



Request for Quotation

State of West Virginia
 Department of Health & Human Resources
 Office of Purchasing
 One Davis Square, Suite 100
 Charleston, WV 25301

RFQ NUMBER
MED10002

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BRYAN ROSEN 304-558-0953

V E N D O R	
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S H I P T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND
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BID OPENING DATE: 5/25/2010 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.		
				REQUISITION NO.: MED10002		
				ADDENDUM ACKNOWLEDGEMENT		
				I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.		
				ADDENDUM NO.'S"		
				NO. 1 _____ NO. 2 _____ NO. 3 _____ NO. 4 _____ NO. 5 _____		
				I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.		

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"



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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p>						
				SIGNATURE		
				COMPANY		
				DATE		
END OF ADDENDUM NO. 1						

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE		TELEPHONE	DATE
TITLE		FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SAPCE ABOVE LABELED "VENDOR"

MED10002 Questions/Answers

1. Question: Section 1.18 Pre-Bid Conference

A mandatory pre-bid conference shall be conducted on the date specified above at: 350 Capitol Street, Room 251, Charleston, WV 25301 at 1:30 pm on the date listed above. All interested bidders are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

Question: Our understanding of "All interested bidders" is that all potential vendors that are to be included in the proposal (including joint bidders, and/or subcontractors must have been in attendance at the mandatory pre-bid conference in order to be considered for award. Is our understanding correct?

This interpretation was not specifically stated in the RFP; refer to:

1.21.9 Subcontracts/Joint Ventures

The Vendor is solely responsible for all work performed under the contract and shall assume prime contractor responsibility for all services offered and products to be delivered under the terms of this contract. The Bureau will consider the Vendor to be the sole point of contact with regard to all contractual matters. The Vendor may, with the prior written consent of the BMS, enter into written subcontracts for performance of work under this contract; however, the Vendor is totally responsible for payment of all subcontractors.

BMS retains the right to approve or disapprove any subcontract; it was not intended that subcontractors attend the mandatory pre-bid meeting.

2. Question: Section 3.1.13 Mandatory Requirements:

Question: Given the time constraints and importance associated with this contract, the State has incorporated training as a vital element. However, it appears that the State may have omitted the requirement that a qualified vendor must have successfully demonstrated an ability to provide training to hospitals and State staff regarding this complex audit process. Is it the State's intention that to be qualified, a vendor must be able to demonstrate proficiency in training hospitals and state staff specific to the CMS DSH audit and reporting rule?

Each proposal should include a training plan to demonstrate how this requirement will be met, which may include prior experience with training specific to the DSH Audit Rule and Regulations that may be used in consideration during the evaluation process.

3. Section 3.1.5 Mandatory Requirements:

Question: This section references that a qualified vendor will be independent from both the Medicaid Agency and hospitals. CMS has issued specific guidance relating to this matter and has also referred interested parties to the GAO's publication Government Audit Standards. We read this to clearly indicate that while a qualified vendor may rely upon the attestation work that another CPA firm has provided as an independent auditor engaged by a hospital, a qualified vendor could not also be engaged by the Medicaid agency for consulting work applicable to hospital payments or be engaged by a DSH hospital to provide any services. Is this correct for this procurement?

Further, we read this to indicate that a qualified vendor could not mitigate such impediments

to independence by relying upon a subcontractor, pursuant to section 3.29 of the GAO publication, in addition to other citations. Is this correct with regard to this procurement?

Each bidder must demonstrate its independence with respect to the guidelines and standards referenced within the RFP. Therefore each bidder must interpret the guidelines and standards as applicable to its' own practice and unique circumstances. The state will not provide any interpretations related to independence beyond the guidance provided by CMS and included with the RFP.

4. Section 3.2.1 Scope of Work on page 17 of 24

The initial engagement will cover "Medicaid State Plan Year" 2005 (July 1, 2004 – June 30, 2005),

2006 (July 1, 2005 – June 30, 2006), and 2007 (July 1, 2006 – June 30, 2007).

Question: At the pre-bid conference, it was indicated that the Medicaid State Plan Rate Year was the same as the federal fiscal year end or September 30. Which is correct?

The State plan year ends 6/30 as specified in RFP.

5. Section 4.1, Technical Proposal Format, Subsection I, relevant experience

Question: Regarding references, the language reads, "Proposals should include at least three (3) business references that demonstrate the Vendor's prior experience in providing hospital and government auditing services." Is it the State's intention that these references should address the Vendor's experience in providing services that are applicable to the DSH audit protocol and the requirement that the State provide CMS with an independent audit of its DSH program? If so, will the State clarify that the references should be able to address the Vendor's demonstrated proficiency relating to uninsured claims auditing, the CMS protocol for DSH auditing, and other matters applicable to this complex engagement?

