHOT ADMIN	61.00	15.45	2	138	140	122.00	8418.00	8540.00	30.90	2132.10	2163.00
60151 FLU (HOME HEALTH ADMINISTERED)	20.00	15.45	227	138	365	4540.00	2760.00	7300.00	3507.15	2132.10	5639.25
23241 PNEUMOVAX	127.55	38.75	1	1	2	127.55	127.55	255.10	38.75	38.75	77.50
23242 Pnu-Immun	127.55	38.75	3	0	3	382.65	0.00	382.65	116.25	0.00	116.25
			233	277	510	5172.20	11305.55	16477.75	3693.05	4302.95	7996.00

229 505 4 5

10 Minutes

5100 Time spent in minutes

85.0 Time spent in hours

Shot Administration Costs:	Influenza	Pneumococcal	
Average time to administer with paperwork (per Carol Burroughs, HH RN)	10 Mins	10 Mins	Time
Average RN Salary	25.98	25.98	
Total Shot Admin Costs:	4.33	4.33	
Pharmaceutical Costs: (per Paul Harris)	* 11.12	* 34.42	
Total Cost per injection	15.45	38.75	

* 11.12 × 505 (A) = 5,616

* 34.42 × 5 (B) = 172

Total = 5788

Time

(C) 510 × 10 min = 5,100 min ÷ 60 = 85 hrs. ÷ 2,616 M-1 = .0324

D:\Finance\Audit\FY2009\COST\Immunizations09 *work sheet*

M.3

MM 7/23/09

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 143413 RHC OF PUBLIC HOSPITAL

PROVIDER SUMMARY REPORT
CLINIC - RURAL HEALTH

Report #: OD44203
Report Type: 710

	SERVICES FOR PERIOD 04/01/08 - 03/31/09		SERVICES FOR PERIOD 04/01/09 - 03/31/10		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
STATISTIC SECTION								
CLAIMS		293		77				
CHARGE SECTION								
REV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0521 RURAL/CLINIC	293	$29,253.26	77	$9,952.16				
TOTAL COVERED CHARGES	293	$29,253.26	77	$9,952.16				
REIMBURSEMENT SECTION								
GROSS REIMBURSEMENT		$33,488.87		$10,347.24				
LESS								
CASH DEDUCTIBLE		$3,999.70		$1,437.40				
BLOOD DEDUCTIBLE		$0.00		$0.00				
COINSURANCE		$5,050.71	No Input	$1,702.95				
NET MSP PAYMENTS		$144.24		$0.00				
NET REIMBURSEMENT	M-5	$24,294.22		$7,206.89				
	1/1							
ADDITIONAL INFORMATION SECTION								
CLAIM INTEREST PAYMENTS		$0.05		$0.00				

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 143413 RHC OF PUBLIC HOSPITAL

PROVIDER SUMMARY REPORT
CLINIC - RURAL HEALTH (MSP-LCC)
THESE ITEMS ARE NOT TO BE INCLUDED ON THE MEDICARE COST REPORT

Report #: OD44203
Report Type: 71A

	SERVICES FOR PERIOD 04/01/08 - 03/31/09		SERVICES FOR PERIOD 04/01/09 - 03/31/10		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
STATISTIC SECTION								
CLAIMS		3		0				
CHARGE SECTION								
REV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0521 RURAL/CLINIC	3	$245.50	0	$0.00				
TOTAL COVERED CHARGES	3	$245.50	0	$0.00				
REIMBURSEMENT SECTION								
GROSS REIMBURSEMENT		$245.50		$0.00				
LESS								
CASH DEDUCTIBLE		$0.00		$0.00				
BLOOD DEDUCTIBLE		$0.00		$0.00				
COINSURANCE		$49.10		$0.00				
NET MSP PAYMENTS		$124.08		$0.00				
NET REIMBURSEMENT		$72.32		$0.00				
ADDITIONAL INFORMATION SECTION								
CLAIM INTEREST PAYMENTS		$0.00		$0.00				

mm 7/16/09

SALEM TOWNSHIP HOSPITAL
INPATIENT-MEDICARE PSR SUMMARY
31-Mar-09

PSR REV. CODE	MCR#	DESCRIPTION	CHARGES per 03/31/2009 PART A	GROUPING BY MCA#	CHARGES HOSPITAL TOTALS	COST CENTER	Grossed up	
110	25.00	PRIVATE ROOM	119,133					
121	25.00	Medical Surgical	1,318,356					
200	25.00	ICU	179,200					
942	25.00	EDUC/TRAINING	15	1,616,704	1,616,704	2500	1,616,704	A&P
210	26.00	CCU		0	0	2600	0	ICU
360	37.00	OPERATING ROOM SERVICE	234,944					
361	37.00	OPERATING ROOM SERVICE						
710	37.00	RECOVERY ROOM GENERAL	30,009					
750	37.00	GASTROL-INTESTINAL SE						
769	37.00	TREATMENT OR OBSERVATION		264,953	264,953	3700	264,953	OR
320	41.00	RADIOLOGY-DIAGNOSTIC	62,764					
324	41.00	RADIOLOGY-DIAGNOSTIC	56,558					
341	41.00	NUCLEAR MEDICINE-N	51,338					
343	41.00	NUCLEAR MEDICINE-DX Radiopl	546					
350	41.00	CT SCAN GENERAL						
351	41.00	CT SCAN-CT SCAN/HE	116,580					
352	41.00	CT SCAN-CT SCAN/BO	231,525					
359	41.00	CT SCAN-CT SCAN/OT	15,259					
401	41.00	OTHER IMAGING SERVICE						
402	41.00	OTHER IMAGING SERVICE	27,380					
403	41.00	OTHER IMAGING SERVICE						
480	41.00	CARDIOLOGY GENERAL C	73,200					
611	41.00	MRI-BRAIN	13,950					
612	41.00	MRI-SPINE	9,925					
614	41.00	OTHER MRI	3,970					
615	41.00	MRI-HEAD & NECK	3,970					
621	41.00	MEDICAL/SURGICAL SUP						
920	41.00	OTHER DX SVS	912					
921	41.00	OTHER DIAGNOSTIC SER	45,657	713,534	713,534	4100	713,534	RAD
300	44.00	LABORATORY GENERAL	982,837					
310	44.00	LABORATORY PATH	58					
390	44.00	BLOOD ADMIN	780					
391	44.00	BLOOD ADMIN	38,031					
399	44.00	BLOOD ADMIN	55,079	1,076,785	1,076,785	4400	1,076,785	LAB
410	49.00	RESPITORY THERAPY	152,174					
460	49.00	PULMONARY FUNCTION G	93,907					
482	49.00	CARDIOLOGY-STRESS	557					
740	49.00	EEG(ELECTROENCEPHAL)	4,092	250,730	250,730	4900	250,730	RT
420	50.00	PHYSICAL THERAPY GEN	20,209					
424	50.00	PHYSICAL THERAPY EVAL	18,003					
430	50.00	OCCUPATIONAL THERAPY	1,560					
431	50.00	OCCUPATIONAL THERAPY	342					
434	50.00	OCCUPATIONAL THERAPY	3,209					
440	50.00	SPEECH-LANGUAGE PATH	1,971	45,294	45,294	5000	45,294	PT
730	53.00	EKG/ECG (ELECTROCARD)	46,170					
731	53.00	EKG/ECG (ELECTROCARD)	478	46,648	46,648	5300	46,648	EKG
258	55.00	IV THERAPY	86,248					
270	55.00	MEDICAL/SURGICAL SUPPLIES	587,726					
272	55.00	MEDICAL/SURGICAL SUPPLIES	217,279					
274	55.00	MEDICAL/SURGICAL SUPPLIES	110,927					
275	55.00	MEDICAL/SURGICAL SUPPLIES						
276	55.00	MEDICAL/SURGICAL SUPPLIES						
278	55.00	MEDICAL/SURGICAL SUPPLIES	28,679					
362	55.00	OPERATING ROOM SERVICE						
700	55.00	CAST ROOM GENERAL	566					
258	55.00	PHARMACY IV SOLUTIONS						
260	55.00	PHARMACY IV THERAPY		1,031,425	1,031,425	5500	1,031,425	MED SUPP
250	56.00	PHARMACY	828,177					
255	56.00	PHARMACY DRUG/INCD						
636	56.00	DRUGS REQUIRING SPEC	11,501	839,678	839,678	5600	839,678	DRUGS
510	60.00	HOSPITAL CLINIC	1,085	1,085	1,085	6000	1,085	OP CLINIC
	60.01	SALEM MEDICAL CLINIC						
450	61.00	EMERGENCY ROOM GENER	1,806					
456	61.00	URGENT CARE	1,204					
760	61.00	TREATMENT ROOM OR OBSER						
761	61.00	TREATMENT ROOM	1,400	4,410	4,410	6100	4,410	ER
762	62.00	OBSERVATION ROOM	391	391	391	6200	391	OBSERVAT
		TOTAL CHARGES	5,891,637	5,891,637	5,891,637		5,891,637	
		Patient Days	2,417				2,417	1.0000
		Gross Reimbursement	3,193,691		3,193,691		3,193,691	
		Cash Deductible	396,186		396,186		396,186	
		Blood Deductible			0		0	
		Coinsurance	5,976		5,976		5,976	
		Pmts under MSP			0		0	
		Other			0		0	
		Net Reimbursement	2,791,529		2,791,529		2,791,529	

