

**REPORT
ON THE
COST REPORT REVIEW**

**DESERT HOSPITAL
PALM SPRINGS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1104856095**

**FISCAL PERIOD ENDED
MAY 31, 2011**

**Audits Section—Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Lang Doan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: March 27, 2013

Craig Armin
VP Government Programs
Tenet Healthcare Corporation
1455 Rose Avenue, Suite 1400
Dallas, TX 75202-2703

DESERT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1104856095
FISCAL PERIOD ENDED MAY 31, 2011

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$60,542 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Contract Cost (CONTRACT Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account

Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Medi-Cal Benefits, Waiver Analysis and Rates Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

Craig Armin
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If you have questions regarding this report, you may call the Audits Section— Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | | SETTLEMENT | COST |
|---|-------------------------------------|-------------|---------------|
| 1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1104856095 | Reported | \$ 0 | |
| | Net Change | \$ (20,029) | |
| | Audited Amount Due Provider (State) | \$ (20,029) | |
| | | | |
| 2. Subprovider I (SCHEDULE 1-1) Provider NPI: | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| | | | |
| 3. Subprovider II (SCHEDULE 1-2) Provider NPI: | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| | | | |
| 4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1104856095 | Reported | | \$ 35,371,298 |
| | Net Change | | \$ 1,290,662 |
| | Audited Cost | | \$ 36,661,960 |
| | Audited Amount Due Provider (State) | \$ (40,513) | |
| | | | |
| 5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1104856095 | Reported | | \$ 650.86 |
| | Net Change | | \$ 117.69 |
| | Audited Cost Per Day | | \$ 768.55 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| | | | |
| 6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI: | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| | | | |
| 7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| | | | |
| 8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7) | | \$ (60,542) | |
| 9. Total Medi-Cal Cost | | | \$ 36,661,960 |

SUMMARY OF FINDINGS

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | | SETTLEMENT | COST |
|---|-------------------------------------|-------------|---------|
| 10. Subacute (SUBACUTE SCH 1-1) Provider NPI: | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 11. Rural Health Clinic (RHC SCH 1) Provider NPI: | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI: | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI: | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 14. County Medical Services Program (CMSP SCH 1) Provider NPI: | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 15. Transitional Care (TC SCH 1) Provider NPI: | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 16. Total Other Settlement Due Provider - (Lines 10 through 15) | | \$ 0 | |
| 17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16) | | \$ (60,542) | |

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| | | REPORTED | AUDITED |
|--|----|----------|--------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3) | | \$ 0 | \$ 143,378 |
| 2. Excess Reasonable Cost Over Charges (Schedule 2) | | \$ 0 | \$ 0 |
| 3. Medi-Cal Inpatient Hospital Based Physician Services | | \$ 0 | N/A |
| 4. | \$ | \$ 0 | 0 |
| 5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4) | | \$ 0 | \$ 143,378 |
| 6. Interim Payments (Adj 27) | | \$ | \$ (163,407) |
| 7. Balance Due Provider (State) | | \$ 0 | \$ (20,029) |
| 8. Duplicate Payments (Adj) | | \$ 0 | \$ 0 |
| 9. | \$ | \$ 0 | 0 |
| 10. | \$ | 0 | 0 |
| 11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | | \$ 0 | \$ (20,029) |

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| REPORTED | AUDITED |
|----------|---------|
|----------|---------|

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

| | | |
|--|-------------------------------|-----------------------------|
| 1. Cost of Covered Services (Schedule 3) | \$ <u> 0</u> | \$ <u> 143,865</u> |
|--|-------------------------------|-----------------------------|

CHARGES FOR MEDI-CAL INPATIENT SERVICES

| | | |
|---|--|-----------------------------|
| 2. Inpatient Routine Service Charges (Adj 25) | \$ <u> </u> | \$ <u> 824,795</u> |
|---|--|-----------------------------|

| | | |
|---|--|-----------------------------|
| 3. Inpatient Ancillary Service Charges (Adj 25) | \$ <u> </u> | \$ <u> 520,846</u> |
|---|--|-----------------------------|

| | | |
|--|-------------------------------|-------------------------------|
| 4. Total Charges - Medi-Cal Inpatient Services | \$ <u> 0</u> | \$ <u> 1,345,641</u> |
|--|-------------------------------|-------------------------------|

| | | |
|--|-------------------------------|-------------------------------|
| 5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) * | \$ <u> 0</u> | \$ <u> 1,201,776</u> |
|--|-------------------------------|-------------------------------|

| | | |
|--|-------------------------------|-------------------------------|
| 6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4) | \$ <u> 0</u> | \$ <u> 0</u> |
| | (To Schedule 1) | |

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
DESERT HOSPITALFiscal Period Ended:
MAY 31, 2011Provider NPI:
1104856095

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

| REPORTED | AUDITED |
|----------|---------|
|----------|---------|

INPATIENT DAYS

| | | |
|--|--------|--------|
| 1. Total Inpatient Days (include private & swing-bed) (Adj) | 55,871 | 55,871 |
| 2. Inpatient Days (include private, exclude swing-bed) | 55,871 | 55,871 |
| 3. Private Room Days (exclude swing-bed private room) (Adj) | 2,471 | 2,471 |
| 4. Semi-Private Room Days (exclude swing-bed) (Adj) | 53,400 | 53,400 |
| 5. Medicare NF Swing-Bed Days through Dec 31 (Adj) | 0 | 0 |
| 6. Medicare NF Swing-Bed Days after Dec 31 (Adj) | 0 | 0 |
| 7. Medi-Cal NF Swing-Bed Days through July 31 (Adj) | 0 | 0 |
| 8. Medi-Cal NF Swing-Bed Days after July 31 (Adj) | 0 | 0 |
| 9. Medi-Cal Days (excluding swing-bed) (Adj) | 0 | 0 |

SWING-BED ADJUSTMENT

| | | |
|---|---------------|---------------|
| 17. Medicare NF Swing-Bed Rates through Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 18. Medicare NF Swing-Bed Rates after Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 21. Total Routine Serv Cost (Sch 8, Line 30, Col 27) | \$ 56,427,643 | \$ 55,359,022 |
| 22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17) | \$ 0 | \$ 0 |
| 23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18) | \$ 0 | \$ 0 |
| 24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19) | \$ 0 | \$ 0 |
| 25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20) | \$ 0 | \$ 0 |
| 26. Total Swing-Bed Cost (Sum of Lines 22 to 25) | \$ 0 | \$ 0 |
| 27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26) | \$ 56,427,643 | \$ 55,359,022 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|--|----------------|----------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) | \$ 178,514,081 | \$ 178,514,081 |
| 29. Private Room Charges (excluding swing-bed charges) | \$ 6,684,208 | \$ 6,684,208 |
| 30. Semi-Private Room Charges (excluding swing-bed charges) | \$ 171,829,873 | \$ 171,829,873 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28) | \$ 0.316096 | \$ 0.310110 |
| 32. Average Private Room Per Diem Charge (L 29 ÷ L 3) | \$ 2,705.06 | \$ 2,705.06 |
| 33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4) | \$ 3,217.79 | \$ 3,217.79 |
| 34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33) | \$ 0.00 | \$ 0.00 |
| 35. Average Per Diem Private Room Cost Differential (L 31 x L 34) | \$ 0.00 | \$ 0.00 |
| 36. Private Room Cost Differential Adjustment (L 35 x L 3) | \$ 0 | \$ 0 |
| 37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36) | \$ 56,427,643 | \$ 55,359,022 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|-------------|-----------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2) | \$ 1,009.96 | \$ 990.84 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 0 | \$ 0 |
| 40. Cost Applicable to Medi-Cal (Sch 4A) | \$ 0 | \$ 90,976 |
| 41. Cost Applicable to Medi-Cal (Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41) | \$ 0 | \$ 90,976 |

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| SPECIAL CARE AND/OR NURSERY UNITS | REPORTED | AUDITED |
|--|---------------|---------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27) | \$ 1,964,788 | \$ 1,930,187 |
| 2. Total Inpatient Days (Adj) | 5,246 | 5,246 |
| 3. Average Per Diem Cost | \$ 374.53 | \$ 367.93 |
| 4. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 5. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27) | \$ 16,332,666 | \$ 16,298,443 |
| 7. Total Inpatient Days (Adj) | 8,894 | 8,894 |
| 8. Average Per Diem Cost | \$ 1,836.37 | \$ 1,832.52 |
| 9. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 10. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| CORONARY CARE UNIT | | |
| 11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27) | \$ 0 | \$ 0 |
| 12. Total Inpatient Days (Adj) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 15. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| BURN INTENSIVE CARE UNIT | | |
| 16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) | \$ 0 | \$ 0 |
| 17. Total Inpatient Days (Adj) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 20. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| SURGICAL INTENSIVE CARE UNIT | | |
| 21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27) | \$ 0 | \$ 0 |
| 22. Total Inpatient Days (Adj) | 0 | 0 |
| 23. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 24. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 25. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| NICU | | |
| 26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27) | \$ 12,081,546 | \$ 12,041,322 |
| 27. Total Inpatient Days (Adj) | 7,027 | 7,027 |
| 28. Average Per Diem Cost | \$ 1,719.30 | \$ 1,713.58 |
| 29. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 30. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| ADMINISTRATIVE DAYS | | |
| 21. Per Diem Rate (Adj 23) | \$ 0.00 | \$ 351.26 |
| 32. Medi-Cal Inpatient Days (Adj 23) | 0 | 259 |
| 33. Cost Applicable to Medi-Cal | \$ 0 | \$ 90,976 |
| ADMINISTRATIVE DAYS | | |
| 21. Per Diem Rate (Adj) | \$ 0.00 | \$ 0.00 |
| 32. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 33. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| 37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31) | \$ 0 | \$ 90,976 |

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
DESERT HOSPITALFiscal Period Ended:
MAY 31, 2011Provider NPI:
1104856095

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| ANCILLARY COST CENTERS | | TOTAL ANCILLARY COST * | TOTAL ANCILLARY CHARGES (Adjs 21,22) | RATIO COST TO CHARGES | MEDI-CAL CHARGES (From Schedule 6) | MEDI-CAL COST |
|------------------------|--|------------------------|--------------------------------------|-----------------------|------------------------------------|---------------|
| 50.00 | Operating Room | \$ 17,239,639 | \$ 168,301,351 | 0.102433 | \$ 0 | \$ 0 |
| 51.00 | Recovery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 7,916,848 | 66,051,835 | 0.119858 | 0 | 0 |
| 53.00 | Anesthesiology | 1,103,300 | 27,751,390 | 0.039757 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 11,195,538 | 183,359,822 | 0.061058 | 1,546 | 94 |
| 54.02 | Endoscopy | 2,280,230 | 6,565,844 | 0.347287 | 0 | 0 |
| 55.00 | Radiology-Therapeutic | 0 | 0 | 0.000000 | 0 | 0 |
| 56.00 | Radioisotope | 1,706,555 | 16,593,900 | 0.102842 | 0 | 0 |
| 57.00 | Computed Tomography (CT) Scan | 0 | 0 | 0.000000 | 0 | 0 |
| 58.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 59.29 | Psych Adult Day Care | 71,009 | 0 | 0.000000 | 0 | 0 |
| 60.00 | Laboratory | 9,975,498 | 323,923,769 | 0.030796 | 45,963 | 1,415 |
| 60.02 | Laboratory-Pathological | 1,393,852 | 8,097,815 | 0.172127 | 0 | 0 |
| 61.00 | PBP Clinical Laboratory Services-Program Onl | 0 | 0 | 0.000000 | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 0 | 0 | 0.000000 | 0 | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | 2,893,619 | 3,102,843 | 0.932570 | 0 | 0 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 65.00 | Respiratory Therapy | 6,618,053 | 110,597,146 | 0.059839 | 0 | 0 |
| 66.00 | Physical Therapy | 4,193,284 | 30,178,997 | 0.138947 | 148,775 | 20,672 |
| 67.00 | Occupational Therapy | 1,774,357 | 13,704,521 | 0.129472 | 126,470 | 16,374 |
| 68.00 | Speech Pathology | 0 | 0 | 0.000000 | 0 | 0 |
| 68.01 | Speech Rehab | 530,449 | 2,702,398 | 0.196288 | 0 | 0 |
| 69.00 | Electrocardiology | 1,404,240 | 38,779,923 | 0.036210 | 0 | 0 |
| 69.02 | Cardiovascular Lab | 2,956,431 | 42,693,948 | 0.069247 | 0 | 0 |
| 70.00 | Electroencephalography | 490,094 | 965,958 | 0.507366 | 0 | 0 |
| 71.00 | Medical Supplies Charged to Patients | 15,123,128 | 126,248,582 | 0.119789 | 0 | 0 |
| 72.00 | Implantable Devices Charged to Patients | 19,372,013 | 39,999,731 | 0.484304 | 0 | 0 |
| 73.00 | Drugs Charged to Patients | 18,595,508 | 256,983,943 | 0.072361 | 198,092 | 14,334 |
| 74.00 | Renal Dialysis | 974,914 | 7,019,007 | 0.138896 | 0 | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.05 | Neonatal Ancillary Services | 5,549 | 108,762 | 0.051016 | 0 | 0 |
| 76.30 | O/P Rehab Services | 2,845,986 | 6,984,219 | 0.407488 | 0 | 0 |
| 76.31 | Comprehensive Cancer Center | 36,010,877 | 143,643,198 | 0.250697 | 0 | 0 |
| 76.32 | | 0 | 0 | 0.000000 | 0 | 0 |
| 76.97 | Cardiac Rehab | 119,596 | 157,201 | 0.760783 | 0 | 0 |
| 76.98 | Hyperbaric Oxygen Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 76.99 | Lithotripter | 295,106 | 1,718,675 | 0.171706 | 0 | 0 |
| 87.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 90.00 | Clinic | 2,666,589 | 3,815,947 | 0.698801 | 0 | 0 |
| 90.01 | Neuroscience Clinic | 780,719 | 746,405 | 1.045972 | 0 | 0 |
| 90.02 | Primary Care Clinic | 563,542 | 269,687 | 2.089617 | 0 | 0 |
| 90.03 | La Quinta Cancer Center | 151,811 | 357,625 | 0.424498 | 0 | 0 |
| 90.04 | La Quinta Icon | 289,323 | 21,454 | 13.485756 | 0 | 0 |
| 90.06 | La Quinta Imaging Center | 748,236 | 2,363,854 | 0.316532 | 0 | 0 |
| 91.00 | Emergency | 14,379,914 | 109,903,641 | 0.130841 | 0 | 0 |
| 92.00 | Observation Beds | 0 | 8,590,004 | 0.000000 | 0 | 0 |
| 93.00 | Bariatric Clinic and Wellness Center | 1,213,230 | 886,266 | 1.368923 | 0 | 0 |
| | | | | | | |
| | TOTAL | \$ 187,879,040 | \$ 1,753,189,661 | | \$ 520,846 | \$ 52,889 |