References required are as stated; for hospital and government auditing services. The references may include, but need not be specific to, DSH audit requirements.

6. Exhibit 2 List of Participating Hospitals

Question: The header columns appear to be incorrect. Can you please clarify? Can you provide this listing as a Microsoft Excel Spreadsheet?

A corrected provider listing is attached.

7. Question: Will the State please provide a copy of the DSH calculation worksheet template and instructions that were used to collect DSH related data from hospitals for the years 2005 through 2007?

Please see attached the survey template. The successful vendor will be provided all necessary supporting worksheets and documentation that supports the DSH calculations.

8. Question: Regarding Medicare crossover claims, does the State utilize a "lower of logic" process or pay the full crossover claim amounts?

Medicare claims are processed using a lesser than calculation for purposes of determining payment. Additional information related to payment and processing of Medicare crossover claims may be found at:

http://www.wvdhhr.org/bms/Manuals/Common_Chapters/bms_manuals_Chapter_600.pdf

9. Question: Exhibit 6 – page 8 section 15. – What constitutes an independent auditor? – states in part that “Examples of potential conflicts for audit entities would be:…serving as auditor to any subject hospital or the State agency…” Furthermore page 9 (third paragraph from end of section 15 – states in part that, “Further examples of such potential conflicts for audit entities would be: providing audit services for the Medicaid program generally (not specifically related to DSH payments) such as auditing cost reports or determining Medicaid Service rates; serving as auditor to any subject hospital or the State agency; and possessing a direct or indirect financial interest in the State’s Medicaid program.”

Our firm is currently involved in the audit of the State of West Virginia, including the Medicaid Program; however, we are a subcontractor and do not issue the audit opinion. Even if we were to issue the opinion on the Medicaid Program under Government Auditing Standards and AICPA independence standards we would be considered independent to perform the services requested in this RFP. Could you please clarify that we would be considered independent to propose on this RFP?

Each bidder must demonstrate its independence with respect to the guidelines and standards referenced within the RFP. Therefore each bidder must interpret the guidelines and standards as applicable to its’ own practice and unique circumstances. The state will not provide any interpretations related to independence beyond the guidance provided by CMS and included with the RFP.

WEST VIRGINIA DISPROPORTIONATE SHARE WORKSHEET

FINAL REPORT

For Hospital Fiscal Year Ending 2004

Hospital: _____

Provider #: _____

Please submit data based on your fiscal year 2004 CMS-2552 cost report and other financial reports.

C. UTILIZATION CRITERIA

- 1. Total Medicaid Inpatient Days _____
- 2. Total Inpatient Days _____
- 3. Non-Covered Medicaid Inpatient Days
 - A. Non-Covered under WV Medicaid _____
 - B. Non-Covered under Out of State Medicaid _____
 - C. Total Non-Covered Medicaid Days _____ **N/A**
- 4. Medicare Covered Days for SSI Recipients _____
- 5. Total Medicare Covered Days _____
- 6. Medicaid Deliveries _____
- 7. Total Deliveries _____
- 8. Total Licensed Beds _____

D. REVENUE CRITERIA

- 1. Net Medicaid Inpatient Revenues (Less DSH Payments)
 - A. In State _____
 - B. Out of State _____
 - C. Total _____
- 2. Net Inpatient Revenues (Less DSH Payments) _____
- 3. Cash Subsidies for Inpatient Services Received From State or Local Governments. _____
- 4. Total Inpatient Charity Care Charges _____
- 5. Gross Inpatient Revenues _____

WEST VIRGINIA DISPROPORTIONATE SHARE HOSPITAL

FINAL REPORT

For Hospital Fiscal Year Ending 2004

Hospital: _____

Provider #: _____

E. FINANCIAL DATA

The following data will be used to calculate your Hospital Specific DSH Payment Limit. The Department will desk review or field audit each Final Report Form. Please attach any worksheets or schedules explaining the information source, assumptions and calculations.