W/S D-4

E-3 pt II

← No input

Payments E-1

PIP 3,119,666

Pass Thru:

BD
ROE } 54,392

374,058

Lump Sum 292,162

Total pmts 3,466,220

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
INPATIENT - PART A

Page: 1
Report #: OD44203
Report Type: 110

	SERVICES FOR PERIOD 04/01/08 - 03/31/09	SERVICES FOR PERIOD 04/01/09 - 03/31/10	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested

STATISTIC SECTION

DISCHARGES	622	116
MEDICARE DAYS	2,417	379
CLAIMS	630	116

CHARGE SECTION

*** ACCOMMODATION CHARGES ***

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	183	$119,133.00	44	$30,008.00				
0121	MED-SUR-GY/2BED	2,106	$1,318,356.00	281	$184,617.00				
0164	R&B/STERILE	0	$0.00	47	$42,300.00				
0200	INTENSIVE CARE or (ICU)	128	$179,200.00	7	$10,500.00				
TOTAL ACCOMMODATIONS		2,417	$1,616,689.00	379	$267,425.00				

22891

*** ANCILLARY CHARGES ***

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	56,958	$828,177.13	8,653	$124,868.05				
0258	IV SOLUTIONS	2,849	$86,247.90	408	$12,003.00				
0270	MED-SUR SUPPLIES	38,060	$587,726.05	5,741	$64,860.60				
0272	STERILE SUPPLY	9,757	$217,278.85	1,388	$30,622.35				
0274	PROSTH/ORTH DEV	69	$110,926.50	3	$2,607.75				
0278	SUPPLY/IMPLANTS	29	$28,678.95	0	$0.00				
0300	LABORATORY or (LAB)	14,584	$982,837.00	2,080	$149,787.00				
0310	PATHOLOGY LAB or (PATH LA	2	$58.00	0	$0.00				
0320	DX X-RAY	273	$62,764.00	52	$13,320.00				
0324	DX X-RAY/CHEST	390	$56,558.00	45	$7,529.00				
0341	NUC MED/DX	49	$51,338.00	13	$16,711.00				
0343	NUC MED/DX RADIOPHARM	3	$546.00	0	$0.00				
0351	CT SCAN/HEAD	78	$116,580.00	8	$14,617.00				
0352	CT SCAN/BODY	179	$231,525.00	35	$55,947.00				

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
INPATIENT - PART A

Report #: OD44203
Report Type: 110

		SERVICES FOR PERIOD 04/01/08 - 03/31/09		SERVICES FOR PERIOD 04/01/09 - 03/31/10		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0359	CT SCAN/OTHER	8	$15,259.00	1	$2,767.00				
0360	OR SERVICES	429	$234,944.00	45	$33,659.00				
0390	BLOOD/STOR-PROC	13	$780.00	0	$0.00				
0391	BLOOD/ADMIN	129	$38,031.00	3	$885.00				
0399	BLOOD/OTHER STOR	231	$55,079.00	5	$1,225.00				
0402	ULTRASOUND	54	$27,380.00	12	$8,382.00				
0410	RESPIRATORY SVC	3,864	$152,174.00	502	$21,863.00				
0420	PHYSICAL THERP	270	$20,209.00	38	$2,978.00				
0424	PHYS THERP/EVAL	123	$18,003.00	20	$2,790.00				
0430	OCCUPATION THER	20	$1,560.00	4	$328.00				
0431	OCCUP THERP/VISIT	6	$342.00	3	$180.00				
0434	OCCUP THERP/EVAL	22	$3,209.00	1	$155.00				
0440	SPEECH PATHOL	11	$1,971.00	0	$0.00				
0450	EMERG ROOM	3	$1,806.00	0	$0.00				
0456	URGENT CARE	2	$1,204.00	0	$0.00				
0460	PULMONARY FUNC	2,418	$93,907.00	391	$16,059.00				
0480	CARDIOLOGY	189	$73,200.00	21	$8,878.00				
0482	STRESS TEST	1	$557.00	0	$0.00				
0510	CLINIC	4	$1,085.00	0	$0.00				
0611	MRI - BRAIN	6	$13,950.00	1	$2,085.00				
0612	MRI - SPINE	5	$9,925.00	1	$2,085.00				
0614	MRI - OTHER	2	$3,970.00	1	$2,085.00				
0615	MRA - HEAD AND NECK	2	$3,970.00	0	$0.00				
0636	DRUGS/DETAIL CODE	3,863	$11,500.90	590	$2,907.10				
0700	CAST ROOM	8	$566.40	0	$0.00				
0710	RECOVERY ROOM	90	$30,009.00	12	$4,656.00				
0730	EKG/ECG	486	$46,170.00	63	$6,930.00				

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
INPATIENT - PART A

Report #: OD44203
Report Type: 110

REV CODE	DESCRIPTION	SERVICES FOR PERIOD 04/01/08 - 03/31/09 UNITS	CHARGES	SERVICES FOR PERIOD 04/01/09 - 03/31/10 UNITS	CHARGES	SERVICES FOR PERIOD No Data Requested UNITS	CHARGES	SERVICES FOR PERIOD No Data Requested UNITS	CHARGES
0731	HOLTER MONT	2	$478.00	2	$492.00				
0740	EEG	6	$4,092.00	0	$0.00				
0761	TREATMENT RM	13	$1,400.00	0	$0.00				
0762	OBSERVATION RM	15	$391.20	9	$234.72				
0920	OTHER DX SVS	38	$912.00	4	$104.00				
0921	PERI VASCUL LAB	72	$45,657.00	12	$8,068.00				
0942	EDUC/TRAINING	1	$15.00	0	$0.00				
TOTAL ANCILLARY		135,686	$4,274,947.88	20,167	$622,668.57				
TOTAL COVERED CHARGES			$5,891,636.88		$890,093.57				

REIMBURSEMENT SECTION							
OPERATING							
HOSPITAL SPECIFIC			$0.00		$0.00		
FEDERAL SPECIFIC			$0.00		$0.00		
OUTLIER			$0.00		$0.00		
DSH/LIP			$0.00		$0.00		
IME/TEACHING ADJ.			$0.00		$0.00		
NEW TECHNOLOGY			$0.00		$0.00		
IPF ECT			$0.00		$0.00		
TOTAL OPERATING PAYMENTS			$0.00		$0.00		
CAPITAL							
HOSPITAL SPECIFIC			$0.00		$0.00		
FEDERAL SPECIFIC			$0.00		$0.00		
OUTLIER			$0.00		$0.00		
HOLD HARMLESS			$0.00		$0.00		
DSH			$0.00		$0.00		