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| ANCILLARY CHARGES | | REPORTED | ADJUSTMENTS (Adj 24) | AUDITED |
|---|---|-------------|-------------------------|-------------------|
| 50.00 | Operating Room | \$ | \$ | \$ 0 |
| 51.00 | Recovery Room | | | 0 |
| 52.00 | Labor Room and Delivery Room | | | 0 |
| 53.00 | Anesthesiology | | | 0 |
| 54.00 | Radiology-Diagnostic | | 1,546 | 1,546 |
| 54.02 | Endoscopy | | | 0 |
| 55.00 | Radiology-Therapeutic | | | 0 |
| 56.00 | Radioisotope | | | 0 |
| 57.00 | Computed Tomography (CT) Scan | | | 0 |
| 58.00 | | | | 0 |
| 59.29 | Psych Adult Day Care | | | 0 |
| 60.00 | Laboratory | | 45,963 | 45,963 |
| 60.02 | Laboratory-Pathological | | | 0 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | | | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | | | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | | | 0 |
| 64.00 | Intravenous Therapy | | | 0 |
| 65.00 | Respiratory Therapy | | | 0 |
| 66.00 | Physical Therapy | | 148,775 | 148,775 |
| 67.00 | Occupational Therapy | | 126,470 | 126,470 |
| 68.00 | Speech Pathology | | | 0 |
| 68.01 | Speech Rehab | | | 0 |
| 69.00 | Electrocardiology | | | 0 |
| 69.02 | Cardiovascular Lab | | | 0 |
| 70.00 | Electroencephalography | | | 0 |
| 71.00 | Medical Supplies Charged to Patients | | | 0 |
| 72.00 | Implantable Devices Charged to Patients | | | 0 |
| 73.00 | Drugs Charged to Patients | | 198,092 | 198,092 |
| 74.00 | Renal Dialysis | | | 0 |
| 75.00 | ASC (Non-Distinct Part) | | | 0 |
| 76.00 | Other Ancillary (specify) | | | 0 |
| 76.05 | Neonatal Ancillary Services | | | 0 |
| 76.30 | O/P Rehab Services | | | 0 |
| 76.31 | Comprehensive Cancer Center | | | 0 |
| 76.32 | | | | 0 |
| 76.97 | Cardiac Rehab | | | 0 |
| 76.98 | Hyperbaric Oxygen Therapy | | | 0 |
| 76.99 | Lithotripter | | | 0 |
| 87.01 | | | | 0 |
| 88.00 | Rural Health Clinic (RHC) | | | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | | | 0 |
| 90.00 | Clinic | | | 0 |
| 90.01 | Neuroscience Clinic | | | 0 |
| 90.02 | Primary Care Clinic | | | 0 |
| 90.03 | La Quinta Cancer Center | | | 0 |
| 90.04 | La Quinta Icon | | | 0 |
| 90.06 | La Quinta Imaging Center | | | 0 |
| 91.00 | Emergency | | | 0 |
| 92.00 | Observation Beds | | | 0 |
| 93.00 | Bariatric Clinic and Wellness Center | | | 0 |
| TOTAL MEDI-CAL ANCILLARY CHARGES | | \$ 0 | \$ 520,846 | \$ 520,846 |

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| | REPORTED | AUDITED |
|---|-----------------------------|-----------------------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3) | \$ <u>35,342,075</u> | \$ <u>36,661,960</u> |
| 2. Excess Reasonable Cost Over Charges (Contract Sch 2) | \$ <u>0</u> | \$ <u>0</u> |
| 3. Medi-Cal Inpatient Hospital Based Physician Services | \$ <u>0</u> | \$ <u>N/A</u> |
| 4. Direct Graduate Medical Education Payments (Adj 34) | \$ <u>45,922</u> | \$ <u>0</u> |
| 5. Subtotal (Sum of Lines 1 through 4) | \$ <u>35,387,997</u> | \$ <u>36,661,960</u> |
| 6. Allied Health Inpatient Pass Through Cost (Adj 35) | \$ <u>(16,699)</u> | \$ <u>0</u> |
| 7. \$ | \$ <u>0</u> | \$ <u>0</u> |
| 8. Total Medi-Cal Cost (Sum of Lines 5 through 7) | \$ <u><u>35,371,298</u></u> | \$ <u><u>36,661,960</u></u> |
| | (To Summary of Findings) | |
| 9. Medi-Cal Overpayments (Adj) | \$ <u>0</u> | \$ <u>0</u> |
| 10. Medi-Cal Credit Balances (Adj 36) | \$ <u>0</u> | \$ <u>(40,513)</u> |
| 11. \$ | \$ <u>0</u> | \$ <u>0</u> |
| 12. \$ | \$ <u>0</u> | \$ <u>0</u> |
| 13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | \$ <u><u>0</u></u> | \$ <u><u>(40,513)</u></u> |
| | (To Summary of Findings) | |

**COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES**

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| |
|-----------------|
| REPORTED |
|-----------------|

| |
|----------------|
| AUDITED |
|----------------|

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

| | | |
|--|----------------------|----------------------|
| 1. Cost of Covered Services (Contract Sch 3) | \$ <u>35,674,820</u> | \$ <u>37,048,259</u> |
|--|----------------------|----------------------|

CHARGES FOR MEDI-CAL INPATIENT SERVICES

| | | |
|---|----------------------|----------------------|
| 2. Inpatient Routine Service Charges (Adj 30) | \$ <u>84,950,984</u> | \$ <u>88,959,356</u> |
|---|----------------------|----------------------|

| | | |
|---|-----------------------|-----------------------|
| 3. Inpatient Ancillary Service Charges (Adj 30) | \$ <u>171,364,697</u> | \$ <u>183,468,115</u> |
|---|-----------------------|-----------------------|

| | | |
|--|-----------------------|-----------------------|
| 4. Total Charges - Medi-Cal Inpatient Services | \$ <u>256,315,681</u> | \$ <u>272,427,471</u> |
|--|-----------------------|-----------------------|

| | | |
|--|-----------------------|-----------------------|
| 5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) * | \$ <u>220,640,861</u> | \$ <u>235,379,212</u> |
|--|-----------------------|-----------------------|

| | | |
|--|---------------------|-------------|
| 6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4) | \$ <u>0</u> | \$ <u>0</u> |
| | (To Contract Sch 1) | |

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

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS**INPATIENT DAYS**

| | REPORTED | AUDITED |
|--|-----------------|----------------|
| 1. Total Inpatient Days (include private & swing-bed) (Adj) | 55,871 | 55,871 |
| 2. Inpatient Days (include private, exclude swing-bed) | 55,871 | 55,871 |
| 3. Private Room Days (exclude swing-bed private room) (Adj) | 2,471 | 2,471 |
| 4. Semi-Private Room Days (exclude swing-bed) (Adj) | 53,400 | 53,400 |
| 5. Medicare NF Swing-Bed Days through Dec 31 (Adj) | 0 | 0 |
| 6. Medicare NF Swing-Bed Days after Dec 31 (Adj) | 0 | 0 |
| 7. Medi-Cal NF Swing-Bed Days through July 31 (Adj) | 0 | 0 |
| 8. Medi-Cal NF Swing-Bed Days after July 31 (Adj) | 0 | 0 |
| 9. Medi-Cal Days (excluding swing-bed) (Adj 28) | 9,666 | 10,068 |

SWING-BED ADJUSTMENT

| | | |
|---|---------------|---------------|
| 17. Medicare NF Swing-Bed Rates through Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 18. Medicare NF Swing-Bed Rates after Dec 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj) | \$ 0.00 | \$ 0.00 |
| 21. Total Routine Serv Cost (Sch 8, Line 30, Col 27) | \$ 56,427,643 | \$ 55,359,022 |
| 22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17) | \$ 0 | \$ 0 |
| 23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18) | \$ 0 | \$ 0 |
| 24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19) | \$ 0 | \$ 0 |
| 25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20) | \$ 0 | \$ 0 |
| 26. Total Swing-Bed Cost (Sum of Lines 22 to 25) | \$ 0 | \$ 0 |
| 27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26) | \$ 56,427,643 | \$ 55,359,022 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|--|----------------|----------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj) | \$ 178,514,081 | \$ 178,514,081 |
| 29. Private Room Charges (excluding swing-bed charges) (Adj) | \$ 6,684,208 | \$ 6,684,208 |
| 30. Semi-Private Room Charges (excluding swing-bed charges) (Adj) | \$ 171,829,873 | \$ 171,829,873 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28) | \$ 0.316096 | \$ 0.310110 |
| 32. Average Private Room Per Diem Charge (L 29 ÷ L 3) | \$ 2,705.06 | \$ 2,705.06 |
| 33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4) | \$ 3,217.79 | \$ 3,217.79 |
| 34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33) | \$ 0.00 | \$ 0.00 |
| 35. Average Per Diem Private Room Cost Differential (L 31 x L 34) | \$ 0.00 | \$ 0.00 |
| 36. Private Room Cost Differential Adjustment (L 35 x L 3) | \$ 0 | \$ 0 |
| 37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36) | \$ 56,427,643 | \$ 55,359,022 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|---------------|---------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2) | \$ 1,009.96 | \$ 990.84 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 9,762,273 | \$ 9,975,777 |
| 40. Cost Applicable to Medi-Cal (Contract Sch 4A) | \$ 10,861,687 | \$ 11,138,560 |
| 41. Cost Applicable to Medi-Cal (Contract Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41) | \$ 20,623,960 | \$ 21,114,337 |

(To Contract Sch 3)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| SPECIAL CARE AND/OR NURSERY UNITS | REPORTED | AUDITED |
|---|-----------------|----------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27) | \$ 1,964,788 | \$ 1,930,187 |
| 2. Total Inpatient Days (Adj) | 5,246 | 5,246 |
| 3. Average Per Diem Cost | \$ 374.53 | \$ 367.93 |
| 4. Medi-Cal Inpatient Days (Adj 28) | 1,797 | 1,909 |
| 5. Cost Applicable to Medi-Cal | \$ 673,030 | \$ 702,378 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27) | \$ 16,332,666 | \$ 16,298,443 |
| 7. Total Inpatient Days (Adj) | 8,894 | 8,894 |
| 3. Average Per Diem Cost | \$ 1,836.37 | \$ 1,832.52 |
| 4. Medi-Cal Inpatient Days (Adj 28) | 1,719 | 1,560 |
| 5. Cost Applicable to Medi-Cal | \$ 3,156,720 | \$ 2,858,731 |
| CORONARY CARE UNIT | | |
| 11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27) | \$ 0 | \$ 0 |
| 12. Total Inpatient Days (Adj) | 0 | 0 |
| 8. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 9. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 10. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| BURN INTENSIVE CARE UNIT | | |
| 16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) | \$ 0 | \$ 0 |
| 17. Total Inpatient Days (Adj) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 15. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| SURGICAL INTENSIVE CARE UNIT | | |
| 21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27) | \$ 0 | \$ 0 |
| 22. Total Inpatient Days (Adj) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Adj) | 0 | 0 |
| 20. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| NICU | | |
| 26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27) | \$ 12,081,546 | \$ 12,041,322 |
| 27. Total Inpatient Days (Adj) | 7,027 | 7,027 |
| 23. Average Per Diem Cost | \$ 1,719.30 | \$ 1,713.58 |
| 24. Medi-Cal Inpatient Days (Adj 28) | 4,090 | 4,422 |
| 25. Cost Applicable to Medi-Cal | \$ 7,031,937 | \$ 7,577,451 |
| 31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30) | \$ 10,861,687 | \$ 11,138,560 |

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| ANCILLARY COST CENTERS | | TOTAL ANCILLARY COST* | TOTAL ANCILLARY CHARGES (Adjs 21,22) | RATIO COST TO CHARGES | MEDI-CAL CHARGES (Contract Sch 6) | MEDI-CAL COST |
|------------------------|---|-----------------------|--------------------------------------|-----------------------|-----------------------------------|---------------|
| 50.00 | Operating Room | \$ 17,239,639 | \$ 168,301,351 | 0.102433 | \$ 17,068,332 | \$ 1,748,363 |
| 51.00 | Recovery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 7,916,848 | 66,051,835 | 0.119858 | 18,392,672 | 2,204,511 |
| 53.00 | Anesthesiology | 1,103,300 | 27,751,390 | 0.039757 | 1,954,173 | 77,691 |
| 54.00 | Radiology-Diagnostic | 11,195,538 | 183,359,822 | 0.061058 | 11,455,998 | 699,477 |
| 54.02 | Endoscopy | 2,280,230 | 6,565,844 | 0.347287 | 41,043 | 14,254 |
| 55.00 | Radiology-Therapeutic | 0 | 0 | 0.000000 | 0 | 0 |
| 56.00 | Radioisotope | 1,706,555 | 16,593,900 | 0.102842 | 687,986 | 70,754 |
| 57.00 | Computed Tomography (CT) Scan | 0 | 0 | 0.000000 | 0 | 0 |
| 58.00 | | 0 | 0 | 0.000000 | 0 | 0 |
| 59.29 | Psych Adult Day Care | 71,009 | 0 | 0.000000 | 0 | 0 |
| 60.00 | Laboratory | 9,975,498 | 323,923,769 | 0.030796 | 34,927,013 | 1,075,606 |
| 60.02 | Laboratory-Pathological | 1,393,852 | 8,097,815 | 0.172127 | 424,519 | 73,071 |
| 61.00 | PBP Clinical Laboratory Services-Program Or | 0 | 0 | 0.000000 | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | 0 | 0 | 0.000000 | 0 | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | 2,893,619 | 3,102,843 | 0.932570 | 653,108 | 609,069 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 65.00 | Respiratory Therapy | 6,618,053 | 110,597,146 | 0.059839 | 15,978,979 | 956,171 |
| 66.00 | Physical Therapy | 4,193,284 | 30,178,997 | 0.138947 | 2,491,782 | 346,226 |
| 67.00 | Occupational Therapy | 1,774,357 | 13,704,521 | 0.129472 | 1,226,651 | 158,817 |
| 68.00 | Speech Pathology | 0 | 0 | 0.000000 | 0 | 0 |
| 68.01 | Speech Rehab | 530,449 | 2,702,398 | 0.196288 | 330,652 | 64,903 |
| 69.00 | Electrocardiology | 1,404,240 | 38,779,923 | 0.036210 | 3,217,584 | 116,510 |
| 69.02 | Cardiovascular Lab | 2,956,431 | 42,693,948 | 0.069247 | 1,541,627 | 106,753 |
| 70.00 | Electroencephalography | 490,094 | 965,958 | 0.507366 | 88,066 | 44,682 |
| 71.00 | Medical Supplies Charged to Patients | 15,123,128 | 126,248,582 | 0.119789 | 21,836,246 | 2,615,731 |
| 72.00 | Implantable Devices Charged to Patients | 19,372,013 | 39,999,731 | 0.484304 | 2,215,535 | 1,072,992 |
| 73.00 | Drugs Charged to Patients | 18,595,508 | 256,983,943 | 0.072361 | 43,341,402 | 3,136,209 |
| 74.00 | Renal Dialysis | 974,914 | 7,019,007 | 0.138896 | 1,255,000 | 174,315 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.05 | Neonatal Ancillary Services | 5,549 | 108,762 | 0.051016 | 0 | 0 |
| 76.30 | O/P Rehab Services | 2,845,986 | 6,984,219 | 0.407488 | 0 | 0 |
| 76.31 | Comprehensive Cancer Center | 36,010,877 | 143,643,198 | 0.250697 | 0 | 0 |
| 76.32 | | 0 | 0 | 0.000000 | 0 | 0 |
| 76.97 | Cardiac Rehab | 119,596 | 157,201 | 0.760783 | 0 | 0 |
| 76.98 | Hyperbaric Oxygen Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 76.99 | Lithotripter | 295,106 | 1,718,675 | 0.171706 | 0 | 0 |
| 87.01 | | 0 | 0 | 0.000000 | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0.000000 | 0 | 0 |
| 90.00 | Clinic | 2,666,589 | 3,815,947 | 0.698801 | 0 | 0 |
| 90.01 | Neuroscience Clinic | 780,719 | 746,405 | 1.045972 | 0 | 0 |
| 90.02 | Primary Care Clinic | 563,542 | 269,687 | 2.089617 | 0 | 0 |
| 90.03 | La Quinta Cancer Center | 151,811 | 357,625 | 0.424498 | 0 | 0 |
| 90.04 | La Quinta Icon | 289,323 | 21,454 | 13.485756 | 0 | 0 |
| 90.06 | La Quinta Imaging Center | 748,236 | 2,363,854 | 0.316532 | 0 | 0 |
| 91.00 | Emergency | 14,379,914 | 109,903,641 | 0.130841 | 4,339,747 | 567,817 |
| 92.00 | Observation Beds | 0 | 8,590,004 | 0.000000 | 0 | 0 |
| 93.00 | Bariatric Clinic and Wellness Center | 1,213,230 | 886,266 | 1.368923 | 0 | 0 |
| | TOTAL | \$ 187,879,040 | \$ 1,753,189,661 | | \$ 183,468,115 | \$ 15,933,922 |