COSTS

Medicaid Inpatient Cost _____
Medicaid Outpatient Cost _____
Private Pay (Uninsured) Inpatient Cost _____
Private Pay (Uninsured) Outpatient Cost _____
Subtotal _____

LESS REVENUES:

Medicaid Inpatient Payment (Less DSH Payment) _____
Medicaid Outpatient Payment _____
Private Pay (Uninsured) Inpatient Payment _____
Private Pay (Uninsured) Outpatient Payment _____
Subtotal _____

FYE 2004 Hospital Specific DSH Limit _____

I declare that I have examined this form, including any accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature _____ Date _____

Typed / Printed Name _____

Title _____

Exhibit 4
List of Participating Hospitals

Provider No	SFY 05 DSH PAYMENT	SFY 06 DSH PAYMENT	SFY 07 DSH PAYMENT	SFY 08 DSH PAYMENT	SFY 09 DSH PAYMENT	HOSPITAL FYE	TYPE	Provider Name	Address	City	St	Zip Code	
0001092000						6/30		BECKLEY APPALACHIAN REGIONAL HOSPITAL	306 STANAFORD RD	BECKLEY	WV	25801	
0001209000	615,742	350,971	343,964	295,230	285,217	6/30		BLUEFIELD REGIONAL MEDICAL CENTER	500 CHERRY ST	BLUEFIELD	WV	24701	
0102256000	842,571	603,270	352,416		302,843	6/30		BOONE MEMORIAL HOSPITAL	701 MADISON AVE	MADISON	WV	25130	
0100178000	628,388	708,836	762,260	713,488	977,740	6/30	CAH	BRAXTON COUNTY MEMORIAL HOSPITAL	100 HOYLMAN DR	GASSAWAY	WV	26624	
0002167000	602,676	633,652	583,868	635,628	738,120	12/31	CAH	BROADDUS HOSPITAL	1 HEALTHCARE DR, PO BOX 930	MANSFIELD	PHILIPPI	WV	26416
0001144000	432,520	431,284	702,092	752,184	594,608	12/31	CAH	CABELL-HUNTINGTON HOSPITAL	1340 HAL GREER BLVD	HUNTINGTON	WV	25701	
0001155000	3,929,195	5,307,487	5,888,443	7,870,654	9,046,889	9/30		CAMDEN-CLARK MEMORIAL HOSPITAL	800 GARFIELD AVE P.O. BOX 718	PARKERSBURG	WV	26102	
0001342000	1,105,024	822,155	709,388	319,716	532,839	6/30		CHARLESTON AREA MEDICAL CENTER	501 MORRIS ST	CHARLESTON	WV	25325	
0001292000	5,275,644	3,880,401	3,347,564	2,838,559	2,731,798	12/31		CITY HOSPITAL	WVU HOSPITALS FINANCE DIV, PO BOX 8034	MORGANTOWN	WV	26506	
0001394000	699,607	544,426	491,766	434,171	406,831	12/31		DAVIS MEMORIAL HOSPITAL	# 1 GORMAN AVE, PO BOX 1484	ELKINS	WV	26241	
0001157000	912,633	690,938	604,218	578,672	500,959	12/31		EYE AND EAR CLINIC	PO BOX 1306	CHARLESTON	WV	25328	
0001118000	0	22,072	0	0	59,922	12/31		FAIRMONT GENERAL HOSPITAL	1325 LOCUST AVE	FAIRMONT	WV	26554	
3330106000	643,161	433,556	390,615	318,641	296,942	12/31		GRAFTON CITY HOSPITAL	500 MARKET ST	GRAFTON	WV	26354	
0001375000	532,796	683,148	743,136	1,075,672	1,126,216	6/30	CAH	GRANT MEMORIAL HOSPITAL	PO BOX 1019	PETERSBURG	WV	26847	
0106041000	313,821	279,362	236,805	164,831	150,997	6/30		GREENBRIER VALLEY MEDICAL CENTER	202 MAPLEWOOD AVE, PO BOX 497	RONCEVERTE	WV	24970	
0106315000	403,161	317,063	231,369	240,472	231,624	4/30		OHIO VALLEY HOSPITAL (CLOSED 3RD QTR SFY 07)	396 DINGESS ST	LOGAN	WV	25601	
0104611000	75,300	53,900	67,504	0	0	9/30	CAH	HAMPSHIRE MEMORIAL HOSPITAL(NEW OWNERSHIP 3RD QTR SFY 08)	549 CENTER ST	ROMNEY	WV	26757	
