

**REPORT
ON THE
COST REPORT REVIEW**

**CHINO VALLEY MEDICAL CENTER
CHINO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1962407460**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

**Audits Section—Rancho Cucamonga
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Julio M. Cueto
Audit Supervisor: Bina Matani
Auditor: Kristine Lim**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 6, 2013

Martin Mansukhani
Chief Financial Officer
Inland Valley Regional of Prime Healthcare
3300 East Guasti Road, 2nd Floor
Ontario, CA 91761

CHINO VALLEY MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1962407460
FISCAL PERIOD ENDED DECEMBER 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 settlement for the fiscal period due the provider in the amount of \$237,252 presented in the Summary of Findings represents 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. 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.

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.

Martin Mansukhani
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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief
Audits Section—Rancho Cucamonga
Financial Audits Branch

Certified

cc: Pete Lou, Controller
Inland Valley Regional
Chino Valley Medical Center

Jeffrey Brown
Chief Executive Officer
Hospital Management Services
211 East Imperial Highway, Suite 102
Fullerton, CA 92835

SUMMARY OF FINDINGS

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1962407460	Reported	\$ 1,285,626	
	Net Change	\$ (1,048,374)	
	Audited Amount Due Provider (State)	\$ 237,252	
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: 1962407460	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	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)		\$ 237,252	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 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)		\$ 237,252	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1962407460

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>7,914,460</u>	\$ <u>7,802,163</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ <u>0</u>	\$ <u>N/A</u>
4.	\$	\$ <u>0</u>	<u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ <u>7,914,460</u>	\$ <u>7,802,163</u>
6. Interim Payments (Adj 35)		\$ <u>(6,628,834)</u>	\$ <u>(7,256,881)</u>
7. Balance Due Provider (State)		\$ <u>1,285,626</u>	\$ <u>545,282</u>
8. Medi-Cal Overpayments (Adjs 37-38)		\$ <u>0</u>	\$ <u>(23,344)</u>
9. AB 5 and AB 1183 Reduction (Sch A)		\$ <u>0</u>	\$ <u>(284,686)</u>
10. Protested Amount (Adj 2)		\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>1,285,626</u></u>	\$ <u><u>237,252</u></u>
		(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:
CHINO VALLEY MEDICAL CENTERFiscal Period Ended:
December 31, 2011Provider No.
1962407460

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 01/01/11 Through 04/12/11 (SCHEDULE A-3)	<u>284,686</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>0</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/24/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>284,686</u></u> (To Schedule 1, Line 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH April 12, 2011 - NONCONTRACT HOSPITALS

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
December 31, 2011

Provider No.
1962407460

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>8,000,826</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 33 and 36)	<u>0</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u> </u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>8,000,826</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>3,094.25</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>2,585.71</u></u>

AB 5 - 10 % Cost Reduction For Services From 01/01/11 Through 04/12/11

7. Audited Medi-Cal Days of Service from 01/01/11 Through 04/12/11(excludes Administrative Days)	<u>1,101</u>
8. Audited Medi-Cal Cost Per Day For 01/01/11 Through 04/12/11(Line 6 * Line 7)	\$ <u>2,846,864</u>
9. AB 5 - 10% Cost Reduction for 01/01/11 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>284,686</u></u> (To Schedule A, Line 3)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
CHINO VALLEY MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1962407460

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 8,095,037 \$ 8,000,826

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 33) \$ 6,182,850 \$ 8,491,1003. Inpatient Ancillary Service Charges (Adj 33) \$ 20,623,381 \$ 22,454,0584. Total Charges - Medi-Cal Inpatient Services \$ 26,806,231 \$ 30,945,1585. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 18,711,194 \$ 22,944,3326. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
CHINO VALLEY MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1962407460

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 3,996,748	\$ 3,799,513
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 4,098,289	\$ 4,201,313
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 8,095,037	\$ 8,000,826
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 8,095,037	\$ 8,000,826
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj 34)	\$ (19,255)	\$ (18,887)
10. Medi-Cal Coinsurance (Adj 34)	\$ (161,322)	\$ (179,776)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 7,914,460	\$ 7,802,163
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
CHINO VALLEY MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1962407460