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| ANCILLARY CHARGES | | REPORTED | ADJUSTMENTS (Adj 29) | AUDITED |
|----------------------------------|---|----------------|-------------------------|----------------|
| 50.00 | Operating Room | \$ 10,358,002 | \$ 6,710,330 | \$ 17,068,332 |
| 51.00 | Recovery Room | | | 0 |
| 52.00 | Labor Room and Delivery Room | 20,292,102 | (1,899,430) | 18,392,672 |
| 53.00 | Anesthesiology | 1,832,332 | 121,841 | 1,954,173 |
| 54.00 | Radiology-Diagnostic | 11,260,177 | 195,821 | 11,455,998 |
| 54.02 | Endoscopy | 196,747 | (155,704) | 41,043 |
| 55.00 | Radiology-Therapeutic | | | 0 |
| 56.00 | Radioisotope | 580,127 | 107,859 | 687,986 |
| 57.00 | Computed Tomography (CT) Scan | | | 0 |
| 58.00 | | | | 0 |
| 59.29 | Psych Adult Day Care | | | 0 |
| 60.00 | Laboratory | 28,418,185 | 6,508,828 | 34,927,013 |
| 60.02 | Laboratory-Pathological | 395,142 | 29,377 | 424,519 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | | | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | | | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | 455,761 | 197,347 | 653,108 |
| 64.00 | Intravenous Therapy | | | 0 |
| 65.00 | Respiratory Therapy | 25,129,964 | (9,150,985) | 15,978,979 |
| 66.00 | Physical Therapy | 2,810,895 | (319,113) | 2,491,782 |
| 67.00 | Occupational Therapy | 1,452,440 | (225,789) | 1,226,651 |
| 68.00 | Speech Pathology | | | 0 |
| 68.01 | Speech Rehab | 385,065 | (54,413) | 330,652 |
| 69.00 | Electrocardiology | 2,545,557 | 672,027 | 3,217,584 |
| 69.02 | Cardiovascular Lab | 1,296,207 | 245,420 | 1,541,627 |
| 70.00 | Electroencephalography | 95,062 | (6,996) | 88,066 |
| 71.00 | Medical Supplies Charged to Patients | 15,515,679 | 6,320,567 | 21,836,246 |
| 72.00 | Implantable Devices Charged to Patients | 742,037 | 1,473,498 | 2,215,535 |
| 73.00 | Drugs Charged to Patients | 41,877,089 | 1,464,313 | 43,341,402 |
| 74.00 | Renal Dialysis | 1,271,198 | (16,198) | 1,255,000 |
| 75.00 | ASC (Non-Distinct Part) | | | 0 |
| 76.00 | Other Ancillary (specify) | | | 0 |
| 76.05 | Neonatal Ancillary Services | 12,579 | (12,579) | 0 |
| 76.30 | O/P Rehab Services | 520 | (520) | 0 |
| 76.31 | Comprehensive Cancer Center | 298,925 | (298,925) | 0 |
| 76.32 | | | | 0 |
| 76.97 | Cardiac Rehab | | | 0 |
| 76.98 | Hyperbaric Oxygen Therapy | | | 0 |
| 76.99 | Lithotripter | | | 0 |
| 87.01 | | | | 0 |
| 88.00 | Rural Health Clinic (RHC) | | | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | | | 0 |
| 90.00 | Clinic | | | 0 |
| 90.01 | Neuroscience Clinic | | | 0 |
| 90.02 | Primary Care Clinic | | | 0 |
| 90.03 | La Quinta Cancer Center | | | 0 |
| 90.04 | La Quinta Icon | | | 0 |
| 90.06 | La Quinta Imaging Center | | | 0 |
| 91.00 | Emergency | 3,919,641 | 420,106 | 4,339,747 |
| 92.00 | Observation Beds | 223,264 | (223,264) | 0 |
| 93.00 | Bariatric Clinic and Wellness Center | | | 0 |
| TOTAL MEDI-CAL ANCILLARY CHARGES | | \$ 171,364,697 | \$ 12,103,418 | \$ 183,468,115 |

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

**Provider Name:
DESERT HOSPITAL**

**Fiscal Period Ended:
MAY 31, 2011**

**Provider NPI:
1104856095**

| | REPORTED | AUDITED | DIFFERENCE |
|--|--------------------------|----------------|-------------------|
| COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM | | | |
| 1. Distinct Part Ancillary Cost (DPNF Sch 3) | \$ 0 | \$ 948,886 | \$ 948,886 |
| 2. Distinct Part Routine Cost (DPNF Sch 2) | \$ 5,103,377 | \$ 5,077,282 | \$ (26,095) |
| 3. Total Distinct Part Facility Cost (Lines 1 & 2) | \$ 5,103,377 | \$ 6,026,168 | \$ 922,791 |
| 4. Total Distinct Part Patient Days (Adj) | 7,841 | 7,841 | 0 |
| 5. Average DP Per Diem Cost (Line 3 ÷ Line 4) | \$ 650.86 | \$ 768.55 | \$ 117.69 |
| DPNF OVERPAYMENTS AND OVERBILLINGS | | | |
| 6. Medi-Cal Overpayments (Adj) | \$ 0 | \$ 0 | \$ 0 |
| 7. Medi-Cal Credit Balances (Adj) | \$ 0 | \$ 0 | \$ 0 |
| 8. MEDI-CAL SETTLEMENT Due Provider (State) | \$ 0 | \$ 0 | \$ 0 |
| | (To Summary of Findings) | | |
| GENERAL INFORMATION | | | |
| 9. Total Licensed Distinct Part Beds (C/R, W/S S-3) | 30 | 30 | 0 |
| 10. Total Licensed Capacity (All levels) (Adj 33) | 332 | 367 | 35 |
| 11. Total Medi-Cal DP Patient Days (Adj) | 0 | 0 | 0 |
| CAPITAL RELATED COST | | | |
| 12. Direct Capital Related Cost | N/A | \$ 0 | N/A |
| 13. Indirect Capital Related Cost (DPNF Sch 5) | N/A | \$ 384,619 | N/A |
| 14. Total Capital Related Cost (Lines 12 & 13) | N/A | \$ 384,619 | N/A |
| TOTAL SALARY & BENEFITS | | | |
| 15. Direct Salary & Benefits Expenses | N/A | \$ 2,385,047 | N/A |
| 16. Allocated Salary & Benefits (DPNF Sch 5) | N/A | \$ 763,227 | N/A |
| 17. Total Salary & Benefits Expenses (Lines 15 & 16) | N/A | \$ 3,148,274 | N/A |

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| COL. | COST CENTER DIRECT AND ALLOCATED EXPENSE | REPORTED | AUDITED * | DIFFERENCE |
|--------|---|--------------|--------------|-------------|
| 0.00 | Distinct Part | \$ 2,641,135 | \$ 2,641,135 | \$ 0 |
| 1.00 | Capital Related Costs-Buildings and Fixtures | 114,356 | 144,850 | 30,494 |
| 2.00 | Capital Related Costs-Movable Equipment | 103,799 | 103,799 | 0 |
| 3.00 | Other Capital Related Costs | 0 | 0 | 0 |
| 3.01 | | 0 | 0 | 0 |
| 3.02 | | 0 | 0 | 0 |
| 3.03 | | 0 | 0 | 0 |
| 3.04 | | 0 | 0 | 0 |
| 3.05 | | 0 | 0 | 0 |
| 3.06 | | 0 | 0 | 0 |
| 3.07 | | 0 | 0 | 0 |
| 3.08 | | 0 | 0 | 0 |
| 3.09 | | 0 | 0 | 0 |
| 4.00 | Employee Benefits | 333,678 | 337,724 | 4,046 |
| 5.01 | | | 0 | 0 |
| 5.02 | | | 0 | 0 |
| 5.03 | | | 0 | 0 |
| 5.04 | | | 0 | 0 |
| 5.05 | | | 0 | 0 |
| 5.06 | | | 0 | 0 |
| 5.07 | | | 0 | 0 |
| 5.08 | | | 0 | 0 |
| 5.00 | Administrative and General | 758,863 | 737,997 | (20,866) |
| 6.00 | Maintenance and Repairs | 153,188 | 155,427 | 2,239 |
| 7.00 | Operation of Plant | 173,105 | 169,706 | (3,399) |
| 8.00 | Laundry and Linen Service | 135,612 | 135,137 | (475) |
| 9.00 | Housekeeping | 128,420 | 124,858 | (3,562) |
| 10.00 | Dietary | 251,794 | 204,933 | (46,861) |
| 11.00 | Cafeteria | 85,683 | 98,415 | 12,732 |
| 12.00 | Maintenance of Personnel | | 0 | 0 |
| 13.00 | Nursing Administration | 96,535 | 96,168 | (367) |
| 14.00 | Central Services and Supply | | 0 | 0 |
| 15.00 | Pharmacy | | 0 | 0 |
| 16.00 | Medical Records & Library | 25,912 | 25,920 | 8 |
| 17.00 | Social Service | 101,297 | 101,212 | (85) |
| 18.00 | Other General Service (specify) | | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | | 0 | 0 |
| 20.00 | Nursing School | | 0 | 0 |
| 21.00 | Intern & Res. Service-Salary & Fringes (Approved) | | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs (Approved) | | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | | 0 | 0 |
| 23.01 | | | 0 | 0 |
| 23.02 | | | 0 | 0 |
| 101.00 | TOTAL DIRECT AND ALLOCATED EXPENSES | \$ 5,103,377 | \$ 5,077,282 | \$ (26,095) |

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

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

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

Provider NPI:
1104856095

| COL. | COST CENTER | AUDITED CAP RELATED * (COL 1) | AUDITED SAL & EMP BENEFITS * (COL 2) |
|-------------|---|--|---|
| 1.00 | Capital Related Costs-Buildings and Fixtures | \$ 144,850 | \$ N/A |
| 2.00 | Capital Related Costs-Movable Equipment | 103,799 | N/A |
| 3.00 | Other Capital Related Costs | 0 | N/A |
| 3.01 | | 0 | N/A |
| 3.02 | | 0 | N/A |
| 3.03 | | 0 | N/A |
| 3.04 | | 0 | N/A |
| 3.05 | | 0 | N/A |
| 3.06 | | 0 | N/A |
| 3.07 | | 0 | N/A |
| 3.08 | | 0 | N/A |
| 3.09 | | 0 | N/A |
| 4.00 | Employee Benefits | 1,323 | 336,402 |
| 5.01 | | 0 | 0 |
| 5.02 | | 0 | 0 |
| 5.03 | | 0 | 0 |
| 5.04 | | 0 | 0 |
| 5.05 | | 0 | 0 |
| 5.06 | | 0 | 0 |
| 5.07 | | 0 | 0 |
| 5.08 | | 0 | 0 |
| 5.00 | Administrative and General | 23,074 | 191,754 |
| 6.00 | Maintenance and Repairs | 45,199 | 42,643 |
| 7.00 | Operation of Plant | 14,082 | 25,595 |
| 8.00 | Laundry and Linen Service | 4,841 | 7,230 |
| 9.00 | Housekeeping | 3,694 | 6,547 |
| 10.00 | Dietary | 33,079 | 15,381 |
| 11.00 | Cafeteria | 5,871 | 5,668 |
| 12.00 | Maintenance of Personnel | 0 | 0 |
| 13.00 | Nursing Administration | 1,396 | 41,851 |
| 14.00 | Central Services and Supply | 0 | 0 |
| 15.00 | Pharmacy | 0 | 0 |
| 16.00 | Medical Records & Library | 1,164 | 13,786 |
| 17.00 | Social Service | 2,247 | 76,369 |
| 18.00 | Other General Service (specify) | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 |
| 21.00 | Intern & Res. Service-Salary & Fringes (Approved) | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs (Approved) | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 |
| 23.01 | | 0 | 0 |
| 23.02 | | 0 | 0 |
| | | | |
| | | | |
| 101 | TOTAL ALLOCATED INDIRECT EXPENSES | \$ 384,619 | \$ 763,227 |

* These amounts include both Skilled Nursing Facility expenses,
line 44 and Nursing Facility expenses, line 45.