0001254001	387,164	562,148	624,720	672,712	672,712	6/30	CAH	HIGHLAND HOSPITAL	PO BOX 4107 300 - 56TH ST. SE	CHARLESTON	WV	25364-4107	
0001320000	122,882	204,090	125,673	189,392	132,152	9/30		JACKSON GENERAL HOSPITAL	PO BOX 720 PINNELL ST	RIPLEY	WV	25271	
3810004211	275,400	223,903	142,835	196,687	106,078	9/30		JEFFERSON MEMORIAL HOSPITAL CAH	WVU HOSPITALS FINANCE DIV, PO BOX 8034	MORGANTOWN	WV	26506	
0102154000	287,227	975,630	1,837,660	2,194,104	2,272,992	12/31		LOGAN REGIONAL MEDICAL CENTER	20 HOSPITAL DR	LOGAN	WV	25601	
0001881000	761,715	550,926	466,451	384,595	372,606	9/30		MILDRED MITCHELL-BATEMAN HOSPITAL	PO BOX 448 1530 NORWAY AVE	HUNTINGTON	WV	25709-0448	
0002176000	7,592,014	7,074,408	6,946,016	8,090,866	9,342,965	6/30	STATE OWNED	MINNIE HAMILTON HEALTH CARE CENTER	186 HOSPITAL DR	GIRTSVILLE	WV	26147	
0001360000	808,612	809,488	882,992	1,142,428	987,840	12/31	CAH	MONONGALIA GENERAL HOSPITAL	PO BOX 1615	MORGANTOWN	WV	26507	
3810001695	858,827	678,721	625,986	530,895	521,988	12/31	CAH 3/30/05	MONTGOMERY GENERAL HOSPITAL CAH	PO BOX 270 401 WASHINGTON & 6TH AVE	MONTGOMERY	WV	25136	
0106063000	217,900	1,813,144	670,032	827,052	775,096	12/31	CAH	MORGAN COUNTY WAR MEMORIAL HOSPITAL	109 WAR MEMORIAL DR	BERKELEY SPRINGS	WV	25411	
0540009001	79,072	177,068	71,084	234,588	553,460	6/30	CAH	MTN STATE BHS RIVER PARK HOSPITAL (NEW OWNERSHIP 1ST QTR SFY 06)	1230 6TH AVE	HUNTINGTON	WV	25701	
0001419000	128,775	100,854	36,753	68,770	78,704	12/31		OHIO VALLEY GENERAL HOSPITAL	2000 EOFF ST	WHEELING	WV	26003	
3810000030	683,279	486,839	411,967	352,401	333,269	12/31		PLATEAU MEDICAL CENTER	430 MAIN ST	OAK HILL	WV	25901	
0001300000	502,624	488,840	1,063,972	1,206,460	1,177,528	12/31	CAH 7/27/04	PLEASANT VALLEY HOSPITAL	2520 VALLEY DR	POINT PLEASANT	WV	25550	
3810000534	494,186	383,450	287,865	345,755	258,173	9/30		POCAHONTAS MEMORIAL HOSPITAL	RT 2, BOX 52 W	BUCKEYE	WV	24924	
3810000637	122,588	333,948	344,184	566,312	671,476	6/30	CAH	POTOMAC VALLEY HOSPITAL OF WEST VIRGINIA	167 MINERAL ST	KEYSER	WV	26726	
0104806000	340,747	847,288	802,520	899,732	853,252	6/30	CAH 3/11/04	PRESTON MEMORIAL HOSPITAL	300 S. PRICE ST	KINGWOOD	WV	26537	
0001111000	828,084	973,956	1,175,820	1,184,600	1,739,460	12/31		PRINCETON COMMUNITY HOSPITAL	PO BOX 1369 203 12TH ST	RIMMINGTON	WV	24774	
0001807000	514,536	672,553	396,299	514,228	365,454	6/30		PUTNAM GENERAL HOSPITAL (NEW OWNERSHIP 2ND QTR SFY 07)	1400 HOSPITAL DR	HURRICANE	WV	25526	
0001207000	406,930	300,322	234,157	164,802	166,575	9/30		RALEIGH GENERAL HOSPITAL	1710 HARPER RD	BECKLEY	WV	25801	
0001309000	1,041,023	747,873	625,825	517,430	502,948	5/31		REYNOLDS MEMORIAL HOSPITAL	800 WHEELING AVE	GLEN DALE	WV	26038	
0002184000	296,498	210,345	181,115	142,009	125,798	9/30		RICHWOOD AREA COMM. HOSPITAL (CLOSED 1ST QTR SFY 09)	RIVERSIDE DR	RICHWOOD	WV	26261	
0123058000	271,544	358,440	311,912	483,756	0	12/31	CAH	ROANE GENERAL HOSPITAL	200 HOSPITAL DR	SPENCER	WV	25276	