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
INPATIENT - PART A

Report #: OD44203
Report Type: 110

	SERVICES FOR PERIOD 04/01/08 - 03/31/09	SERVICES FOR PERIOD 04/01/09 - 03/31/10	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
INDIRECT MEDICAL EDUCATION	$0.00	$0.00		
EXCEPTIONS	$0.00	$0.00		
TOTAL CAPITAL PAYMENTS	$0.00	$0.00		
PAYMENT				
GROSS REIMBURSEMENT	$3,193,691.00	$606,828.00		
LESS				
DEVICE CREDIT	$0.00	$0.00		
CASH DEDUCTIBLE	$396,186.10	$72,931.30		
BLOOD DEDUCTIBLE	$0.00	$0.00		
COINSURANCE	$5,976.00	$0.00		
NET MSP PAYMENTS	$0.00	$0.00		
MSP PASS THRU RECONCILIATION	$0.00	$0.00		
OTHER ADJUSTMENTS	$0.00	$0.00		
NET REIMBURSEMENT	$2,791,528.90	$533,896.70		
ADDITIONAL INFORMATION SECTION				
CALCULATED NET REIMB FOR PIP	$2,791,528.90	$533,896.70		
ACTUAL CLAIM PAYMENTS FOR PIP	$0.00	$0.00		
CLAIM INTEREST PAYMENTS	$0.00	$0.00		
IRF PENALTY AMOUNT	$0.00	$0.00		
LTCH SHORT STAY OUTLIER PAYMENTS	$0.00	$0.00		
CAP FED-SPECIFIC @ 100%	$0.00	$0.00		
CAP OUTLIER @ 100%	$0.00	$0.00		
DISCHARGES	622	116		
DRG/CMG WEIGHT	0.0000	0.0000		
WEIGHT/DISCHARGES	0.0000	0.0000		
DISCHARGE FRACTION	0	0		

mm 6/25/09

N? 6-26-09

SALEM TOWNSHIP HOSPITAL
PIP PAYMENT ANALYSIS 3/31/2009

Effective date	Through date							
3/10/2008	3/23/2008	4/14/2008	PP	111095		1 FULL	-111095	
3/24/2008	4/6/2008	4/24/2008	PP	111095	0.5714	8/14	-63483	-174578
4/7/2008	4/20/2008	5/7/2007	PP	111095				
4/21/2008	5/4/2008	5/21/2007	PP	111095				
5/5/2008	5/18/2008	6/4/2007	PP	111095				
5/19/2008	6/1/2008	6/18/2007	PP	111095				
6/2/2008	6/15/2008	7/5/2007	PP	111095				
6/16/2008	6/29/2008	7/16/2007	PP	111095				
6/30/2008	7/13/2008	7/30/2007	PP	111095				
7/14/2008	7/27/2008	8/13/2007	PP	111095				
7/28/2008	8/10/2008	8/27/2007	PP	111095				
8/11/2008	8/24/2008	9/10/2007	PP	111095				
8/25/2008	9/7/2008	9/24/2007	PP	111095				
9/8/2008	9/21/2008	10/8/2007	PP	111095				
9/22/2008	10/5/2008	10/22/2007	PP	111095				
10/6/2008	10/19/2008	11/19/2007	PP	111095				
10/20/2008	11/2/2008	11/5/2007	PP	129426				
11/3/2008	11/16/2008	12/3/2007	PP	129426				
11/17/2008	11/30/2008	12/17/2007	PP	129426				
12/1/2008	12/14/2008	12/31/2007	PP	129426				
12/15/2008	12/28/2008	1/14/2008	PP	129426				
12/29/2008	1/11/2009	1/28/2008	PP	129426				
1/12/2009	1/25/2009	2/11/2008	PP	129426				
1/26/2009	2/8/2009	2/26/2008	PP	129426				
2/9/2009	2/22/2009	3/10/2008	PP	132126				
2/23/2009	3/8/2009	3/29/2008	PP	132126				
				3077180		24		
3/9/2009	3/22/2009	4/14/2008	PP	132126		1 FULL	132126	
3/23/2009	4/5/2009	4/24/2008	PP	132126	0.6429 (R)	9/14	84938 (R)	

THIS YR	LAST YR
6	8
336	336
14	14
9	8
365	366
365	366
0	0

217064 B.7a
f

3119666

PY 2904,341
Δ 215,325
% Δ 7.4%

Balance compares reasonably

(R): Recalculated w/out exception
f: footed

D:\Finance\Audit\FY2009\3rdparty09 piplist

B-7a'

MM 7/13/09
NP 7/25/09

SALEM TOWNSHIP HOSPITAL
OUTPATIENT- MEDICARE PSR SUMMARY
31-Mar-09

Wls D Part V

PSR REV CODE	MCA#	DESCRIPTION	3/31/2009 OP CAH		Gross Up	Grouping by MCR #
260	37.00	IV THERAPY GENERAL C			0	
360	37.00	OPERATING ROOM SERVICE	1,025,525		1,025,525	
361	37.00	OPERATING ROOM SERVICE	21,924		21,924	
710	37.00	RECOVERY ROOM SERVICE	15,129		15,129	
750	37.00	GASTRO-INTESTINAL SE			0	
769	37.00	TREATMENT OR OBSERV			0	1,062,578 OR
320	41.00	RADIOLOGY- DIAGNOSTIC	402,819		402,819	
324	41.00	RAD- DIAG	222,305		222,305	
341	41.00	NUCLEAR MEDICINE -N	303,688		303,688	
343	41.00	NUCLEAR MEDICINE -N	85,869		85,869	
350	41.00	CT SCAN- GENERAL CLA	5,400		5,400	
351	41.00	CT SCAN- CT SCAN\ HE	758,134		758,134	
352	41.00	CT SCAN- CT SCAN\BO	1,319,615		1,319,615	
359	41.00	CT SCAN- CT SCAN/O	81,400		81,400	
401	41.00	OTHER IMAGING SERVICES	9,338		9,338	
402	41.00	OTHER IMAGING SERVICES	114,664		114,664	
480	41.00	CARDIOLOGY GENERAL C	165,483		165,483	
611	41.00	MRI-BRAIN	152,995		152,995	
612	41.00	MRI- SPINE	94,315		94,315	
614	41.00	OTHER MRI	127,583		127,583	
615	41.00	MRI- HEAD & NECK	74,625		74,625	
618	41.00	MRI	2,618		2,618	
921	41.00	PERI VASCUL LAB	274,795		274,795	
621	41.00	MEDICAL/SURGICAL SUP			0	
920	41.00	OTHER DIAGNOSTIC SER	4,376		4,376	4,200,022 X-RAY
300	44.00	LABORATORY GENERAL C	2,690,469		2,690,469	
310	44.00	LAB PATHOLOGY	87		87	
390	44.00	BLOOD STORAGE AND PR	480		480	
391	44.00	BLOOD STORAGE AND PR	27,140		27,140	
399	44.00	BLOOD STORAGE AND PR	48,758		48,758	
971	44.00	PROFESSIONAL FEES (C			0	2,766,934 LAB
410	49.00	RESPIRATORY SERVICES	39,311		39,311	
419	49.00	RESPIRATORY SERVICES	13,671		13,671	
460	49.00	PULMONARY FUNCTION G	49,028		49,028	
482	49.00	CARDIOLOGY- STRESS	55,143		55,143	
740	49.00	EEG (ELECTROENCEPHAL	234,228		234,228	
749	49.00	EEG (ELECTROENCEPHAL			0	391,381 RT
420	50.00	PHYSICAL THERAPY GEN	424,551		424,551	
424	50.00	PHYSICAL EVAL RE	39,803		39,803	
430	50.00	OT	16,216		16,216	
431	50.00	OT	13,202		13,202	
434	50.00	OT	4,748		4,748	
440	50.00	ST	304		304	498,824 PT
730	53.00	EKG/ECG (ELECTROCARD	197,600		197,600	
943	53.00	OTHER THERAOEUTICS	50,871		50,871	
731	53.00	EKG/ECG (ELECTROCARD	64,998		64,998	313,469 EKG
258	55.00	PHARMACY-IV SOL	63,844		63,844	
270	55.00	MEDICAL/SURGICAL SUP	454,650		454,650	
272	55.00	MEDICAL/SURGICAL SUP	294,948		294,948	
275	55.00	MEDICAL/SURGICAL SUP	157		157	
276	55.00	MEDICAL/SURGICAL SUP	92,340		92,340	
278	55.00	MEDICAL/SURGICAL SUP	89		89	
700	55.00	CAST ROOM- GENERAL	277		277	906,304 SUPPLY
250	56.00	PHARMACY GENERAL CLA	327,053		327,053	
636	56.00	DRUGS REQUIRING SPEC	258,597		258,597	
255	56.00	PHARMACY DRUGS/INCID			0	585,650 DRUGS
510	60.00	OP CLINIC	63,488		63,488	63,488 OP CLINIC
	61.01	SALEM MEDICAL CENTER			0	0
450	61.00	EMERGENCY ROOM GENER	982,070		982,070	
451	61.00	EMERGENCY ROOM			0	
456	61.00	EMERGENCY ROOM -OTHER	6,372		6,372	
761	61.00	TREATMENT ROOM			0	
700	61.00	CAST ROOM- GENERAL			0	
981	61.00	PROFESSIONAL FEES (C			0	
760	61.00	TREATMENT OR OBSERVATION	746		746	
761	61.00	TREATMENT ROOM	57,666		57,666	1,046,854 ER
762	62.00	OBSERVATION ROOM	55,185		55,185	55,185 OBS
					0	
	TOTALS		11,890,689	0	11,890,689	11,890,689