(To DPNF SCH 1)

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| TRIAL BALANCE EXPENSES | ALLOC COST 3.09 | EMPLOYEE BENEFITS 4.00 | ALLOC COST 5.01 | ALLOC COST 5.02 | ALLOC COST 5.03 | ALLOC COST 5.04 | ALLOC COST 5.05 | ALLOC COST 5.06 | ALLOC COST 5.07 | ALLOC COST 5.08 | ACCUMULATE COST | ADMINIS- TRATIVE & GENERAL 5.00 |
|---|-----------------------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| ANCILLARY COST CENTERS | | | | | | | | | | | | |
| 50.00 Operating Room | 0 | 1,156,931 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12,234,491 | 2,797,518 |
| 51.00 Recovery Room | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52.00 Labor Room and Delivery Room | 0 | 753,785 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,435,549 | 1,242,884 |
| 53.00 Anesthesiology | 0 | 63,868 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 796,825 | 182,201 |
| 54.00 Radiology-Diagnostic | 0 | 622,233 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,619,176 | 1,742,188 |
| 54.02 Endoscopy | 0 | 113,245 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,405,863 | 321,462 |
| 55.00 Radiology-Therapeutic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56.00 Radioisotope | 0 | 58,839 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,190,493 | 272,216 |
| 57.00 Computed Tomography (CT) Scan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59.29 Psych Adult Day Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23,370 | 5,344 |
| 60.00 Laboratory | 0 | 482,832 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,331,295 | 1,676,362 |
| 60.02 Laboratory-Pathological | 0 | 57,849 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 933,871 | 213,537 |
| 61.00 PBP Clinical Laboratory Services-Program (| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 62.00 Whole Blood & Packed Red Blood Cells | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63.00 Blood Storing, Processing, & Trans. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,348,279 | 536,954 |
| 64.00 Intravenous Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65.00 Respiratory Therapy | 0 | 466,747 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,906,282 | 1,121,862 |
| 66.00 Physical Therapy | 0 | 319,963 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,003,464 | 686,767 |
| 67.00 Occupational Therapy | 0 | 146,661 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,379,683 | 315,476 |
| 68.00 Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 68.01 Speech Rehab | 0 | 47,306 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 414,655 | 94,814 |
| 69.00 Electrocardiology | 0 | 77,066 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 988,944 | 226,130 |
| 69.02 Cardiovascular Lab | 0 | 183,420 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,025,507 | 463,149 |
| 70.00 Electroencephalography | 0 | 16,107 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 246,392 | 56,340 |
| 71.00 Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11,255,782 | 2,573,728 |
| 72.00 Implantable Devices Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14,759,657 | 3,374,919 |
| 73.00 Drugs Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8,711,979 | 1,992,067 |
| 74.00 Renal Dialysis | 0 | 27,008 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 765,033 | 174,931 |
| 75.00 ASC (Non-Distinct Part) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 76.00 Other Ancillary (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 76.05 Neonatal Ancillary Services | 0 | 380 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,144 | 948 |
| 76.30 O/P Rehab Services | 0 | 184,204 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,256,883 | 516,055 |
| 76.31 Comprehensive Cancer Center | 0 | 40,544 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 28,979,721 | 6,626,455 |
| 76.32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 76.97 Cardiac Rehab | 0 | 6,888 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76,649 | 17,527 |
| 76.98 Hyperbaric Oxygen Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 76.99 Lithotripter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 236,405 | 54,056 |
| 87.01 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 88.00 Rural Health Clinic (RHC) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 89.00 Federally Qualified Health Center (FQHC) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 90.00 Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,031,143 | 464,438 |
| 90.01 Neuroscience Clinic | 0 | 51,733 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 583,512 | 133,425 |
| 90.02 Primary Care Clinic | 0 | 18,802 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 258,131 | 59,024 |
| 90.03 La Quinta Cancer Center | 0 | 1,783 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 122,161 | 27,933 |
| 90.04 La Quinta Icon | 0 | 13,328 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 232,155 | 53,084 |
| 90.06 La Quinta Imaging Center | 0 | 47,098 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 592,615 | 135,506 |
| 91.00 Emergency | 0 | 1,095,537 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,368,168 | 2,370,768 |
| 92.00 Observation Beds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 93.00 Bariatric Clinic and Wellness Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 682,679 | 156,100 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | | |
| 94.00 Home Program Dialysis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95.00 Ambulance Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 96.00 Durable Medical Equipment-Rented | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 97.00 Durable Medical Equipment-Sold | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 98.00 Other Reimbursable (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 99.00 Vacant Area | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 312,777 | 71,519 |
| 100.00 Intern-Resident Service (not appvd. tchnlg. prgm.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 100.40 Nonprogram Education | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 183,042 | 41,854 |

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| TRIAL BALANCE EXPENSES | ALLOC COST 3.09 | EMPLOYEE BENEFITS 4.00 | ALLOC COST 5.01 | ALLOC COST 5.02 | ALLOC COST 5.03 | ALLOC COST 5.04 | ALLOC COST 5.05 | ALLOC COST 5.06 | ALLOC COST 5.07 | ALLOC COST 5.08 | ACCUMULATE COST | ADMINIS- TRATIVE & GENERAL 5.00 |
|---|-----------------------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| 101.00 Home Health Agency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 105.00 Kidney Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 107.00 Liver Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 108.00 Lung Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 109.00 Pancreas Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110.00 Intestinal Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111.00 Islet Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112.00 Other Organ Acquisition (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113.00 Interest Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114.00 Utilization Review-SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 116.00 Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,590,810 | 363,752 |
| 117.00 Other Special Purpose (specify) | 0 | 167,718 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 198,100 | 45,297 |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 191.00 Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 192.00 Physicians' Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 584,519 | 133,655 |
| 193.00 Auxillary | 0 | 12,115 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 224,776 | 51,397 |
| 194.00 Doctors Meals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27,696 | 6,333 |
| 194.05 Public Relations | 0 | 77,529 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,445,203 | 330,458 |
| 194.14 Outpatient Surgery Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,837,985 | 1,334,904 |
| 194.30 El Mirador Medical Plaza MOB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,082,990 | 247,635 |
| 194.40 La Quinta Clinics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 137,545 | 31,451 |
| TOTAL | 0 | <u>15,907,875</u> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <u>294,022,880</u> | <u>54,718,859</u> |

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| TRIAL BALANCE EXPENSES | MAINT & REPAIR 6.00 | OPERATION OF PLANT 7.00 | LAUNDRY & LINEN 8.00 | HOUSEKEEP 9.00 | DIETARY 10.00 | CAFETERIA 11.00 | MAINT OF PERSONNEL 12.00 | NURSING ADMIN 13.00 | CENTRAL SERVICE & SUPPLY 14.00 | PHARMACY 15.00 | MEDICAL RECORDS & LIBRARY 16.00 | SOCIAL SERVICE 17.00 |
|---|---------------------------|-------------------------------|----------------------------|-------------------|------------------|--------------------|--------------------------------|---------------------------|---|-------------------|--|----------------------------|
| 101.00 Home Health Agency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 105.00 Kidney Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 107.00 Liver Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 108.00 Lung Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 109.00 Pancreas Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110.00 Intestinal Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111.00 Islet Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112.00 Other Organ Acquisition (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113.00 Interest Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114.00 Utilization Review-SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 116.00 Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 117.00 Other Special Purpose (specify) | 0 | 0 | 6,463 | 0 | 9,801 | 48,874 | 0 | 32,351 | 0 | 0 | 8,857 | 4,841 |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 191.00 Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 192.00 Physicians' Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 193.00 Auxillary | 57,486 | 62,767 | 0 | 46,180 | 0 | 3,530 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.00 Doctors Meals | 17,313 | 18,903 | 0 | 13,908 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.05 Public Relations | 17,014 | 18,577 | 0 | 13,668 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.14 Outpatient Surgery Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.30 El Mirador Medical Plaza MOB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.40 La Quinta Clinics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | | | | | | | | | | | |
| TOTAL | <u>5,805,264</u> | <u>6,067,525</u> | <u>1,419,656</u> | <u>4,404,005</u> | <u>2,124,160</u> | <u>4,031,029</u> | <u>0</u> | <u>2,997,129</u> | <u>1,997,740</u> | <u>7,124,580</u> | <u>5,370,521</u> | <u>1,063,261</u> |

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| TRIAL BALANCE EXPENSES | OTHER GEN | NONPHYSICIAN | NURSING | I & R SVC | I&R OTHER | PARAMEDICAL | ALLOC COST 23.01 | ALLOC COST 23.02 | SUBTOTAL 24.00 | POST | TOTAL COST 26.00 |
|---|---------------------|--------------|---------|----------------|----------------|------------------|------------------------|------------------------|-------------------|---------------------|------------------------|
| | SVC | ANESTHETIST | SCHOOL | SAL & BENEFITS | PROGRAM | EDUCATION | | | | STEP-DOWN | |
| | (SPECIFIC) 18.00 | 19.00 | 20.00 | 21.00 | COSTS 22.00 | PROGRAM 23.00 | | | | ADJUSTMENT 25.00 | |
| ANCILLARY COST CENTERS | | | | | | | | | | | |
| 50.00 Operating Room | 0 | 0 | 0 | 0 | 46,440 | 0 | 0 | 0 | 17,239,639 | | 17,239,639 |
| 51.00 Recovery Room | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 52.00 Labor Room and Delivery Room | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,916,848 | | 7,916,848 |
| 53.00 Anesthesiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,103,300 | | 1,103,300 |
| 54.00 Radiology-Diagnostic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11,195,538 | | 11,195,538 |
| 54.02 Endoscopy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,280,230 | | 2,280,230 |
| 55.00 Radiology-Therapeutic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 56.00 Radioisotope | 0 | 0 | 0 | 0 | 0 | 73,197 | 0 | 0 | 1,706,555 | | 1,706,555 |
| 57.00 Computed Tomography (CT) Scan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 58.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 59.29 Psych Adult Day Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,009 | | 71,009 |
| 60.00 Laboratory | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,975,498 | | 9,975,498 |
| 60.02 Laboratory-Pathological | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,393,852 | | 1,393,852 |
| 61.00 PBP Clinical Laboratory Services-Program (| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 62.00 Whole Blood & Packed Red Blood Cells | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 63.00 Blood Storing, Processing, & Trans. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,893,619 | | 2,893,619 |
| 64.00 Intravenous Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 65.00 Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,618,053 | | 6,618,053 |
| 66.00 Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,193,284 | | 4,193,284 |
| 67.00 Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,774,357 | | 1,774,357 |
| 68.00 Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 68.01 Speech Rehab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 530,449 | | 530,449 |
| 69.00 Electrocardiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,404,240 | | 1,404,240 |
| 69.02 Cardiovascular Lab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,956,431 | | 2,956,431 |
| 70.00 Electroencephalography | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 490,094 | | 490,094 |
| 71.00 Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15,123,128 | | 15,123,128 |
| 72.00 Implantable Devices Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19,372,013 | | 19,372,013 |
| 73.00 Drugs Charged to Patients | 0 | 0 | 0 | 0 | 0 | 70,382 | 0 | 0 | 18,595,508 | | 18,595,508 |
| 74.00 Renal Dialysis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 974,914 | | 974,914 |
| 75.00 ASC (Non-Distinct Part) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 76.00 Other Ancillary (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 76.05 Neonatal Ancillary Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,549 | | 5,549 |
| 76.30 O/P Rehab Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,845,986 | | 2,845,986 |
| 76.31 Comprehensive Cancer Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 36,010,877 | | 36,010,877 |
| 76.32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 76.97 Cardiac Rehab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 119,596 | | 119,596 |
| 76.98 Hyperbaric Oxygen Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 76.99 Lithotripter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 295,106 | | 295,106 |
| 87.01 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 88.00 Rural Health Clinic (RHC) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 89.00 Federally Qualified Health Center (FQHC) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 90.00 Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,666,589 | | 2,666,589 |
| 90.01 Neuroscience Clinic | 0 | 0 | 0 | 0 | 46,440 | 0 | 0 | 0 | 780,719 | | 780,719 |
| 90.02 Primary Care Clinic | 0 | 0 | 0 | 0 | 0 | 104,165 | 0 | 0 | 563,542 | | 563,542 |
| 90.03 La Quinta Cancer Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 151,811 | | 151,811 |
| 90.04 La Quinta Icon | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 289,323 | | 289,323 |
| 90.06 La Quinta Imaging Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 748,236 | | 748,236 |
| 91.00 Emergency | 0 | 0 | 0 | 0 | 38,700 | 73,197 | 0 | 0 | 14,379,914 | | 14,379,914 |
| 92.00 Observation Beds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 93.00 Bariatric Clinic and Wellness Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,213,230 | | 1,213,230 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | |
| 94.00 Home Program Dialysis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 95.00 Ambulance Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 96.00 Durable Medical Equipment-Rented | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 97.00 Durable Medical Equipment-Sold | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 98.00 Other Reimbursable (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 99.00 Vacant Area | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 950,343 | | 950,343 |
| 100.00 Intern-Resident Service (not appvd. tchnng. prgm.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 100.40 Nonprogram Education | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 432,201 | | 432,201 |

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| TRIAL BALANCE EXPENSES | OTHER GEN | NONPHYSICIAN | NURSING | I & R SVC | I&R OTHER | PARAMEDICAL | ALLOC | ALLOC | SUBTOTAL | POST | TOTAL |
|---|------------|--------------|----------|----------------|----------------|----------------|----------|----------|--------------------|------------|--------------------|
| | SVC | ANESTHETIST | SCHOOL | SAL & BENEFITS | PROGRAM | EDUCATION | COST | COST | | STEP-DOWN | COST |
| | (SPECIFIC) | | | | COSTS | PROGRAM | 23.01 | 23.02 | 24.00 | ADJUSTMENT | 26.00 |
| | 18.00 | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | | | | 25.00 | |
| 101.00 Home Health Agency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 105.00 Kidney Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 107.00 Liver Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 108.00 Lung Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 109.00 Pancreas Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110.00 Intestinal Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111.00 Islet Acquisition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112.00 Other Organ Acquisition (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113.00 Interest Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114.00 Utilization Review-SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 116.00 Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,954,562 | 0 | 1,954,562 |
| 117.00 Other Special Purpose (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 354,585 | 0 | 354,585 |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 191.00 Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 192.00 Physicians' Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 718,174 | 0 | 718,174 |
| 193.00 Auxillary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 446,137 | 0 | 446,137 |
| 194.00 Doctors Meals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 84,153 | 0 | 84,153 |
| 194.05 Public Relations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,824,920 | 0 | 1,824,920 |
| 194.14 Outpatient Surgery Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,172,889 | 0 | 7,172,889 |
| 194.30 El Mirador Medical Plaza MOB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,330,625 | 0 | 1,330,625 |
| 194.40 La Quinta Clinics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 168,996 | 0 | 168,996 |
| TOTAL | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>247,682</u> | <u>585,575</u> | <u>0</u> | <u>0</u> | <u>294,022,880</u> | <u>0</u> | <u>294,022,880</u> |