0002178000	886,452	895,424	907,232	812,612	1,069,292	9/30	CAH	SISTERSVILLE GENERAL HOSPITAL	314 SOUTH WELLS ST	SISTERSVILLE	WV	26175	
0001040000	422,556	449,796	1,399,096	946,556	839,508	12/31	CAH	ST. FRANCIS HOSPITAL	333 LAIDLAY ST	CHARLESTON	WV	25301	
0001078000	729,730	522,230	317,830	422,702	293,430	7/31		ST. JOSEPH'S HOSPITAL - PARKERSBURG	PO BOX 1824	PARKERSBURG	WV	26102	
0001139000	664,436	532,170	494,325	398,156	330,524	1/31		ST. JOSEPH'S HOSPITAL/BUCKHANNON	1 AMALIA DR	BUCKHANNON	WV	26201	
0001837000	538,209	595,737	777,941	639,757	596,828	9/30		ST. LUKE'S HOSPITAL (CLOSED 4TH QTR SFY 07)	1333 SOUTHVIEW DR	BLUEFIELD	WV	24701	
0001287000	298,575	234,388	145,294	0	0	6/30		ST. MARY'S MEDICAL CENTER, INC.	2900 FIRST AVE	HUNTINGTON	WV	25702	
0001417000	1,857,601	1,450,200	1,314,572	1,096,592	999,581	9/30		STONEWALL JACKSON MEMORIAL HOSPITAL	PO BOX 10 RT 4 230 HOSPITAL PLAZA	WESTON	WV	26452	
0106132000	490,036	335,319	310,460	270,082	238,202	9/30		SUMMERS COUNTY APPALACHIAN REGIONAL HOSPITAL	PO BOX 940, TERRACE ST	HINTON	WV	25951	
0001243000	508,076	467,508	643,856	516,936	505,160	6/30	CAH	SUMMERSVILLE MEMORIAL HOSPITAL	400 FAIRVIEW HEIGHTS RD	SUMMERSVILLE	WV	26651	
0001391000	429,622	370,679	300,599	295,370	279,074	12/31		THOMAS MEMORIAL HOSPITAL	4605 MACCORKLE AVE. S.W.	SOUTH	WV	25309	
0001276000	1,096,660	803,984	690,670	579,122	535,095	9/30		UNITED HOSPITAL CENTER, INC.	3 HOSPITAL DR; PO BOX 1680	CLARKSBURG	WV	26301	
0002158000	1,256,243	999,018	838,238	708,475	645,970	12/31		WEBSTER COUNTY MEMORIAL HOSPITAL, INC.	324 MILLER MOUNTAIN DR; PO BOX 0312	WEBSTER SPRINGS	WV	26288	
0001352000	424,056	520,752	792,812	922,148	1,162,680	6/30	CAH	WEIRTON MEDICAL CENTER, INC.	601 COLLIER'S WAY	WEIRTON	WV	26062-5091	
0001848000	698,800	477,261	424,901	366,856	326,073	6/30		WELCH COMMUNITY HOSPITAL	454 MCDOWELL ST	WELCH	WV	24801	
0002023000	6,444,232	6,444,232	6,444,232	6,529,496	6,757,266	6/30	STATE OWNED	WEST VIRGINIA REHABILITATION HOSPITAL(CLOSED 4TH QTR SFY 06)	PO BOX 1004	INSTITUTE	WV	25112	
0001258000	\$0	1,558,093	0	0	0	6/30	STATE OWNED	WEST VIRGINIA UNIVERSITY HOSPITALS	WVU HOSPITALS FINANCE DIV, PO BOX 8034	MORGANTOWN	WV	26506	
0001221000	8,525,762	9,669,636	9,780,632	9,813,360	8,451,721	12/31		WETZEL COUNTY HOSPITAL	PO BOX 610, 3 E. BENJAMIN DR	NEW MARTINSVILLE	WV	26155	
0001131000	254,857	229,905	183,032	138,290	95,065	6/30		WHEELING HOSPITAL, INC.	1 MEDICAL PK	WHEELING	WV	26003	
0001885000	1,359,721	1,041,249	899,141	688,121	635,139	9/30		WILLIAM R. SHARPE JR. HOSPITAL	936 SHARPE HOSPITAL RD	WESTON	WV	26452-8550	
0001235000	10,826,594	11,447,321	11,731,197	10,434,672	9,231,750	6/30	STATE OWNED	WILLIAMSON MEMORIAL HOSPITAL	PO BOX 1980 859 ALDERSON ST	WILLIAMSON	WV	25661	
	649,694	519,498	401,723	160,156	300,265	9/30							
TOTAL	\$72,799,778	\$74,301,155	\$72,985,753	\$72,904,824	\$73,286,794								

DATE WITH CAH DESIGNATION INDICATES CONVERSION TO CAH DURING AUDIT PERIOD