Payments - E-1

GROSS PAYMENT	4,542,759		4,542,759	4,542,759
		0	0	0
	4,542,759	0	4,542,759	4,542,759
DEDUCTIBLE	55,119	0	55,119	55,119
MSP	518		518	518
COINSURANCE	1,830,522		1,830,522	1,830,522
Net Reimbursement	2,656,600	0	2,656,600	2,656,600

EP&B

→ 2,656,600

Pass Thru:

BD 272,828

* Lump Sum 199,711

2,929,428

3,129,139

* - See Medicare I/P tab w/p's

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
CRITICAL ACCESS HOSPITAL

Report #: OD44203
Report Type: 850

STATISTIC SECTION

	SERVICES FOR PERIOD 04/01/08 - 03/31/09	SERVICES FOR PERIOD 04/01/09 - 03/31/10	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
CLAIMS	11,386	2,391		

CHARGE SECTION

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	15,349	$327,053.20	2,816	$66,560.26				
0258	IV SOLUTIONS	2,189	$63,844.20	436	$12,837.20				
0270	MED-SUR SUPPLIES	11,638	$454,649.80	2,267	$36,268.40				
0272	STERILE SUPPLY	13,292	$294,947.95	2,610	$52,514.65				
0275	PACE MAKER	2	$156.60	0	$0.00				
0276	INTR OC LENS	163	$92,339.50	32	$18,128.00				
0278	SUPPLY/IMPLANTS	4	$89.20	0	$0.00				
0300	LABORATORY or (LAB)	32,166	$2,690,469.23	6,511	$588,920.44				
0310	PATHOLOGY LAB or (PATH LA	3	$87.00	1	$31.00				
0320	DX X-RAY	1,825	$402,819.00	395	$93,505.00				
0324	DX X-RAY/CHEST	1,451	$222,305.00	291	$47,963.00				
0341	NUC MED/DX	424	$303,688.00	88	$63,360.00				
0343	NUC MED/DX RADIOPHARM	586	$85,868.50	72	$13,911.60				
0350	CT SCAN	2	$5,400.00	0	$0.00				
0351	CT SCAN/HEAD	591	$758,134.00	126	$183,158.00				
0352	CT SCAN/BODY	969	$1,319,615.00	238	$356,540.00				
0359	CT SCAN/OTHER	39	$81,400.00	3	$5,650.00				
0360	OR SERVICES	666	$1,025,525.00	138	$233,234.00				
0361	OR/MINOR	63	$21,924.00	16	$5,050.00				
0384	BLOOD/PLATELETS	0	$0.00	0	$0.00				
0390	BLOOD/STOR-PROC	8	$480.00	0	$0.00				
0391	BLOOD/ADMIN	92	$27,140.00	16	$4,720.00				
0399	BLOOD/OTHER STOR	174	$48,758.00	32	$9,226.00				
0401	MAMMOGRAPHY	182	$9,338.00	51	$2,903.00				

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
CRITICAL ACCESS HOSPITAL

Report #: OD44203
Report Type: 850

		SERVICES FOR PERIOD 04/01/08 - 03/31/09		SERVICES FOR PERIOD 04/01/09 - 03/31/10		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0402	ULTRASOUND	280	$114,664.00	81	$34,401.00				
0410	RESPIRATORY SVC	679	$39,311.00	114	$6,538.00				
0419	OTHER RESPIR SVS	147	$13,671.00	39	$3,783.00				
0420	PHYSICAL THERP	5,621	$424,551.00	886	$70,760.00				
0424	PHYS THERP/EVAL	321	$39,803.00	40	$5,825.00				
0430	OCCUPATION THER	211	$16,216.00	6	$492.00				
0431	OCCUP THERP/VISIT	181	$13,202.00	30	$2,498.00				
0434	OCCUP THERP/EVAL	34	$4,748.00	3	$465.00				
0440	SPEECH PATHOL	2	$304.00	0	$0.00				
0450	EMERG ROOM	1,997	$982,070.00	388	$200,638.00				
0451	ER/EMTALA	0	$0.00	2	$456.00				
0456	URGENT CARE	16	$6,372.00	3	$1,052.00				
0460	PULMONARY FUNC	563	$49,028.00	163	$15,840.00				
0480	CARDIOLOGY	436	$165,483.00	64	$25,246.00				
0482	STRESS TEST	99	$55,143.00	20	$11,700.00				
0510	CLINIC	608	$63,488.00	296	$32,290.00				
0611	MRI - BRAIN	65	$152,995.00	16	$39,780.00				
0612	MRI - SPINE	47	$94,315.00	15	$31,275.00				
0614	MRI - OTHER	59	$127,583.00	24	$53,988.00				
0615	MRA - HEAD AND NECK	36	$74,625.00	5	$11,753.00				
0618	MRA - OTHER	1	$2,618.00	0	$0.00				
0636	DRUGS/DETAIL CODE	39,962	$258,596.85	7,286	$84,139.55				
0637	DRUGS/SELFADMIN	2	$0.00	0	$0.00				
0700	CAST ROOM	5	$276.50	1	$27.80				
0710	RECOVERY ROOM	41	$15,129.00	9	$3,492.00				
0730	EKG/ECG	2,080	$197,600.00	394	$43,340.00				
0731	HOLTER MONT	252	$64,998.00	56	$15,189.00				

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 141345 SALEM TOWNSHIP HOSPITAL

PROVIDER SUMMARY REPORT
CRITICAL ACCESS HOSPITAL

REV CODE	DESCRIPTION	SERVICES FOR PERIOD 04/01/08 - 03/31/09 UNITS	CHARGES	SERVICES FOR PERIOD 04/01/09 - 03/31/10 UNITS	CHARGES	SERVICES FOR PERIOD No Data Requested UNITS	CHARGES	SERVICES FOR PERIOD No Data Requested UNITS	CHARGES
0740	EEG	103	$234,228.00	29	$64,727.00				
0760	TREATMENT/OBSERVATION RM	1	$746.00	0	$0.00				
0761	TREATMENT RM	499	$57,666.00	1	$55.00				
0762	OBSERVATION RM	2,116	$55,185.28	469	$12,231.52				
0920	OTHER DX SVS	183	$4,376.00	29	$754.00				
0921	PERI VASCUL LAB	465	$274,795.00	104	$62,520.00				
0943	CARDIAC REHAB	547	$50,871.00	70	$6,790.00				
TOTAL COVERED CHARGES		139,537	$11,890,688.81	26,782	$2,636,526.42				

REIMBURSEMENT SECTION

GROSS REIMBURSEMENT	$4,542,758.89	$1,054,610.58		
LESS				
CASH DEDUCTIBLE	$55,119.18	$9,201.89		
BLOOD DEDUCTIBLE	$0.00	$0.00		
COINSURANCE	$1,830,521.90	$407,974.53		
NET MSP PAYMENTS	$517.65	$700.53		
NET REIMBURSEMENT	$2,656,600.16	$636,733.63		

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$21.93	$0.00		

mm 7/23/09

PBC

EXHIBIT 5

SALEM TOWNSHIP HOSPITAL

3/31/2009

MEDICARE BAD DEBT SUMMARY: **14-1345**

	INPATIENT	OUTPATIENT
CROSS OVER W/Os	35546	188772
MCARE BAD DEBT	12238	47222
TOTAL BAD DEBT W/O - CAH	**47784**	**235994**