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | EMP BENE (GROSS SALARIES) 4.00 (Adj 12) | STAT 5.01 | STAT 5.02 | STAT 5.03 | STAT 5.04 | STAT 5.05 | STAT 5.06 | STAT 5.07 | STAT 5.08 | RECON- CILIATION | ADM & GEN (ACCUM COST) 5.00 | MANT & REPAIRS (SQ FT) 6.00 <small>(Adjs 11,14,15,16) (Adjs 17,18,19,20)</small> |
|-------------------------------------|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|--------------------------------------|--|
| ANCILLARY COST CENTERS | | | | | | | | | | | | |
| 50.00 | Operating Room | 8,170,377 | | | | | | | | | 12,234,491 | 21,901 |
| 51.00 | Recovery Room | | | | | | | | | | 0 | |
| 52.00 | Labor Room and Delivery Room | 5,323,311 | | | | | | | | | 5,435,549 | 11,858 |
| 53.00 | Anesthesiology | 451,042 | | | | | | | | | 796,825 | 603 |
| 54.00 | Radiology-Diagnostic | 4,394,281 | | | | | | | | | 7,619,176 | 22,508 |
| 54.02 | Endoscopy | 799,749 | | | | | | | | | 1,405,863 | 9,455 |
| 55.00 | Radiology-Therapeutic | | | | | | | | | | 0 | |
| 56.00 | Radioisotope | 415,525 | | | | | | | | | 1,190,493 | 2,149 |
| 57.00 | Computed Tomography (CT) Scan | | | | | | | | | | 0 | |
| 58.00 | | | | | | | | | | | 0 | |
| 59.29 | Psych Adult Day Care | | | | | | | | | | 23,370 | 832 |
| 60.00 | Laboratory | 3,409,814 | | | | | | | | | 7,331,295 | 5,982 |
| 60.02 | Laboratory-Pathological | 408,534 | | | | | | | | | 933,871 | 4,093 |
| 61.00 | PBP Clinical Laboratory Services-Program O | | | | | | | | | | 0 | |
| 62.00 | Whole Blood & Packed Red Blood Cells | | | | | | | | | | 0 | |
| 63.00 | Blood Storing, Processing, & Trans. | | | | | | | | | | 2,348,279 | |
| 64.00 | Intravenous Therapy | | | | | | | | | | 0 | |
| 65.00 | Respiratory Therapy | 3,296,219 | | | | | | | | | 4,906,282 | 3,081 |
| 66.00 | Physical Therapy | 2,259,617 | | | | | | | | | 3,003,464 | 6,477 |
| 67.00 | Occupational Therapy | 1,035,735 | | | | | | | | | 1,379,683 | |
| 68.00 | Speech Pathology | | | | | | | | | | 0 | |
| 68.01 | Speech Rehab | 334,082 | | | | | | | | | 414,655 | |
| 69.00 | Electrocardiology | 544,250 | | | | | | | | | 988,944 | 1,216 |
| 69.02 | Cardiovascular Lab | 1,295,329 | | | | | | | | | 2,025,507 | 4,965 |
| 70.00 | Electroencephalography | 113,752 | | | | | | | | | 246,392 | 3,542 |
| 71.00 | Medical Supplies Charged to Patients | | | | | | | | | | 11,255,782 | |
| 72.00 | Implantable Devices Charged to Patients | | | | | | | | | | 14,759,657 | |
| 73.00 | Drugs Charged to Patients | | | | | | | | | | 8,711,979 | |
| 74.00 | Renal Dialysis | 190,732 | | | | | | | | | 765,033 | 154 |
| 75.00 | ASC (Non-Distinct Part) | | | | | | | | | | 0 | |
| 76.00 | Other Ancillary (specify) | | | | | | | | | | 0 | |
| 76.05 | Neonatal Ancillary Services | 2,684 | | | | | | | | | 4,144 | |
| 76.30 | O/P Rehab Services | 1,300,872 | | | | | | | | | 2,256,883 | |
| 76.31 | Comprehensive Cancer Center | 286,323 | | | | | | | | | 28,979,721 | |
| 76.32 | | | | | | | | | | | 0 | |
| 76.97 | Cardiac Rehab | 48,641 | | | | | | | | | 76,649 | 400 |
| 76.98 | Hyperbaric Oxygen Therapy | | | | | | | | | | 0 | |
| 76.99 | Lithotripter | | | | | | | | | | 236,405 | |
| 87.01 | | | | | | | | | | | 0 | |
| 88.00 | Rural Health Clinic (RHC) | | | | | | | | | | 0 | |
| 89.00 | Federally Qualified Health Center (FQHC) | | | | | | | | | | 0 | |
| 90.00 | Clinic | | | | | | | | | | 2,031,143 | 3,364 |
| 90.01 | Neuroscience Clinic | 365,343 | | | | | | | | | 583,512 | |
| 90.02 | Primary Care Clinic | 132,782 | | | | | | | | | 258,131 | 2,620 |
| 90.03 | La Quinta Cancer Center | 12,595 | | | | | | | | | 122,161 | |
| 90.04 | La Quinta Icon | 94,123 | | | | | | | | | 232,155 | |
| 90.06 | La Quinta Imaging Center | 332,614 | | | | | | | | | 592,615 | |
| 91.00 | Emergency | 7,736,805 | | | | | | | | | 10,368,168 | 11,285 |
| 92.00 | Observation Beds | | | | | | | | | | 0 | |
| 93.00 | Bariatric Clinic and Wellness Center | | | | | | | | | | 682,679 | 7,366 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | | | | |
| 94.00 | Home Program Dialysis | | | | | | | | | | 0 | |
| 95.00 | Ambulance Services | | | | | | | | | | 0 | |
| 96.00 | Durable Medical Equipment-Rented | | | | | | | | | | 0 | |
| 97.00 | Durable Medical Equipment-Sold | | | | | | | | | | 0 | |
| 98.00 | Other Reimbursable (specify) | | | | | | | | | | 0 | |
| 99.00 | Vacant Area | | | | | | | | | | 312,777 | 11,135 |
| 100.00 | Intern-Resident Service (not appvd. tchg. prgm.) | | | | | | | | | | 0 | |
| 100.40 | Nonprogram Education | | | | | | | | | | 183,042 | 4,078 |

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.1

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | EMP BENE (GROSS SALARIES) 4.00 (Adj 12) | STAT 5.01 | STAT 5.02 | STAT 5.03 | STAT 5.04 | STAT 5.05 | STAT 5.06 | STAT 5.07 | STAT 5.08 | RECON- CILIATION | ADM & GEN (ACCUM COST) 5.00 | MANT & REPAIRS (SQ FT) 6.00 <small>(Adjs 11,14,15,16) (Adjs 17,18,19,20)</small> |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|--------------------------------------|--|
| 101.00 Home Health Agency | | | | | | | | | | | 0 | |
| 105.00 Kidney Acquisition | | | | | | | | | | | 0 | |
| 107.00 Liver Acquisition | | | | | | | | | | | 0 | |
| 108.00 Lung Acquisition | | | | | | | | | | | 0 | |
| 109.00 Pancreas Acquisition | | | | | | | | | | | 0 | |
| 110.00 Intestinal Acquisition | | | | | | | | | | | 0 | |
| 111.00 Islet Acquisition | | | | | | | | | | | 0 | |
| 112.00 Other Organ Acquisition (specify) | | | | | | | | | | | 0 | |
| 113.00 Interest Expense | | | | | | | | | | | 0 | |
| 114.00 Utilization Review-SNF | | | | | | | | | | | 0 | |
| 116.00 Hospice | | | | | | | | | | | 1,590,810 | |
| 117.00 Other Special Purpose (specify) | 1,184,444 | | | | | | | | | | 198,100 | |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | | | 0 | |
| 191.00 Research | | | | | | | | | | | 0 | |
| 192.00 Physicians' Private Offices | | | | | | | | | | | 584,519 | |
| 193.00 Auxillary | 85,558 | | | | | | | | | | 224,776 | 3,274 |
| 194.00 Doctors Meals | | | | | | | | | | | 27,696 | 986 |
| 194.05 Public Relations | 547,516 | | | | | | | | | | 1,445,203 | 969 |
| 194.14 Outpatient Surgery Center | | | | | | | | | | | 5,837,985 | |
| 194.30 El Mirador Medical Plaza MOB | | | | | | | | | | | 1,082,990 | |
| 194.40 La Quinta Clinics | | | | | | | | | | | 137,545 | |
| TOTAL | 112,343,158 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 239,304,021 | 330,626 |
| COST TO BE ALLOCATED | 15,907,875 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 54,718,859 | 5,805,264 |
| UNIT COST MULTIPLIER - SCH 8 | 0.141601 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | | 0.228658 | 17.558402 |

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | OPER PLANT (SQ FT) 7.00 (Adjs 11,14,15,16) (Adjs 17,18,19,20) | LAUNDRY & LINEN (PATIENT DAYS) 8.00 | HOUSE-KEEPING (SQ FT) 9.00 (Adjs 11,14,15,16) (Adjs 17,18,19,20) | DIETARY (PATIENT DAYS) 10.00 | CAFETERIA (GROSS SALARIES) 11.00 (Adj 12) | MANUT OF PERSONNEL 12.00 | NURSING ADMIN (NURSE HR) 13.00 | CENT SERV & SUPPLY (CSTD REQUIS) 14.00 | PHARMACY (COST REQUIS) 15.00 | MED REC (GROSS REVENUES) 16.00 | SOC SERV (PATIENT DAYS) 17.00 | OTHER SVC (TIME SPENT) 18.00 |
|---------------------------------------|--|--|---|---------------------------------|---|-----------------------------|-----------------------------------|---|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | | | | |
| 1.00 | Capital Related Costs-Buildings and Fixtures | | | | | | | | | | | |
| 2.00 | Capital Related Costs-Movable Equipment | | | | | | | | | | | |
| 3.00 | Other Capital Related Costs | | | | | | | | | | | |
| 3.01 | | | | | | | | | | | | |
| 3.02 | | | | | | | | | | | | |
| 3.03 | | | | | | | | | | | | |
| 3.04 | | | | | | | | | | | | |
| 3.05 | | | | | | | | | | | | |
| 3.06 | | | | | | | | | | | | |
| 3.07 | | | | | | | | | | | | |
| 3.08 | | | | | | | | | | | | |
| 3.09 | | | | | | | | | | | | |
| 4.00 | Employee Benefits | | | | | | | | | | | |
| 5.01 | | | | | | | | | | | | |
| 5.02 | | | | | | | | | | | | |
| 5.03 | | | | | | | | | | | | |
| 5.04 | | | | | | | | | | | | |
| 5.05 | | | | | | | | | | | | |
| 5.06 | | | | | | | | | | | | |
| 5.07 | | | | | | | | | | | | |
| 5.08 | | | | | | | | | | | | |
| 5.00 | Administrative and General | | | | | | | | | | | |
| 6.00 | Maintenance and Repairs | | | | | | | | | | | |
| 7.00 | Operation of Plant | | | | | | | | | | | |
| 8.00 | Laundry and Linen Service 1,232 | | | | | | | | | | | |
| 9.00 | Housekeeping 3,027 | | | | | | | | | | | |
| 10.00 | Dietary 9,468 | | | | | | | | | | | |
| 11.00 | Cafeteria 6,217 | | | | | | | | | | | |
| 12.00 | Maintenance of Personnel | | | | | | | | | | | |
| 13.00 | Nursing Administration 666 | | | | | | | | | | | |
| 14.00 | Central Services and Supply 8,181 | | | | | | | | | | | |
| 15.00 | Pharmacy 4,236 | | | | | | | | | | | |
| 16.00 | Medical Records & Library 5,833 | | | | | | | | | | | |
| 17.00 | Social Service 447 | | | | | | | | | | | |
| 18.00 | Other General Service (specify) | | | | | | | | | | | |
| 19.00 | Nonphysician Anesthetists | | | | | | | | | | | |
| 20.00 | Nursing School | | | | | | | | | | | |
| 21.00 | Intern & Res. Service-Salary & Fringes (Approved) | | | | | | | | | | | |
| 22.00 | Intern & Res. Other Program Costs (Approved) | | | | | | | | | | | |
| 23.00 | Paramedical Ed. Program (specify) 376,786 | | | | | | | | | | | |
| 23.01 | | | | | | | | | | | | |
| 23.02 | | | | | | | | | | | | |
| INPATIENT ROUTINE COST CENTERS | | | | | | | | | | | | |
| 30.00 | Adults & Pediatrics (Gen Routine) 101,221 52,989 101,221 52,989 26,351,923 22,592,054 187,104,085 52,989 | | | | | | | | | | | |
| 31.00 | Intensive Care Unit 14,960 8,894 14,960 8,280 8,664,402 8,269,878 69,585,110 8,894 | | | | | | | | | | | |
| 32.00 | Coronary Care Unit | | | | | | | | | | | |
| 33.00 | Burn Intensive Care Unit | | | | | | | | | | | |
| 34.00 | Surgical Intensive Care Unit | | | | | | | | | | | |
| 35.00 | NICU 7,580 7,027 7,580 6,542 6,632,947 4,865,497 65,236,034 7,027 | | | | | | | | | | | |
| 40.00 | Subprovider - IPF | | | | | | | | | | | |
| 41.00 | Subprovider - IRF | | | | | | | | | | | |
| 42.00 | Subprovider (specify) | | | | | | | | | | | |
| 43.00 | Nursery 274 5,246 274 5,246 980,670 814,582 8,394,947 5,246 | | | | | | | | | | | |
| 44.00 | Skilled Nursing Facility 8,852 7,841 8,852 7,841 2,385,047 1,797,865 9,589,800 7,841 | | | | | | | | | | | |
| 45.00 | Nursing Facility | | | | | | | | | | | |
| 46.00 | Other Long Term Care | | | | | | | | | | | |
| 47.00 | | | | | | | | | | | | |

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.2

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | OPER PLANT (SQ FT) | LAUNDRY & LINEN (PATIENT DAYS) | HOUSE-KEEPING (SQ FT) | DIETARY (PATIENT DAYS) | CAFETERIA (GROSS SALARIES) | MANT OF PERSONNEL | NURSING ADMIN (NURSE HR) | CENT SERV & SUPPLY (CSTD REQUIS) | PHARMACY (COST REQUIS) | MED REC (GROSS REVENUES) | SOC SERV (PATIENT DAYS) | OTHER SVC (TIME SPENT) |
|---|--|--------------------------------|--|------------------------|----------------------------|-------------------|--------------------------|----------------------------------|------------------------|--------------------------|-------------------------|------------------------|
| | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 |
| | (Adjs 11,14,15,16) (Adjs 17,18,19,20) | | (Adjs 11,14,15,16) (Adjs 17,18,19,20) | | (Adj 12) | | | | | | | |
| 101.00 Home Health Agency | | | | | | | | | | | | |
| 105.00 Kidney Acquisition | | | | | | | | | | | | |
| 107.00 Liver Acquisition | | | | | | | | | | | | |
| 108.00 Lung Acquisition | | | | | | | | | | | | |
| 109.00 Pancreas Acquisition | | | | | | | | | | | | |
| 110.00 Intestinal Acquisition | | | | | | | | | | | | |
| 111.00 Islet Acquisition | | | | | | | | | | | | |
| 112.00 Other Organ Acquisition (specify) | | | | | | | | | | | | |
| 113.00 Interest Expense | | | | | | | | | | | | |
| 114.00 Utilization Review-SNF | | | | | | | | | | | | |
| 116.00 Hospice | | | | | | | | | | | | |
| 117.00 Other Special Purpose (specify) | | 375 | | 375 | 1,184,444 | | 604,800 | | | 3,276,897 | 375 | |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | | | | |
| 191.00 Research | | | | | | | | | | | | |
| 192.00 Physicians' Private Offices | | | | | | | | | | | | |
| 193.00 Auxillary | 3,274 | | 3,274 | | 85,558 | | | | | | | |
| 194.00 Doctors Meals | 986 | | 986 | | | | | | | | | |
| 194.05 Public Relations | 969 | | 969 | | | | | | | | | |
| 194.14 Outpatient Surgery Center | | | | | | | | | | | | |
| 194.30 El Mirador Medical Plaza MOB | | | | | | | | | | | | |
| 194.40 La Quinta Clinics | | | | | | | | | | | | |
| TOTAL | 316,487 | 82,372 | 312,228 | 81,273 | 97,689,960 | 0 | 56,031,305 | 10,000 | 100 | ##### | 82,372 | 0 |
| COST TO BE ALLOCATED | 6,067,525 | 1,419,656 | 4,404,005 | 2,124,160 | 4,031,029 | 0 | 2,997,129 | 1,997,740 | 7,124,580 | 5,370,521 | 1,063,261 | 0 |
| UNIT COST MULTIPLIER - SCH 8 | 19.171484 | 17.234689 | 14.105095 | 26.136112 | 0.041263 | 0.000000 | 0.053490 | 199.773979 | 71245.797239 | 0.002703 | 12.908034 | 0.000000 |