E Pt B Ln 21.22

E Pt A Ln 25

E Pt B Ln 27

See "Medicare_Bad_Debt_fy2009" Excel file for detail

Instructions - Exported Access Report to xlm file, copied and pasted info

W/R 7/13/0

SALEM TOWNSHIP HOSPITAL
SWINGBED-MEDICARE PSR SUMMARY
31-Mar-09

PSR REV. CODE	MCR#	DESCRIPTION	CHARGES per 03/31/2009 SWINGBED	GROUPING BY MCA#	CHARGES HOSPITAL TOTALS	COST CENTER	Grossed up	
119	25.00	PRIVATE ROOM	23,296					
120	25.00	ORM-BD-SEMI						
129	25.00	SEMI PRIVATE GENERAL	42,504	65,800	65,800	2500	65,800	A&P
210	26.00	CCU		0	0	2600	0	ICU
360	37.00	OPERATING ROOM SERVICE						
361	37.00	OPERATING ROOM SERVICE						
710	37.00	RECOVERY ROOM GENERAL						
750	37.00	GASTROL-INTESTINAL SE						
769	37.00	TREATMENT OR OBSERVATION		0	0	3700	0	OR
320	41.00	RADIOLOGY-DIAGNOSTIC	1,865					
324	41.00	RADIOLOGY-DIAGNOSTIC	626					
341	41.00	NUCLEAR MEDICINE-N						
350	41.00	CT SCAN GENERAL						
351	41.00	CT SCAN-CT SCAN/HE						
352	41.00	CT SCAN-CT SCAN/BO						
359	41.00	CT SCAN-CT SCAN/OT						
401	41.00	OTHER IMAGING SERVICE						
402	41.00	OTHER IMAGING SERVICE	268					
480	41.00	CARDIOLOGY GENERAL C						
611	41.00	MRI-BRAIN						
612	41.00	MRI-SPINE						
614	41.00	OTHER MRI						
615	41.00	MRI-HEAD & NECK						
621	41.00	MEDICAL/SURGICAL SUP						
920	41.00	OTHER DX SVS						
921	41.00	OTHER DIAGNOSTIC SER		2,759	2,759	4100	2,759	RAD
300	44.00	LABORATORY GENERAL	32,290					
391	44.00	BLOOD STORAGE AND PR		32,290	32,290	4400	32,290	LAB
410	49.00	RESPITORY THERAPY	7,716					
460	49.00	PULMONARY FUNCTION G	7,285					
482	49.00	CARDIOLOGY-STRESS						
740	49.00	EEG(ELECTROENCEPHAL)		15,001	15,001	4900	15,001	RT
420	50.00	PHYSICAL THERAPY GEN	46,176					
424	50.00	PHYSICAL THERAPY EVAL	4,709					
430	50.00	OCCUPATIONAL THERAPY	13,586					
431	50.00	OCCUPATIONAL THERAPY	9,185					
434	50.00	OCCUPATIONAL THERAPY	4,360					
440	50.00	SPEECH-LANGUAGE PATH		78,016	78,016	5000	78,016	PT
730	53.00	EKG/ECG (ELECTROCARD)	95					
731	53.00	EKG/ECG (ELECTROCARD)		95	95	5300	95	EKG
270	55.00	MEDICAL/SURGICAL SUPPLIES	17,725					
272	55.00	MEDICAL/SURGICAL SUPPLIES	2,158					
274	55.00	MEDICAL/SURGICAL SUPPLIES						
275	55.00	MEDICAL/SURGICAL SUPPLIES						
276	55.00	MEDICAL/SURGICAL SUPPLIES						
278	55.00	MEDICAL/SURGICAL SUPPLIES						
362	55.00	OPERATING ROOM SERVICE						
700	55.00	CAST ROOM GENERAL						
258	55.00	PHARMACY IV SOLUTIONS	1,274					
260	55.00	PHARMACY IV THERAPY		21,156	21,156	5500	21,156	MED SUPPLIES
250	56.00	PHARMACY	43,099					
255	56.00	PHARMACY DRUG/INCD						
636	56.00	DRUGS REQUIRING SPEC		43,099	43,099	5600	43,099	DRUGS
	60.00	HOSPITAL CLINIC						
	60.01	SALEM MEDICAL CLINIC						
450	61.00	EMERGENCY ROOM GENER						
456	61.00	URGENT CARE						
760	61.00	TREATMENT ROOM OR OBSER						
761	61.00	TREATMENT ROOM		0	0	6100	0	ER
762	62.00	OBSERVATION ROOM		0	0	6200	0	OBSERVATION

SWB D-4

TOTAL CHARGES	258,216	258,216	258,216	258,216	
Patient Days	275			275	1.0000
Gross Reimbursement	308,578		308,578	308,578	
Cash Deductible	0		0	0	
Blood Deductible	0		0	0	
Coinsurance	9,344		9,344	9,344	E-2
Pmts under MSP	0		0	0	
Other	0		0	0	
Net Reimbursement	299,234		299,234	299,234	→ Sub E-1

Lump Sum 32,744

331,978

PROVIDER STATISTICAL A[illegible] REIMBURSEMENT SYSTEM

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/31/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 14Z345 SALEM TOWNSHIP HOSPITAL SBU

PROVIDER SUMMARY REPORT
SWING BED SNF

Report #: OD44203
Report Type: 180

STATISTIC SECTION

	SERVICES FOR PERIOD 04/01/08 - 03/31/09	SERVICES FOR PERIOD 04/01/09 - 03/31/10	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
DISCHARGES	32	2		
MEDICARE DAYS	275	9		
CLAIMS	32	2		

CHARGE SECTION

*** ACCOMMODATION CHARGES ***

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0119	OTHER/PVT	91	$23,296.00	0	$0.00				
0129	OTHER/2BED	184	$42,504.00	9	$2,196.00				
TOTAL ACCOMMODATIONS		275	$65,800.00	9	$2,196.00				

*** ANCILLARY CHARGES ***

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	5,196	$43,098.80	107	$978.90				
0258	IV SOLUTIONS	33	$1,273.50	0	$0.00				
0270	MED-SUR SUPPLIES	1,336	$17,725.10	22	$75.30				
0272	STERILE SUPPLY	231	$2,157.50	0	$0.00				
0300	LABORATORY or (LAB)	525	$32,290.00	10	$926.00				
0320	DX X-RAY	9	$1,865.00	2	$481.00				
0324	DX X-RAY/CHEST	4	$626.00	0	$0.00				
0402	ULTRASOUND	1	$268.00	0	$0.00				
0410	RESPIRATORY SVC	199	$7,716.00	12	$486.00				
0420	PHYSICAL THERP	623	$46,176.00	15	$1,162.00				
0424	PHYS THERP/EVAL	33	$4,709.00	3	$465.00				
0430	OCCUPATION THER	177	$13,586.00	4	$328.00				
0431	OCCUP THERP/VISIT	149	$9,185.00	10	$649.00				
0434	OCCUP THERP/EVAL	30	$4,360.00	2	$310.00				
0460	PULMONARY FUNC	200	$7,285.00	0	$0.00				
0730	EKG/ECG	1	$95.00	0	$0.00				

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/31/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 14Z345 SALEM TOWNSHIP HOSPITAL SBU

PROVIDER SUMMARY REPORT
SWING BED SNF

Report #: OD44203
Report Type: 180

REV CODE DESCRIPTION	SERVICES FOR PERIOD 04/01/08 - 03/31/09 UNITS	CHARGES	SERVICES FOR PERIOD 04/01/09 - 03/31/10 UNITS	CHARGES	SERVICES FOR PERIOD No Data Requested UNITS	CHARGES	SERVICES FOR PERIOD No Data Requested UNITS	CHARGES
TOTAL ANCILLARY	8,747	$192,415.90	187	$5,861.20				
TOTAL COVERED CHARGES		$258,215.90		$8,057.20				
REIMBURSEMENT SECTION								
PAYMENT								
GROSS REIMBURSEMENT		$308,578.00		$11,286.00				
CASH DEDUCTIBLE		$0.00		$0.00				
BLOOD DEDUCTIBLE		$0.00		$0.00				
COINSURANCE		$9,344.00		$0.00				
NET MSP PAYMENTS		$0.00		$0.00				
NET REIMBURSEMENT		$299,234.00		$11,286.00				
ADDITIONAL INFORMATION SECTION								
CALCULATED NET REIMB FOR PIP		$0.00		$0.00				
ACTUAL CLAIM PAYMENTS FOR PIP		$0.00		$0.00				
CLAIM INTEREST PAYMENTS		$0.00		$0.00				

The following schedule reflects the individual RUG utilization to assist in the completion of Worksheet S-7 of the Medicare Cost Report

	UNITS	UNITS	UNITS	UNITS
TOTAL	0	0	0	0

SALEM TOWNSHIP HOSPITAL
HOME HEALTH

PBC

WORKSHEET H 3/31/2009

	Expenses per TB	Reclass	A&G	Skilled	PT	Speech	OT	MSS	Aide	Med Supplies
Salaries	204833		2f 82030	2f 122405					2f 398	
FICA	15034		2f 6021	2f 8984					2f 29	
Med Supplies	1523									1523
Office Supplies	3990		(1) 3990							
Prof Services	30762		(1)		26858 (1) 1-a' 26857	1-a' 686	1-a' 3060	1-a' 158		
Purch Services	3905		(1) 3905							
Maint Agreements	9948		(1) 9948							
Rentals	439	439								
Patient Care Travel	5259			1-a' 5204						
Meeting/Travel	681		681						1-a' 55	
Dues & Subscriptions	3098		(1) 3098							
Other	0		0							
Other (Total less Salaries)	74639	439	27643	14188	26858 (1)	686	3060	158	84	1523
Total	(A) 279472	(B) 439	109673	136593	26858 (1)	686	3060	158	482	1523

(A) 279472
(B) (439)
279,033 A

Σ(1) = 20941 – other costs

MM 7/14/09

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7/9/2009 2:46 PM

Salem Township Hospital
Home Health Expenses
FYE 3/31/2009

				Current Bal FYTD Actual	Last Yr FYTD		
6240	100	Home Health-Sal & Wages	20	207249	206402	847	0.4%
6240	500	Home Health-Accr Vac	20	-2416	97	-2513	-2586.9%
6240	700	Home Health-Fica	21	15033	14766	268	1.8%
6240	2600	Home Health-Cost Of Sup	29	1523	1904	-381	-20.0%
6240	3700	Home Health-Non Capital Equip	30	0	0	0	0.0%
6240	3800	Home Health-Dept Supp	30	3990	4278	-289	-6.7%
6240	4200	Home Health-Prof Serv	24	30762	27807	2955	10.6%
6240	4500	Home Health-Purch Serv	24	3905	3900	5	0.1%
6240	7500	Home Health-Maint Agree	24	9948	9532	416	4.4%
6240	7700	Home Health-Rentals	25	439	423	16	3.7%
6240	8000	Home Health-Mtg &Travel	32	681	312	369	118.5%
6240	8050	Home Health-Pt Care Trav	32	5259	6540	-1281	-19.6%
6240	8100	Home Health-Dues & Subsc	33	3098	2832	266	9.4%
6240	8200	Home Health-Tuition	32	0	0	0	0.0%
6240	8700	Home Health-Repairs	26	0	0	0	0.0%
6240	9200	Home Health - Utilities	27	0	0	0	0.0%
6240	9900	Home Health-Other	24	0	0	0	0.0%
				279472	**278793**	678	0.2%

Home Health G/L Accounts
3/31/09
MM 7/14/09

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HHA - PART A AND PART B EPISODES

Page: 1
Report #: OD44228
Report Type: 399

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

STATISTIC SECTION

TOTAL UNDUPLICATED CENSUS COUNT 105

S-4

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		*TOTAL*	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$4,026.00	0	$1,008.00	0	$0.00	0	$0.00	0	$0.00	0	$5,034.00
042X	PHYSICAL THERAPY	442	$80,098.00	1	$181.00	15	$2,715.00	0	$0.00	0	$0.00	458	$82,994.00
043X	OCCUPATIONAL THERAPY	40	$7,230.00	1	$181.00	7	$1,267.00	0	$0.00	0	$0.00	48	$8,678.00
044X	SPEECH-LANGUAGE PATHOLOG	3	$570.00	0	$0.00	3	$576.00	0	$0.00	0	$0.00	6	$1,146.00
055X	SKILLED NURSING	488	$84,367.00	30	$5,180.00	12	$2,076.00	0	$0.00	0	$0.00	530	$91,623.00
056X	MEDICAL SOCIAL SERVICES	3	$755.00	1	$254.00	0	$0.00	0	$0.00	0	$0.00	4	$1,009.00
057X	HOME HEALTH AIDE	126	$13,695.00	3	$327.00	0	$0.00	0	$0.00	0	$0.00	129	$14,022.00
*** TOT SERVICES WITHOUT OUTLIER ***		1,102	$190,741.00	36	$7,131.00	37	$6,634.00	0	$0.00	0	$0.00	1,175	$204,506.00

*** SERVICES WITH OUTLIER ***													
REV CODE	DESCRIPTION												
*** TOT SERVICES WITH OUTLIER ***		0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00

*** TOTAL SERVICES ***													
REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$4,026.00	0	$1,008.00	0	$0.00	0	$0.00	0	$0.00	0	$5,034.00
042X	PHYSICAL THERAPY	442	$80,098.00	1	$181.00	15	$2,715.00	0	$0.00	0	$0.00	458	$82,994.00
043X	OCCUPATIONAL THERAPY	40	$7,230.00	1	$181.00	7	$1,267.00	0	$0.00	0	$0.00	48	$8,678.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HHA - PART A AND PART B EPISODES

Report #: OD44228
Report Type: 399

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION												
044X	SPEECH-LANGUAGE PATHOLOG	3	$570.00	0	$0.00	3	$576.00	0	$0.00	0	$0.00	6	$1,146.00
055X	SKILLED NURSING	488	$84,367.00	30	$5,180.00	12	$2,076.00	0	$0.00	0	$0.00	530	$91,623.00
056X	MEDICAL SOCIAL SERVICES	3	$755.00	1	$254.00	0	$0.00	0	$0.00	0	$0.00	4	$1,009.00
057X	HOME HEALTH AIDE	126	$13,695.00	3	$327.00	0	$0.00	0	$0.00	0	$0.00	129	$14,022.00
*** TOTAL COVERED SERVICES ***		1,102	$190,741.00	36	$7,131.00	37	$6,634.00	0	$0.00	0	$0.00	1,175	$204,506.00

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	113	11	5	0	0	129
HIPPS REIMBURSEMENT WITHOUT OUTLIER	$210,586.84	$3,240.54	$3,512.71	$0.00	$0.00	$217,340.09
# EPISODES WITH OUTLIER	0	0	0	0	0	0
HIPPS REIMBURSEMENT WITH OUTLIER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTLIER REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PROSTHETIC/ORTHOTIC DEVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DME	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OXYGEN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER FEE REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
GROSS REIMBURSEMENT	$210,586.84	$3,240.54	$3,512.71	$0.00	$0.00	$217,340.09
LESS						

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HHA - PART A AND PART B EPISODES

Page: 3
Report #: OD44228
Report Type: 399

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
DEDUCTIBLES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COINSURANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET MSP PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
MSP RECONCILIATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET REIMBURSEMENT	$210,586.84	$3,240.54	$3,512.71	$0.00	$0.00	$217,340.09

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

STATISTIC SECTION

TOTAL UNDUPLICATED CENSUS COUNT	17

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***

REV CODE	DESCRIPTION	FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		*TOTAL*	
		VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$1,532.00	0	$447.00	0	$0.00	0	$0.00	0	$0.00	0	$1,979.00
042X	PHYSICAL THERAPY	26	$4,838.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	26	$4,838.00
043X	OCCUPATIONAL THERAPY	2	$374.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	2	$374.00
055X	SKILLED NURSING	98	$17,398.00	7	$1,241.00	0	$0.00	0	$0.00	0	$0.00	105	$18,639.00
*** TOT SERVICES WITHOUT OUTLIER ***		126	$24,142.00	7	$1,688.00	0	$0.00	0	$0.00	0	$0.00	133	$25,830.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HHA - PART A AND PART B EPISODES