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| NONPHY- SICIAN ANE | NURSING SCHOOL | I&R SVC&SAL | I&R OTHER PROG (ASG TIME) | PARAMEDICAL ED. PROG (ASG TIME) | STAT | STAT |
|-----------------------|-------------------|----------------|---------------------------------|---------------------------------------|-------|-------|
| 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | 23.02 |

GENERAL SERVICE COST CENTERS

- 1.00 Capital Related Costs-Buildings and Fixtures
- 2.00 Capital Related Costs-Movable Equipment
- 3.00 Other Capital Related Costs
- 3.01
- 3.02
- 3.03
- 3.04
- 3.05
- 3.06
- 3.07
- 3.08
- 3.09
- 4.00 Employee Benefits
- 5.01
- 5.02
- 5.03
- 5.04
- 5.05
- 5.06
- 5.07
- 5.08
- 5.00 Administrative and General
- 6.00 Maintenance and Repairs
- 7.00 Operation of Plant
- 8.00 Laundry and Linen Service
- 9.00 Housekeeping
- 10.00 Dietary
- 11.00 Cafeteria
- 12.00 Maintenance of Personnel
- 13.00 Nursing Administration
- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records & Library
- 17.00 Social Service
- 18.00 Other General Service (specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern & Res. Service-Salary & Fringes (Approved)
- 22.00 Intern & Res. Other Program Costs (Approved)
- 23.00 Paramedical Ed. Program (specify)
- 23.01
- 23.02

INPATIENT ROUTINE COST CENTERS

- 30.00 Adults & Pediatrics (Gen Routine) 70 2,040
- 31.00 Intensive Care Unit 80 1,120
- 32.00 Coronary Care Unit
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 NICU 400
- 40.00 Subprovider - IPF
- 41.00 Subprovider - IRF
- 42.00 Subprovider (specify)
- 43.00 Nursery 200
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Other Long Term Care
- 47.00

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | NONPHY- SICIAN ANE | NURSING SCHOOL | I&R SVC&SAL | I&R OTHER PROG (ASG TIME) | PARAMEDICAL ED. PROG (ASG TIME) | STAT | STAT |
|-------------------------------------|---|-------------------|----------------|---------------------------------|---------------------------------------|-------|-------|
| | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | 23.02 |
| ANCILLARY COST CENTERS | | | | | | | |
| 50.00 | Operating Room | | | 60 | | | |
| 51.00 | Recovery Room | | | | | | |
| 52.00 | Labor Room and Delivery Room | | | | | | |
| 53.00 | Anesthesiology | | | | | | |
| 54.00 | Radiology-Diagnostic | | | | | | |
| 54.02 | Endoscopy | | | | | | |
| 55.00 | Radiology-Therapeutic | | | | | | |
| 56.00 | Radioisotope | | | | 1,040 | | |
| 57.00 | Computed Tomography (CT) Scan | | | | | | |
| 58.00 | | | | | | | |
| 59.29 | Psych Adult Day Care | | | | | | |
| 60.00 | Laboratory | | | | | | |
| 60.02 | Laboratory-Pathological | | | | | | |
| 61.00 | PBP Clinical Laboratory Services-Program Only | | | | | | |
| 62.00 | Whole Blood & Packed Red Blood Cells | | | | | | |
| 63.00 | Blood Storing, Processing, & Trans. | | | | | | |
| 64.00 | Intravenous Therapy | | | | | | |
| 65.00 | Respiratory Therapy | | | | | | |
| 66.00 | Physical Therapy | | | | | | |
| 67.00 | Occupational Therapy | | | | | | |
| 68.00 | Speech Pathology | | | | | | |
| 68.01 | Speech Rehab | | | | | | |
| 69.00 | Electrocardiology | | | | | | |
| 69.02 | Cardiovascular Lab | | | | | | |
| 70.00 | Electroencephalography | | | | | | |
| 71.00 | Medical Supplies Charged to Patients | | | | | | |
| 72.00 | Implantable Devices Charged to Patients | | | | | | |
| 73.00 | Drugs Charged to Patients | | | | 1,000 | | |
| 74.00 | Renal Dialysis | | | | | | |
| 75.00 | ASC (Non-Distinct Part) | | | | | | |
| 76.00 | Other Ancillary (specify) | | | | | | |
| 76.05 | Neonatal Ancillary Services | | | | | | |
| 76.30 | O/P Rehab Services | | | | | | |
| 76.31 | Comprehensive Cancer Center | | | | | | |
| 76.32 | | | | | | | |
| 76.97 | Cardiac Rehab | | | | | | |
| 76.98 | Hyperbaric Oxygen Therapy | | | | | | |
| 76.99 | Lithotripter | | | | | | |
| 87.01 | | | | | | | |
| 88.00 | Rural Health Clinic (RHC) | | | | | | |
| 89.00 | Federally Qualified Health Center (FQHC) | | | | | | |
| 90.00 | Clinic | | | | | | |
| 90.01 | Neuroscience Clinic | | | 60 | | | |
| 90.02 | Primary Care Clinic | | | | 1,480 | | |
| 90.03 | La Quinta Cancer Center | | | | | | |
| 90.04 | La Quinta Icon | | | | | | |
| 90.06 | La Quinta Imaging Center | | | | | | |
| 91.00 | Emergency | | | 50 | 1,040 | | |
| 92.00 | Observation Beds | | | | | | |
| 93.00 | Bariatric Clinic and Wellness Center | | | | | | |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 94.00 | Home Program Dialysis | | | | | | |
| 95.00 | Ambulance Services | | | | | | |
| 96.00 | Durable Medical Equipment-Rented | | | | | | |
| 97.00 | Durable Medical Equipment-Sold | | | | | | |
| 98.00 | Other Reimbursable (specify) | | | | | | |
| 99.00 | Vacant Area | | | | | | |
| 100.00 | Intern-Resident Service (not appvd. tchng. prgm.) | | | | | | |
| 100.40 | Nonprogram Education | | | | | | |

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.3

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | NONPHY- SICIAN ANE | NURSING SCHOOL | I&R SVC&SAL | I&R OTHER PROG (ASG TIME) | PARAMEDICAL ED. PROG (ASG TIME) | STAT | STAT |
|------------------------------|-----------------------|-------------------|----------------|---------------------------------|---------------------------------------|----------|----------|
| | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | 23.02 |
| 101.00 | | | | | | | |
| 105.00 | | | | | | | |
| 107.00 | | | | | | | |
| 108.00 | | | | | | | |
| 109.00 | | | | | | | |
| 110.00 | | | | | | | |
| 111.00 | | | | | | | |
| 112.00 | | | | | | | |
| 113.00 | | | | | | | |
| 114.00 | | | | | | | |
| 116.00 | | | | | | | |
| 117.00 | | | | | | | |
| 190.00 | | | | | | | |
| 191.00 | | | | | | | |
| 192.00 | | | | | | | |
| 193.00 | | | | | | | |
| 194.00 | | | | | | | |
| 194.05 | | | | | | | |
| 194.14 | | | | | | | |
| 194.30 | | | | | | | |
| 194.40 | | | | | | | |
| TOTAL | 0 | 0 | 0 | 320 | 8,320 | 0 | 0 |
| COST TO BE ALLOCATED | 0 | 0 | 0 | 247,682 | 585,575 | 0 | 0 |
| UNIT COST MULTIPLIER - SCH 8 | 0.000000 | 0.000000 | 0.000000 | 774.004836 | 70.381630 | 0.000000 | 0.000000 |

TRIAL BALANCE OF EXPENSES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|-------|---|--------------|-------------------------------|--------------|
| | GENERAL SERVICE COST CENTERS | | | |
| 1.00 | Capital Related Costs-Buildings and Fixtures | \$ 5,844,141 | \$ 1,558,386 | \$ 7,402,527 |
| 2.00 | Capital Related Costs-Movable Equipment | 6,217,810 | 0 | 6,217,810 |
| 3.00 | Other Capital Related Costs | | 0 | 0 |
| 3.01 | | | 0 | 0 |
| 3.02 | | | 0 | 0 |
| 3.03 | | | 0 | 0 |
| 3.04 | | | 0 | 0 |
| 3.05 | | | 0 | 0 |
| 3.06 | | | 0 | 0 |
| 3.07 | | | 0 | 0 |
| 3.08 | | | 0 | 0 |
| 3.09 | | | 0 | 0 |
| 4.00 | Employee Benefits | 15,662,614 | 182,958 | 15,845,572 |
| 5.01 | | | 0 | 0 |
| 5.02 | | | 0 | 0 |
| 5.03 | | | 0 | 0 |
| 5.04 | | | 0 | 0 |
| 5.05 | | | 0 | 0 |
| 5.06 | | | 0 | 0 |
| 5.07 | | | 0 | 0 |
| 5.08 | | | 0 | 0 |
| 5.00 | Administrative and General | 52,957,661 | (1,707,109) | 51,250,552 |
| 6.00 | Maintenance and Repairs | 2,908,263 | 0 | 2,908,263 |
| 7.00 | Operation of Plant | 4,268,931 | 0 | 4,268,931 |
| 8.00 | Laundry and Linen Service | 1,084,016 | 0 | 1,084,016 |
| 9.00 | Housekeeping | 3,408,885 | 0 | 3,408,885 |
| 10.00 | Dietary | 1,071,161 | 0 | 1,071,161 |
| 11.00 | Cafeteria | 2,848,981 | 0 | 2,848,981 |
| 12.00 | Maintenance of Personnel | | 0 | 0 |
| 13.00 | Nursing Administration | 2,215,758 | 0 | 2,215,758 |
| 14.00 | Central Services and Supply | 997,164 | 0 | 997,164 |
| 15.00 | Pharmacy | 4,800,936 | 0 | 4,800,936 |
| 16.00 | Medical Records & Library | 3,572,694 | 0 | 3,572,694 |
| 17.00 | Social Service | 719,502 | 0 | 719,502 |
| 18.00 | Other General Service (specify) | | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | | 0 | 0 |
| 20.00 | Nursing School | | 0 | 0 |
| 21.00 | Intern & Res. Service-Salary & Fringes (Approved) | | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs (Approved) | 201,587 | 0 | 201,587 |
| 23.00 | Paramedical Ed. Program (specify) | 410,590 | 0 | 410,590 |
| 23.01 | | | 0 | 0 |
| 23.02 | | | 0 | 0 |
| | INPATIENT ROUTINE COST CENTERS | | | |
| 30.00 | Adults & Pediatrics (Gen Routine) | 29,425,529 | 0 | 29,425,529 |
| 31.00 | Intensive Care Unit | 9,686,187 | 0 | 9,686,187 |
| 32.00 | Coronary Care Unit | | 0 | 0 |
| 33.00 | Burn Intensive Care Unit | | 0 | 0 |
| 34.00 | Surgical Intensive Care Unit | | 0 | 0 |
| 35.00 | NICU | 7,422,051 | 0 | 7,422,051 |
| 40.00 | Subprovider - IPF | | 0 | 0 |
| 41.00 | Subprovider - IRF | | 0 | 0 |
| 42.00 | Subprovider (specify) | | 0 | 0 |
| 43.00 | Nursery | 1,074,458 | 0 | 1,074,458 |
| 44.00 | Skilled Nursing Facility | 2,641,135 | 0 | 2,641,135 |
| 45.00 | Nursing Facility | | 0 | 0 |
| 46.00 | Other Long Term Care | | 0 | 0 |
| 47.00 | | | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|-------|---|----------------|-------------------------------|----------------|
| | ANCILLARY COST CENTERS | | | |
| 50.00 | Operating Room | \$ 10,722,241 | \$ (259,870) | \$ 10,462,371 |
| 51.00 | Recovery Room | | 0 | 0 |
| 52.00 | Labor Room and Delivery Room | 6,256,025 | (1,907,346) | 4,348,679 |
| 53.00 | Anesthesiology | 716,019 | 0 | 716,019 |
| 54.00 | Radiology-Diagnostic | 6,364,703 | 0 | 6,364,703 |
| 54.02 | Endoscopy | 1,027,031 | 0 | 1,027,031 |
| 55.00 | Radiology-Therapeutic | | 0 | 0 |
| 56.00 | Radioisotope | 1,071,290 | 0 | 1,071,290 |
| 57.00 | Computed Tomography (CT) Scan | | 0 | 0 |
| 58.00 | | | 0 | 0 |
| 59.29 | Psych Adult Day Care | | 0 | 0 |
| 60.00 | Laboratory | 6,680,431 | 0 | 6,680,431 |
| 60.02 | Laboratory-Pathological | 761,052 | 0 | 761,052 |
| 61.00 | PBP Clinical Laboratory Services-Program Only | | 0 | 0 |
| 62.00 | Whole Blood & Packed Red Blood Cells | | 0 | 0 |
| 63.00 | Blood Storing, Processing, & Trans. | 2,348,279 | 0 | 2,348,279 |
| 64.00 | Intravenous Therapy | | 0 | 0 |
| 65.00 | Respiratory Therapy | 4,352,991 | 0 | 4,352,991 |
| 66.00 | Physical Therapy | 2,501,565 | 0 | 2,501,565 |
| 67.00 | Occupational Therapy | 1,233,022 | 0 | 1,233,022 |
| 68.00 | Speech Pathology | | 0 | 0 |
| 68.01 | Speech Rehab | 367,349 | 0 | 367,349 |
| 69.00 | Electrocardiology | 877,721 | 0 | 877,721 |
| 69.02 | Cardiovascular Lab | 1,702,623 | 0 | 1,702,623 |
| 70.00 | Electroencephalography | 130,792 | 0 | 130,792 |
| 71.00 | Medical Supplies Charged to Patients | 11,255,782 | 0 | 11,255,782 |
| 72.00 | Implantable Devices Charged to Patients | 14,759,657 | 0 | 14,759,657 |
| 73.00 | Drugs Charged to Patients | 8,711,979 | 0 | 8,711,979 |
| 74.00 | Renal Dialysis | 949,601 | (215,902) | 733,699 |
| 75.00 | ASC (Non-Distinct Part) | | 0 | 0 |
| 76.00 | Other Ancillary (specify) | | 0 | 0 |
| 76.05 | Neonatal Ancillary Services | 3,764 | 0 | 3,764 |
| 76.30 | O/P Rehab Services | 1,907,822 | 0 | 1,907,822 |
| 76.31 | Comprehensive Cancer Center | 28,329,305 | 0 | 28,329,305 |
| 76.32 | | | 0 | 0 |
| 76.97 | Cardiac Rehab | 58,526 | 0 | 58,526 |
| 76.98 | Hyperbaric Oxygen Therapy | | 0 | 0 |
| 76.99 | Lithotripter | 236,405 | 0 | 236,405 |
| 87.01 | | | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | | 0 | 0 |
| 90.00 | Clinic | | 1,907,346 | 1,907,346 |
| 90.01 | Neuroscience Clinic | 531,779 | 0 | 531,779 |
| 90.02 | Primary Care Clinic | 165,734 | 0 | 165,734 |
| 90.03 | La Quinta Cancer Center | 107,197 | 0 | 107,197 |
| 90.04 | La Quinta Icon | 198,893 | 0 | 198,893 |
| 90.06 | La Quinta Imaging Center | 499,879 | 0 | 499,879 |
| 91.00 | Emergency | 8,955,640 | 0 | 8,955,640 |
| 92.00 | Observation Beds | | 0 | 0 |
| 93.00 | Bariatric Clinic and Wellness Center | | 475,772 | 475,772 |
| | SUBTOTAL | \$ 283,225,151 | \$ 34,235 | \$ 283,259,386 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 94.00 | Home Program Dialysis | | 0 | 0 |
| 95.00 | Ambulance Services | | 0 | 0 |
| 96.00 | Durable Medical Equipment-Rented | | 0 | 0 |
| 97.00 | Durable Medical Equipment-Sold | | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
DESERT HOSPITAL

Fiscal Period Ended:
MAY 31, 2011

| | | REPORTED | ADJUSTMENTS (From Sch 10A) | AUDITED |
|--------|--|----------------|-------------------------------|----------------|
| 98.00 | Other Reimbursable (specify) | | 0 | 0 |
| 99.00 | Vacant Area | | 0 | 0 |
| 100.00 | Intern-Resident Service (not appvd. tchnng. prgm.) | | 0 | 0 |
| 100.40 | Nonprogram Education | | 68,493 | 68,493 |
| 101.00 | Home Health Agency | | 0 | 0 |
| 105.00 | Kidney Acquisition | | 0 | 0 |
| 107.00 | Liver Acquisition | | 0 | 0 |
| 108.00 | Lung Acquisition | | 0 | 0 |
| 109.00 | Pancreas Acquisition | | 0 | 0 |
| 110.00 | Intestinal Acquisition | | 0 | 0 |
| 111.00 | Islet Acquisition | | 0 | 0 |
| 112.00 | Other Organ Acquisition (specify) | | 0 | 0 |
| 113.00 | Interest Expense | | 0 | 0 |
| 114.00 | Utilization Review-SNF | | 0 | 0 |
| 116.00 | Hospice | 1,590,810 | 0 | 1,590,810 |
| 117.00 | Other Special Purpose (specify) | | 0 | 0 |
| 190.00 | Gift, Flower, Coffee Shop, & Canteen | | 0 | 0 |
| 191.00 | Research | | 0 | 0 |
| 192.00 | Physicians' Private Offices | 584,519 | 0 | 584,519 |
| 193.00 | Auxillary | | 120,696 | 120,696 |
| 194.00 | Doctors Meals | | 0 | 0 |
| 194.05 | Public Relations | 1,340,456 | 0 | 1,340,456 |
| 194.14 | Outpatient Surgery Center | 5,837,985 | 0 | 5,837,985 |
| 194.30 | El Mirador Medical Plaza MOB | 1,070,988 | 12,002 | 1,082,990 |
| 194.40 | La Quinta Clinics | | 137,545 | 137,545 |
| | SUBTOTAL | \$ 10,424,758 | \$ 338,736 | \$ 10,763,494 |
| 200 | TOTAL | \$ 293,649,909 | \$ 372,971 | \$ 294,022,880 |

(To Schedule 8)

Provider Name:
DESERT HOSPITAL

| | AUDIT ADJ 1 | AUDIT ADJ 2 | AUDIT ADJ 3 | AUDIT ADJ 4 | AUDIT ADJ 5 | AUDIT ADJ 6 | AUDIT ADJ 7 | AUDIT ADJ 8 | AUDIT ADJ 9 | AUDIT ADJ 10 | AUDIT ADJ | AUDIT ADJ |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------|-----------|
| 101.00 Home Health Agency | | | | | | | | | | | | |
| 105.00 Kidney Acquisition | | | | | | | | | | | | |
| 107.00 Liver Acquisition | | | | | | | | | | | | |
| 108.00 Lung Acquisition | | | | | | | | | | | | |
| 109.00 Pancreas Acquisition | | | | | | | | | | | | |
| 110.00 Intestinal Acquisition | | | | | | | | | | | | |
| 111.00 Islet Acquisition | | | | | | | | | | | | |
| 112.00 Other Organ Acquisition (specify) | | | | | | | | | | | | |
| 113.00 Interest Expense | | | | | | | | | | | | |
| 114.00 Utilization Review-SNF | | | | | | | | | | | | |
| 116.00 Hospice | | | | | | | | | | | | |
| 117.00 Other Special Purpose (specify) | | | | | | | | | | | | |
| 190.00 Gift, Flower, Coffee Shop, & Canteen | | | | | | | | | | | | |
| 191.00 Research | | | | | | | | | | | | |
| 192.00 Physicians' Private Offices | | | | | | | | | | | | |
| 193.00 Auxillary | | | | | | 120,696 | | | | | | |
| 194.00 Doctors Meals | | | | | | | | | | | | |
| 194.05 Public Relations | | | | | | | | | | | | |
| 194.14 Outpatient Surgery Center | | | | | | | | | | | | |
| 194.30 El Mirador Medical Plaza MOB | | | | | | | | 12,002 | | | | |
| 194.40 La Quinta Clinics | | | | | | | 137,545 | | | | | |
| 101.00 TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 137,545 | 12,002 | 127,091 | 96,333 | 0 | 0 |

| Provider Name | | | | | | | Fiscal Period | | Provider NPI | | Adjustments |
|---|--------------|-------------|------|--------|------|---|-----------------------------------|---------------|---------------------|-------------|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | |
| <u>RECLASSIFICATIONS OF REPORTED COSTS</u> | | | | | | | | | | | |
| 1 | 10A | A | | 1.00 | 7 | Capital Related Costs-Buildings and Fixtures | \$5,844,141 | \$152,534 | \$5,996,675 * | | |
| | 10A | A | | 4.00 | 7 | Employee Benefits | 15,662,614 | 182,958 | 15,845,572 | | |
| | 10A | A | | 5.00 | 7 | Administrative and General To reclassify tuition reimbursement and building accretion expense for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 | 52,957,661 | (335,492) | 52,622,169 * | | |
| 2 | 10A | A | | 5.00 | 7 | Administrative and General | * \$52,622,169 | (\$68,493) | \$52,553,676 * | | |
| | 10A | A | | 100.40 | 7 | Nonprogram To establish nursing allied and other nonprogram education as a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, 2304, and 2328 | 0 | 68,493 | 68,493 | | |
| 3 | 10A | A | | 50.00 | 7 | Operating Room | \$10,722,241 | (\$259,870) | \$10,462,371 | | |
| | 10A | A | | 93.00 | 7 | Bariatric Clinic and Wellness Center To establish outpatient weight control and diabetic control as an outpatient cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, 2304, and 2328 | 0 | 259,870 | 259,870 * | | |
| 4 | 10A | A | | 52.00 | 7 | Delivery Room and Labor Room | \$6,256,025 | (\$1,907,346) | \$4,348,679 | | |
| | 10A | A | | 90.00 | 7 | Clinic To establish perinatal diagnostic center as a separate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, 2304, and 2328 | 0 | 1,907,346 | 1,907,346 | | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | | | | | Fiscal Period | | | Provider NPI | | Adjustments |
|---|--------------|-------------|------|-------|--------|------|--|----------------|---------------------|----------------|--|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | | |
| <u>RECLASSIFICATIONS OF REPORTED COSTS</u> | | | | | | | | | | | | |
| 5 | 10A | A | | | 74.00 | 7 | Renal Dialysis | \$949,601 | (\$215,902) | \$733,699 | | |
| | 10A | A | | | 93.00 | 7 | Bariatric Clinic and Wellness Center To reclassify outpatient diabetes control for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, 2304, and 2328 | * 259,870 | 215,902 | 475,772 | | |
| 6 | 10A | A | | | 5.00 | 7 | Administrative and General | * \$52,553,676 | (\$120,696) | \$52,432,980 * | | |
| | 10A | A | | | 193.00 | 7 | Auxiliary To reclassify auxiliary group expense to a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 704.2, 2102.3, 2136.2, 2300, 2304, and 2328 | 0 | 120,696 | 120,696 | | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|---|--------------|-------------|-----------------------------------|-------|--------|------|--|---------------------|-------------|----------------|
| DESERT HOSPITAL | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | | 1104856095 | | 36 | |
| Report References | | | | | | | As Reported | Increase (Decrease) | As Adjusted | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | Explanation of Audit Adjustments | | | |
| <u>ADJUSTMENTS TO REPORTED COSTS</u> | | | | | | | | | | |
| 7 | 10A | A | | | 194.40 | 7 | La Quinta Clinics To reverse provider's adjustment and include Desert Springs land lease expense in the appropriate nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, 2328 and 2806.1C | \$0 | \$137,545 | \$137,545 |
| 8 | 10A | A | | | 194.30 | 7 | El Mirador Medical Plaza MOB To reverse provider's adjustment and include medical office rent expense in the appropriate nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, 2328 and 2806.1C | \$1,070,988 | \$12,002 | \$1,082,990 |
| 9 | 10A | A | | | 5.00 | 7 | Administrative and General To reverse provider's nonhospital entities management expense elimination since a nonreimbursable cost center has been established. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328 | * \$52,432,980 | \$127,091 | \$52,560,071 * |
| 10 | 10A | A | | | 1.00 | 7 | Capital Related Costs-Buildings and Fixtures | * \$5,996,675 | \$1,405,852 | \$7,402,527 |
| | 10A | A | | | 5.00 | 7 | Administrative and General To adjust reported home office costs to agree with the Tenet Healthcare Corporation Home Office Cost Reports for fiscal period ended December 31, 2010 and December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304 | * 52,560,071 | (1,309,519) | 51,250,552 |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | Fiscal Period | | | | | | Provider NPI | | Adjustments |
|---|--------------|-----------------------------------|------|--------|-----------|---|----------------------------------|--------------|---------------------|-------------|
| DESERT HOSPITAL | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | | | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Audit Report | Work Sheet | Part | Title | Line | Col. | | | | |
| <u>ADJUSTMENTS TO REPORTED STATISTICS</u> | | | | | | | | | | |
| 11 | 9 | B-1 | | 5.00 | 1,2 | Administrative and General (Square Feet) | 68,013 | (3,274) | 64,739 * | |
| | 9 | B-1 | | 193.00 | 1,2,6,7,9 | Auxiliary | 0 | 3,274 | 3,274 | |
| To reclassify auxiliary square footage statistics to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 704.2, 2304 and 2328 | | | | | | | | | | |
| 12 | 9 | B-1 | | 5.00 | 4 | Administrative and General (Gross Salaries) | 12,545,717 | (85,558) | 12,460,159 | |
| | 9 | B-1 | | 193.00 | 4, 11 | Auxiliary | 0 | 85,558 | 85,558 | |
| To reclassify auxiliary group gross salaries to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 704.2, 2304 and 2328 | | | | | | | | | | |
| 13 | 9 | B-1 | | 30.00 | 1,2,6,7,9 | Adults & Pediatrics (Square Feet) | 113,342 | (11,135) | 102,207 * | |
| | 9 | B-1 | | 99.00 | 1,2,6,7,9 | Vacant Area | 0 | 11,135 | 11,135 | |
| To reclassify the closed psychiatric unit square footage to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306 | | | | | | | | | | |
| 14 | 9 | B-1 | | 30.00 | 1,2,6,7,9 | Adults & Pediatrics (Square Feet) | * 102,207 | (986) | 101,221 | |
| | 9 | B-1 | | 194.00 | 1,2,6,7,9 | Doctors Meals | 0 | 986 | 986 | |
| To reclassify doctors lounge square footage to a nonreimbursable cost center. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2105.5, 2304 and 2306 | | | | | | | | | | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | | | | | Fiscal Period | | | Provider NPI | | Adjustments |
|---|--------------|-------------|-------|-----------|--------------------------------------|---------------|-----------------------------------|-------------|---------------------|--------------|--|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | | |
| <u>ADJUSTMENTS TO REPORTED STATISTICS</u> | | | | | | | | | | | | |
| 15 | 9 | B-1 | 50.00 | 1,2,6,7,9 | Operating Room | (Square Feet) | 22,734 | (833) | 21,901 | | | |
| | 9 | B-1 | 74.00 | 1,2,6,7,9 | Renal Dialysis | | 6,687 | (6,533) | 154 | | | |
| | 9 | B-1 | 93.00 | 1,2,6,7,9 | Bariatric Clinic and Wellness Center | | 0 | 7,366 | 7,366 | | | |
| To reclassify outpatient diabetes control square footage for proper matching principle. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304 and 2306 | | | | | | | | | | | | |
| 16 | 9 | B-1 | 14.00 | 1,2,6,7,9 | Central Services and Supply | (Square Feet) | 9,013 | (832) | 8,181 | | | |
| | 9 | B-1 | 59.29 | 1,2,6,7,9 | Psychiatric Adult Day Care | | 0 | 832 | 832 | | | |
| To reclassify psychiatric services square footage for proper matching principle. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304 and 2306 | | | | | | | | | | | | |
| 17 | 9 | B-1 | 52.00 | 1,6,7,9 | Delivery Room and Labor Room | (Square Feet) | 15,222 | (3,364) | 11,858 | | | |
| | 9 | B-1 | 90.00 | 1,6,7,9 | Clinic | | 0 | 3,364 | 3,364 | | | |
| To reclassify perinatal diagnostic center square footage for proper matching principle. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304 and 2306 | | | | | | | | | | | | |

| Provider Name | | | | | | | Fiscal Period | | | Provider NPI | | Adjustments |
|--|--------------|-------------|------|-------|--------|-----------|--|-------------|---------------------|--------------|--------|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | | |
| <u>ADJUSTMENTS TO REPORTED STATISTICS</u> | | | | | | | | | | | | |
| 18 | 9 | B-1 | | | 5.00 | 1,2 | Administrative and General (Square Feet) | * | 64,739 | (4,078) | 60,661 | |
| | 9 | B-1 | | | 100.40 | 1,2,6,7,9 | Nonprogram Education To reclassify nonprogram education square footage for proper matching principle. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304 and 2306 | | 0 | 4,078 | 4,078 | |
| 19 | 9 | B-1 | | | 10.00 | 1,2,6,7,9 | Dietary (Square Feet) | | 15,685 | (6,217) | 9,468 | |
| | 9 | B-1 | | | 11.00 | 1,2,6,7,9 | Cafeteria To reclassify cafeteria and coffee kiosk square footage for proper cost determination. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306 | | 0 | 6,217 | 6,217 | |
| 20 | 9 | B-1 | | | 52.00 | 2 | Delivery Room and Labor Room (Square Feet) | | 17,721 | (5,863) | 11,858 | |
| | 9 | B-1 | | | 90.00 | 2 | Clinic To reclassify perinatal diagnostic center square footage for proper matching principle. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304 and 2306 | | 0 | 5,863 | 5,863 | |