Report #: OD44228
Report Type: 399

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

*** SERVICES WITH OUTLIER ***

REV CODE	DESCRIPTION												
*** TOT SERVICES WITH OUTLIER ***		0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$1,532.00	0	$447.00	0	$0.00	0	$0.00	0	$0.00	0	$1,979.00
042X	PHYSICAL THERAPY	26	$4,838.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	26	$4,838.00
043X	OCCUPATIONAL THERAPY	2	$374.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	2	$374.00
055X	SKILLED NURSING	98	$17,398.00	7	$1,241.00	0	$0.00	0	$0.00	0	$0.00	105	$18,639.00
*** TOTAL COVERED SERVICES ***		126	$24,142.00	7	$1,688.00	0	$0.00	0	$0.00	0	$0.00	133	$25,830.00

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	16	4	0	0	0	20
HIPPS REIMBURSEMENT WITHOUT OUTLIER	$26,045.39	$661.64	$0.00	$0.00	$0.00	$26,707.03
# EPISODES WITH OUTLIER	0	0	0	0	0	0
HIPPS REIMBURSEMENT WITH OUTLIER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTLIER REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PROSTHETIC/ORTHOTIC DEVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DME	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OXYGEN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER FEE REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HHA - PART A AND PART B EPISODES

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
GROSS REIMBURSEMENT	$26,045.39	$661.64	$0.00	$0.00	$0.00	$26,707.03
LESS						
DEDUCTIBLES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COINSURANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET MSP PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
MSP RECONCILIATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET REIMBURSEMENT	$26,045.39	$661.64	$0.00	$0.00	$0.00	$26,707.03

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART A EPISODES

Page: 1
Report #: OD44228
Report Type: 339

H-7

wts H-6 Part I lines 1-7

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		*TOTAL*	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$1,203.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$1,203.00
042X	PHYSICAL THERAPY	318	$57,679.00	1	$181.00	15	$2,715.00	0	$0.00	0	$0.00	334	$60,575.00
043X	OCCUPATIONAL THERAPY	36	$6,506.00	1	$181.00	7	$1,267.00	0	$0.00	0	$0.00	44	$7,954.00
044X	SPEECH-LANGUAGE PATHOLOG	3	$570.00	0	$0.00	3	$576.00	0	$0.00	0	$0.00	6	$1,146.00
055X	SKILLED NURSING	292	$50,519.00	8	$1,384.00	9	$1,557.00	0	$0.00	0	$0.00	309	$53,460.00
057X	HOME HEALTH AIDE	15	$1,635.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	15	$1,635.00
*** TOT SERVICES WITHOUT OUTLIER ***		664	$118,112.00	10	$1,746.00	34	$6,115.00	0	$0.00	0	$0.00	708	$125,973.00

*** SERVICES WITH OUTLIER ***													
REV CODE	DESCRIPTION												
*** TOT SERVICES WITH OUTLIER ***		0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00

*** TOTAL SERVICES ***													
REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$1,203.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$1,203.00
042X	PHYSICAL THERAPY	318	$57,679.00	1	$181.00	15	$2,715.00	0	$0.00	0	$0.00	334	$60,575.00
043X	OCCUPATIONAL THERAPY	36	$6,506.00	1	$181.00	7	$1,267.00	0	$0.00	0	$0.00	44	$7,954.00
044X	SPEECH-LANGUAGE PATHOLOG	3	$570.00	0	$0.00	3	$576.00	0	$0.00	0	$0.00	6	$1,146.00
055X	SKILLED NURSING	292	$50,519.00	8	$1,384.00	9	$1,557.00	0	$0.00	0	$0.00	309	$53,460.00
057X	HOME HEALTH AIDE	15	$1,635.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	15	$1,635.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART A EPISODES

Report #: OD44228
Report Type: 339

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION											
*** TOTAL COVERED SERVICES ***		664	$118,112.00	10	$1,746.00	34	$6,115.00	0	$0.00	0	$0.00	708	$125,973.00

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
# EPISODES WITHOUT OUTLIER	69	3	3	0	0	75
HIPPS REIMBURSEMENT WITHOUT OUTLIER	$130,702.89	$932.21	$3,085.32	$0.00	$0.00	$134,720.42
# EPISODES WITH OUTLIER	0	0	0	0	0	0
HIPPS REIMBURSEMENT WITH OUTLIER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTLIER REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PROSTHETIC/ORTHOTIC DEVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DME	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OXYGEN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER FEE REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
GROSS REIMBURSEMENT	$130,702.89	$932.21	$3,085.32	$0.00	$0.00	$134,720.42
LESS						
DEDUCTIBLES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COINSURANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET MSP PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART A EPISODES

Report #: OD44228
Report Type: 339

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
MSP RECONCILIATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET REIMBURSEMENT	$130,702.89	$932.21	$3,085.32	$0.00	$0.00	$134,720.42

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		*TOTAL*	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$1,328.00	0	$69.00	0	$0.00	0	$0.00	0	$0.00	0	$1,397.00
042X	PHYSICAL THERAPY	25	$4,651.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	25	$4,651.00
043X	OCCUPATIONAL THERAPY	1	$187.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	1	$187.00
055X	SKILLED NURSING	85	$15,119.00	2	$358.00	0	$0.00	0	$0.00	0	$0.00	87	$15,477.00
*** TOT SERVICES WITHOUT OUTLIER ***		111	$21,285.00	2	$427.00	0	$0.00	0	$0.00	0	$0.00	113	$21,712.00

*** SERVICES WITH OUTLIER ***													
REV CODE	DESCRIPTION												
*** TOT SERVICES WITH OUTLIER ***		0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00

*** TOTAL SERVICES ***	
REV CODE	DESCRIPTION

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART A EPISODES

Report #: OD44228
Report Type: 339

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

*** TOTAL SERVICES ***
REV CODE DESCRIPTION

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$1,328.00	0	$69.00	0	$0.00	0	$0.00	0	$0.00	0	$1,397.00
042X	PHYSICAL THERAPY	25	$4,651.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	25	$4,651.00
043X	OCCUPATIONAL THERAPY	1	$187.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	1	$187.00
055X	SKILLED NURSING	85	$15,119.00	2	$358.00	0	$0.00	0	$0.00	0	$0.00	87	$15,477.00
*** TOTAL COVERED SERVICES ***		111	$21,285.00	2	$427.00	0	$0.00	0	$0.00	0	$0.00	113	$21,712.00

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
# EPISODES WITHOUT OUTLIER	14	1	0	0	0	15
HIPPS REIMBURSEMENT WITHOUT OUTLIER	$21,742.08	$189.04	$0.00	$0.00	$0.00	$21,931.12
# EPISODES WITH OUTLIER	0	0	0	0	0	0
HIPPS REIMBURSEMENT WITH OUTLIER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTLIER REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PROSTHETIC/ORTHOTIC DEVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DME	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OXYGEN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER FEE REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART A EPISODES

Report #: OD44228
Report Type: 339

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
GROSS REIMBURSEMENT	$21,742.08	$189.04	$0.00	$0.00	$0.00	$21,931.12
LESS						
DEDUCTIBLES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COINSURANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET MSP PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
MSP RECONCILIATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET REIMBURSEMENT	$21,742.08	$189.04	$0.00	$0.00	$0.00	$21,931.12

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

PATIENT CBSA VISIT SECTION

ALL PATIENT CBSA	REV CODE	DESCRIPTION	04/01/2008 - 03/31/2009	04/01/2009 - 03/31/2010
	0421	PHYS THERP/VISIT	334	25
	0431	OCCUP THERP/VISIT	44	1
	0441	SPEECH PATH/VISIT	6	0
	0551	SKILLED NURS/VISIT	309	87
	0571	AIDE/HOME HLTH/VISIT	15	0