*Balance carried forward from prior/to subsequent adjustments

| Provider Name | | | | | | | Fiscal Period | | Provider NPI | | Adjustments |
|---|--------------|-------------|------|-------|-------|------|--|---------------|---------------------|---------------|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | |
| <u>ADJUSTMENTS TO REPORTED TOTAL CHARGES</u> | | | | | | | | | | | |
| 21 | 5 | C | I | | 52.00 | 8 | Delivery Room and Labor Room | \$69,867,782 | (\$3,815,947) | \$66,051,835 | |
| | 5 | C | I | | 90.00 | 8 | Clinic To reclassify perinatal diagnostic center revenue for proper matching of revenue and expense. 42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306 | 0 | 3,815,947 | 3,815,947 | |
| 22 | 5 | C | I | | 50.00 | 8 | Operating Room | \$169,084,120 | (\$782,769) | \$168,301,351 | |
| | 5 | C | I | | 74.00 | 8 | Renal Dialysis | 7,122,504 | (103,497) | 7,019,007 | |
| | 5 | C | I | | 93.00 | 8 | Bariatric Clinic and Wellness Center To reclassify outpatient weight control and diabetic control revenue for proper matching of revenue and expense. 42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306 | 0 | 886,266 | 886,266 | |

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|---|--------------|--------------|-----------------------------------|-------|------|--|----------------------------------|-------------|---------------------|-------------|
| DESERT HOSPITAL | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | | 1104856095 | | 36 | |
| Report References | | | | | | | | | | |
| Adj. No. | Audit Report | Cost Report | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| | | Work Sheet | Part | Title | Line | Col. | | | | |
| ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT | | | | | | | | | | |
| 23 | 4A | Not Reported | | | | Medi-Cal Administrative Days | 0 | 259 | 259 | |
| | 4A | Not Reported | | | | Medi-Cal Administrative Rate | \$0.00 | \$351.26 | \$351.26 | |
| 24 | 6 | Not Reported | | | | Medi-Cal Ancillary Charges - Radiology - Diagnostic | \$0 | \$1,546 | \$1,546 | |
| | 6 | Not Reported | | | | Medi-Cal Ancillary Charges - Laboratory | 0 | 45,963 | 45,963 | |
| | 6 | Not Reported | | | | Medi-Cal Ancillary Charges - Physical Therapy | 0 | 148,775 | 148,775 | |
| | 6 | Not Reported | | | | Medi-Cal Ancillary Charges - Occupational Therapy | 0 | 126,470 | 126,470 | |
| | 6 | Not Reported | | | | Medi-Cal Ancillary Charges - Drugs Charged to Patients | 0 | 198,092 | 198,092 | |
| | 6 | Not Reported | | | | Medi-Cal Ancillary Charges - Total | 0 | 520,846 | 520,846 | |
| 25 | 2 | Not Reported | | | | Medi-Cal Routine Service Charges | \$0 | \$824,795 | \$824,795 | |
| | 2 | Not Reported | | | | Medi-Cal Ancillary Service Charges | 0 | 520,846 | 520,846 | |
| 26 | 3 | Not Reported | | | | Medi-Cal Coinsurance | \$0 | \$487 | \$487 | |
| 27 | 1 | Not Reported | | | | Medi-Cal Interim Payments | \$0 | \$163,407 | \$163,407 | |
| <p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: June 1, 2010 through May 31, 2011 Payment Period: June 1, 2010 through January 28, 2013 Report Date: January 29, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p> | | | | | | | | | | |

| Provider Name | | | | | | | Fiscal Period | | Provider NPI | | Adjustments |
|---|--------------|-------------|------|-------|--------|------|--|--------------|---------------------|--------------|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | |
| ADJUSTMENTS TO REPORTED SETTLEMENT DATA - CONTRACT | | | | | | | | | | | |
| 28 | Contract 4 | D-1 | I | XIX | 9.00 | 1 | Medi-Cal Days - Adults and Pediatrics | 9,666 | 402 | 10,068 | |
| | Contract 4A | D-1 | II | XIX | 42.00 | 4 | Medi-Cal Days - Nursery | 1,797 | 112 | 1,909 | |
| | Contract 4A | D-1 | II | XIX | 43.00 | 4 | Medi-Cal Days - Intensive Care Unit | 1,719 | (159) | 1,560 | |
| | Contract 4A | D-1 | II | XIX | 47.00 | 4 | Medi-Cal Days - Neonatal Intensive Care Unit | 4,090 | 332 | 4,422 | |
| 29 | Contract 6 | D-3 | | XIX | 50.00 | 2 | Medi-Cal Ancillary Charges - Operating Room | \$10,358,002 | \$6,710,330 | \$17,068,332 | |
| | Contract 6 | D-3 | | XIX | 52.00 | 2 | Medi-Cal Ancillary Charges - Delivery Room and Labor Room | 20,292,102 | (1,899,430) | 18,392,672 | |
| | Contract 6 | D-3 | | XIX | 53.00 | 2 | Medi-Cal Ancillary Charges - Anesthesiology | 1,832,332 | 121,841 | 1,954,173 | |
| | Contract 6 | D-3 | | XIX | 54.00 | 2 | Medi-Cal Ancillary Charges - Radiology - Diagnostic | 11,260,177 | 195,821 | 11,455,998 | |
| | Contract 6 | D-3 | | XIX | 54.02 | 2 | Medi-Cal Ancillary Charges - Endoscopy | 196,747 | (155,704) | 41,043 | |
| | Contract 6 | D-3 | | XIX | 56.00 | 2 | Medi-Cal Ancillary Charges - Radioisotope | 580,127 | 107,859 | 687,986 | |
| | Contract 6 | D-3 | | XIX | 60.00 | 2 | Medi-Cal Ancillary Charges - Laboratory | 28,418,185 | 6,508,828 | 34,927,013 | |
| | Contract 6 | D-3 | | XIX | 60.02 | 2 | Medi-Cal Ancillary Charges - Laboratory - Pathological | 395,142 | 29,377 | 424,519 | |
| | Contract 6 | D-3 | | XIX | 63.00 | 2 | Medi-Cal Ancillary Charges - Blood Storing, Processing and Transfusion | 455,761 | 197,347 | 653,108 | |
| | Contract 6 | D-3 | | XIX | 65.00 | 2 | Medi-Cal Ancillary Charges - Respiratory Therapy | 25,129,964 | (9,150,985) | 15,978,979 | |
| | Contract 6 | D-3 | | XIX | 66.00 | 2 | Medi-Cal Ancillary Charges - Physical Therapy | 2,810,895 | (319,113) | 2,491,782 | |
| | Contract 6 | D-3 | | XIX | 67.00 | 2 | Medi-Cal Ancillary Charges - Occupational Therapy | 1,452,440 | (225,789) | 1,226,651 | |
| | Contract 6 | D-3 | | XIX | 68.01 | 2 | Medi-Cal Ancillary Charges - Speech Rehab | 385,065 | (54,413) | 330,652 | |
| | Contract 6 | D-3 | | XIX | 69.00 | 2 | Medi-Cal Ancillary Charges - Electrocardiology | 2,545,557 | 672,027 | 3,217,584 | |
| | Contract 6 | D-3 | | XIX | 69.02 | 2 | Medi-Cal Ancillary Charges - Cardiovascular Lab | 1,296,207 | 245,420 | 1,541,627 | |
| | Contract 6 | D-3 | | XIX | 70.00 | 2 | Medi-Cal Ancillary Charges - Electroencephalography | 95,062 | (6,996) | 88,066 | |
| | Contract 6 | D-3 | | XIX | 71.00 | 2 | Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients | 15,515,679 | 6,320,567 | 21,836,246 | |
| | Contract 6 | D-3 | | XIX | 72.00 | 2 | Medi-Cal Ancillary Charges - Implant Device Charged to Patients | 742,037 | 1,473,498 | 2,215,535 | |
| | Contract 6 | D-3 | | XIX | 73.00 | 2 | Medi-Cal Ancillary Charges - Drugs Charged to Patients | 41,877,089 | 1,464,313 | 43,341,402 | |
| | Contract 6 | D-3 | | XIX | 74.00 | 2 | Medi-Cal Ancillary Charges - Renal Dialysis | 1,271,198 | (16,198) | 1,255,000 | |
| | Contract 6 | D-3 | | XIX | 76.05 | 2 | Medi-Cal Ancillary Charges - Neonatal Ancillary Services | 12,579 | (12,579) | 0 | |
| | Contract 6 | D-3 | | XIX | 76.30 | 2 | Medi-Cal Ancillary Charges - Outpatient Rehab Services | 520 | (520) | 0 | |
| | Contract 6 | D-3 | | XIX | 76.31 | 2 | Medi-Cal Ancillary Charges - Comprehensive Cancer Center | 298,925 | (298,925) | 0 | |
| | Contract 6 | D-3 | | XIX | 91.00 | 2 | Medi-Cal Ancillary Charges - Emergency | 3,919,641 | 420,106 | 4,339,747 | |
| | Contract 6 | D-3 | | XIX | 92.00 | 2 | Medi-Cal Ancillary Charges - Observation Beds | 223,264 | (223,264) | 0 | |
| | Contract 6 | D-3 | | XIX | 200.00 | 2 | Medi-Cal Ancillary Charges - Total | 171,364,697 | 12,103,418 | 183,468,115 | |

-Continued on next page-

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|---|--------------|-------------|-----------------------------------|-------|-------|------|------------------------------------|--------------|---------------------|--------------|
| DESERT HOSPITAL | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | | 1104856095 | | 36 | |
| Report References | | | | | | | | | | |
| Adj. No. | Audit Report | Cost Report | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| | | Work Sheet | Part | Title | Line | Col. | | | | |
| <u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</u> | | | | | | | | | | |
| -Continued from previous page- | | | | | | | | | | |
| 30 | Contract 2 | E-3 | III | XIX | 8.00 | 1 | Medi-Cal Routine Service Charges | \$84,950,984 | \$4,008,372 | \$88,959,356 |
| | Contract 2 | E-3 | III | XIX | 9.00 | 1 | Medi-Cal Ancillary Service Charges | 171,364,697 | 12,103,418 | 183,468,115 |
| 31 | Contract 3 | E-3 | III | XIX | 32.00 | 1 | Medi-Cal Deductibles | \$95,064 | \$9,180 | \$104,244 |
| | Contract 3 | E-3 | III | XIX | 33.00 | 1 | Medi-Cal Coinsurance | 237,681 | 44,374 | 282,055 |
| <p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: June 1, 2010 through May 31, 2011 Payment Period: June 1, 2010 through January 22, 2013 Report Date: January 23, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p> | | | | | | | | | | |

| Provider Name | | | Fiscal Period | | | | Provider NPI | | Adjustments | |
|--|--------------|--------------|-----------------------------------|-------|------|------|--|-------------|---------------------|-------------|
| DESERT HOSPITAL | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | | 1104856095 | | 36 | |
| Report References | | | | | | | | | | |
| Adj. No. | Audit Report | Cost Report | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted |
| | | Work Sheet | Part | Title | Line | Col. | | | | |
| <u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</u> | | | | | | | | | | |
| 32 | DPNF 4 | Not Reported | | | | | Total Ancillary Charges - Respiratory Therapy | \$0 | \$4,040,296 | \$4,040,296 |
| | DPNF 4 | Not Reported | | | | | Total Ancillary Charges - Medical Supplies Charged to Patients | 0 | 1,073,395 | 1,073,395 |
| | DPNF 4 | Not Reported | | | | | Total Ancillary Charges - Drugs Charged to Patients | 0 | 7,995,204 | 7,995,204 |
| | DPNF 4 | Not Reported | | | | | Total Ancillary Charges - Total | 0 | 13,108,895 | 13,108,895 |
| | | | | | | | To include DPNF ancillary charges for proper cost determination. | | | |
| | | | | | | | 42 CFR 413.20 and 413.24 | | | |
| | | | | | | | CMS Pub. 15-1, Sections 2300 and 2304 | | | |
| | | | | | | | Title 22, CCR, Section 51511 | | | |

| Provider Name | | | | | | | Fiscal Period | | | Provider NPI | | Adjustments |
|--|--------------|--------------|------|-------|-------|------|---|-------------|---------------------|--------------|--|-------------|
| DESERT HOSPITAL | | | | | | | JUNE 1, 2010 THROUGH MAY 31, 2011 | | | 1104856095 | | 36 |
| Report References | | | | | | | Explanation of Audit Adjustments | As Reported | Increase (Decrease) | As Adjusted | | |
| Adj. No. | Audit Report | Cost Report | | | | | | | | | | |
| | | Work Sheet | Part | Title | Line | Col. | | | | | | |
| <u>ADJUSTMENTS TO OTHER MATTERS</u> | | | | | | | | | | | | |
| 33 | DPNF1 | S-3 | I | | 15.00 | 1 | Total Licensed Capacity (All Levels) To reconcile the reported total beds to agree with the provider's facility license. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 | 332 | 35 | 367 | | |
| 34 | Contract 1 | E-3 | VII | XIX | 54.00 | 1 | Direct Graduate Medical Education Payments To eliminate medical education payments allowing Interns and Residents education post step-down costs. 42 CFR 413.86 / CMS Pub. 15-2, Sections 1910 and 2832.4 | \$45,922 | (\$45,922) | \$0 | | |
| 35 | Contract 1 | E-3 | VII | XIX | 29.00 | 1 | Allied Health Inpatient Pass Through Cost To eliminate medical education pass through cost that has already been allowed as a step-down cost. 42 CFR 413.86 / CMS Pub. 15-2, Sections 1910 and 2832.4 | \$16,699 | (\$16,699) | \$0 | | |
| 36 | Contract 1 | Not Reported | | | | | Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1 | \$0 | \$40,513 | \$40,513 | | |