PATIENT CBSA	REV CODE	DESCRIPTION	04/01/2008 - 03/31/2009	04/01/2009 - 03/31/2010

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART A EPISODES

PATIENT CBSA VISIT SECTION

PATIENT CBSA	REV CODE	DESCRIPTION	04/01/2008 - 03/31/2009	04/01/2009 - 03/31/2010
99914	0421	PHYS THERP/VISIT	334	25
	0431	OCCUP THERP/VISIT	44	1
	0441	SPEECH PATH/VISIT	6	0
	0551	SKILLED NURS/VISIT	309	87
	0571	AIDE/HOME HLTH/VISIT	15	0

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

Page: 1
Report #: OD44228
Report Type: 329

H-7

W/S H-6 Part I Lines 1-7

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		*TOTAL*	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$2,823.00	0	$1,008.00	0	$0.00	0	$0.00	0	$0.00	0	$3,831.00
042X	PHYSICAL THERAPY	124	$22,419.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	124	$22,419.00
043X	OCCUPATIONAL THERAPY	4	$724.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	4	$724.00
055X	SKILLED NURSING	196	$33,848.00	22	$3,796.00	3	$519.00	0	$0.00	0	$0.00	221	$38,163.00
056X	MEDICAL SOCIAL SERVICES	3	$755.00	1	$254.00	0	$0.00	0	$0.00	0	$0.00	4	$1,009.00
057X	HOME HEALTH AIDE	111	$12,060.00	3	$327.00	0	$0.00	0	$0.00	0	$0.00	114	$12,387.00
*** TOT SERVICES WITHOUT OUTLIER ***		438	$72,629.00	26	$5,385.00	3	$519.00	0	$0.00	0	$0.00	467	$78,533.00

*** SERVICES WITH OUTLIER ***													
REV CODE	DESCRIPTION												
*** TOT SERVICES WITH OUTLIER ***		0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00

*** TOTAL SERVICES ***													
REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$2,823.00	0	$1,008.00	0	$0.00	0	$0.00	0	$0.00	0	$3,831.00
042X	PHYSICAL THERAPY	124	$22,419.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	124	$22,419.00
043X	OCCUPATIONAL THERAPY	4	$724.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	4	$724.00
055X	SKILLED NURSING	196	$33,848.00	22	$3,796.00	3	$519.00	0	$0.00	0	$0.00	221	$38,163.00
056X	MEDICAL SOCIAL SERVICES	3	$755.00	1	$254.00	0	$0.00	0	$0.00	0	$0.00	4	$1,009.00
057X	HOME HEALTH AIDE	111	$12,060.00	3	$327.00	0	$0.00	0	$0.00	0	$0.00	114	$12,387.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

*** TOTAL SERVICES ***

REV CODE	DESCRIPTION											
*** TOTAL COVERED SERVICES ***		438	$72,629.00	26	$5,385.00	3	$519.00	0	$0.00	0	$0.00	467	$78,533.00

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
# EPISODES WITHOUT OUTLIER	44	8	2	0	0	54
HIPPS REIMBURSEMENT WITHOUT OUTLIER	$79,883.95	$2,308.33	$427.39	$0.00	$0.00	$82,619.67
# EPISODES WITH OUTLIER	0	0	0	0	0	0
HIPPS REIMBURSEMENT WITH OUTLIER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTLIER REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PROSTHETIC/ORTHOTIC DEVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DME	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OXYGEN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER FEE REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
GROSS REIMBURSEMENT	$79,883.95	$2,308.33	$427.39	$0.00	$0.00	$82,619.67
LESS						
DEDUCTIBLES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COINSURANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET MSP PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

Page: 3
Report #: OD44228
Report Type: 329

SERVICES APPLIED FOR THE PERIODS: 04/01/2008 - 03/31/2009

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
MSP RECONCILIATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET REIMBURSEMENT	$79,883.95	$2,308.33	$427.39	$0.00	$0.00	$82,619.67

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

CHARGE SECTION

*** SERVICES WITHOUT OUTLIER ***		FULL EPISODES		LUPA EPISODES		PEP ONLY EPISODES		SCIC ONLY EPISODES		SCIC WITHIN A PEP		*TOTAL*	
REV CODE	DESCRIPTION	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES	VISITS	CHARGES
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$204.00	0	$378.00	0	$0.00	0	$0.00	0	$0.00	0	$582.00
042X	PHYSICAL THERAPY	1	$187.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	1	$187.00
043X	OCCUPATIONAL THERAPY	1	$187.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	1	$187.00
055X	SKILLED NURSING	13	$2,279.00	5	$883.00	0	$0.00	0	$0.00	0	$0.00	18	$3,162.00
*** TOT SERVICES WITHOUT OUTLIER ***		15	$2,857.00	5	$1,261.00	0	$0.00	0	$0.00	0	$0.00	20	$4,118.00

*** SERVICES WITH OUTLIER ***													
REV CODE	DESCRIPTION												
*** TOT SERVICES WITH OUTLIER ***		0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00

*** TOTAL SERVICES ***	
REV CODE	DESCRIPTION

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

*** TOTAL SERVICES ***
REV CODE DESCRIPTION

*** TOTAL SERVICES ***
REV CODE DESCRIPTION

REV CODE	DESCRIPTION												
027X	MEDICAL/SURGICAL SUPPLIES AND DEVICES	0	$204.00	0	$378.00	0	$0.00	0	$0.00	0	$0.00	0	$582.00
042X	PHYSICAL THERAPY	1	$187.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	1	$187.00
043X	OCCUPATIONAL THERAPY	1	$187.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	1	$187.00
055X	SKILLED NURSING	13	$2,279.00	5	$883.00	0	$0.00	0	$0.00	0	$0.00	18	$3,162.00
*** TOTAL COVERED SERVICES ***		15	$2,857.00	5	$1,261.00	0	$0.00	0	$0.00	0	$0.00	20	$4,118.00

REIMBURSEMENT SECTION

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	TOTAL
# EPISODES WITHOUT OUTLIER	2	3	0	0	0	5
HIPPS REIMBURSEMENT WITHOUT OUTLIER	$4,303.31	$472.60	$0.00	$0.00	$0.00	$4,775.91
# EPISODES WITH OUTLIER	0	0	0	0	0	0
HIPPS REIMBURSEMENT WITH OUTLIER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTLIER REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PROSTHETIC/ORTHOTIC DEVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DME	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OXYGEN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER FEE REIMBURSEMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

SERVICES APPLIED FOR THE PERIODS: 04/01/2009 - 03/31/2010

	FULL EPISODES	LUPA EPISODES	PEP ONLY EPISODES	SCIC ONLY EPISODES	SCIC WITHIN A PEP	*TOTAL*
GROSS REIMBURSEMENT	$4,303.31	$472.60	$0.00	$0.00	$0.00	$4,775.91
LESS						
DEDUCTIBLES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COINSURANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET MSP PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
MSP RECONCILIATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET REIMBURSEMENT	$4,303.31	$472.60	$0.00	$0.00	$0.00	$4,775.91

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

PATIENT CBSA VISIT SECTION

ALL PATIENT CBSA	REV CODE	DESCRIPTION	04/01/2008 - 03/31/2009	04/01/2009 - 03/31/2010
	0421	PHYS THERP/VISIT	124	1
	0431	OCCUP THERP/VISIT	4	1
	0551	SKILLED NURS/VISIT	221	18
	0561	MED SOC SERV/VISIT	4	0
	0571	AIDE/HOME HLTH/VISIT	114	0

PATIENT CBSA	REV CODE	DESCRIPTION	04/01/2008 - 03/31/2009	04/01/2009 - 03/31/2010

Program ID: REDESIGN
Paid Dates: 02/01/08 THRU 07/08/09
Report Run Date: 07/09/09
Provider FYE: 03/31
Provider Number: 147429 PHOTOS HOME HEALTH CARE

PROVIDER SUMMARY REPORT
HOME HEALTH PPS - PART B EPISODES

PATIENT CBSA VISIT SECTION

PATIENT CBSA	REV CODE	DESCRIPTION	04/01/2008 - 03/31/2009	04/01/2009 - 03/31/2010
99914	0421	PHYS THERP/VISIT	124	1
	0431	OCCUP THERP/VISIT	4	1
	0551	SKILLED NURS/VISIT	221	18
	0561	MED SOC SERV/VISIT	4	0
	0571	AIDE/HOME HLTH/VISIT	114	0