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	15,592	15,592
2. Inpatient Days (include private, exclude swing-bed)	15,592	15,592
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	15,592	15,592
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) (Adjs 31, 36)	2,295.00	2,708.50

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 26)	\$ 22,365,373	\$ 19,534,607
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)	\$ 22,365,373	\$ 19,534,607

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)	\$ 50,416,207	\$ 50,416,207
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ (50,416,207)	\$ (50,416,207)
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ (3,233.47)	\$ (3,233.47)
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)	\$ 22,365,373	\$ 19,534,607

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,434.41	\$ 1,252.86
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,291,971	\$ 3,393,371
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 806,318	\$ 807,942
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 4,098,289	\$ 4,201,313

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1962407460

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 5,000,636	\$ 4,312,523
7. Total Inpatient Days (Adj)	2,059	2,059
8. Average Per Diem Cost	\$ 2,428.67	\$ 2,094.47
9. Medi-Cal Inpatient Days (Adjs 31, 36)	332.00	385.75
10. Cost Applicable to Medi-Cal	\$ 806,318	\$ 807,942
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. 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
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj)	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 806,318	\$ 807,942

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1962407460

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
27. 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:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1962407460

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 3,554,239	\$ 14,309,479	0.248384	\$ 2,584,884	\$ 642,043
51.00	Recovery Room	0	0	0.000000	0	0
53.00	Anesthesiology	39,629	5,867,250	0.006754	879,414	5,940
54.00	Radiology-Diagnostic	2,271,078	10,793,343	0.210415	794,869	167,252
54.01	Ultra Sound	643,680	5,098,375	0.126252	295,897	37,358
56.00	Radioisotope	382,848	1,732,875	0.220932	206,257	45,569
57.00	Computed Tomography (CT) Scan	761,998	17,089,310	0.044589	1,166,436	52,010
58.00	Magnetic Resonance Imaging (MRI)	22,902	144,113	0.158919	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	4,858,864	20,925,490	0.232198	2,503,211	581,241
60.01	GI Lab	510,896	4,588,397	0.111345	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	3,056	451,924	0.006762	176,584	1,194
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,638,618	10,623,110	0.154250	2,225,217	343,240
66.00	Physical Therapy	777,505	1,187,297	0.654853	154,359	101,082
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	421,192	9,169,134	0.045936	1,956,860	89,890
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	4,248,079	9,775,274	0.434574	1,732,396	752,854
72.00	Implantable Devices Charged to Patients	729,822	5,181,268	0.140858	574,210	80,882
73.00	Drugs Charged to Patients	3,010,434	30,786,573	0.097784	4,573,271	447,193
74.00	Renal Dialysis	333,141	1,165,060	0.285943	284,460	81,339
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
75.01	Other Ancillary (specify)	283	41,845	0.006754	0	0
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	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	0	0	0.000000	0	0
91.00	Emergency	7,660,663	48,511,384	0.157915	2,345,733	370,426
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
TOTAL		\$ 31,868,926	\$ 197,441,501		\$ 22,454,058	\$ 3,799,513

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
CHINO VALLEY MEDICAL CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1962407460

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 32)	AUDITED
50.00	Operating Room	\$ 2,372,682	\$ 212,202	\$ 2,584,884
51.00	Recovery Room			0
53.00	Anesthesiology	812,663	66,751	879,414
54.00	Radiology-Diagnostic	744,425	50,444	794,869
54.01	Ultra Sound	273,774	22,123	295,897
56.00	Radioisotope	201,256	5,001	206,257
57.00	Computed Tomography (CT) Scan	1,104,906	61,530	1,166,436
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	2,539,230	(36,019)	2,503,211
60.01	GI Lab	0		0
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	168,194	8,390	176,584
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	1,944,943	280,274	2,225,217
66.00	Physical Therapy	140,110	14,249	154,359
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0		0
69.00	Electrocardiology	1,664,507	292,353	1,956,860
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	1,472,234	260,162	1,732,396
72.00	Implantable Devices Charged to Patients	496,326	77,884	574,210
73.00	Drugs Charged to Patients	4,193,928	379,343	4,573,271
74.00	Renal Dialysis	266,026	18,434	284,460
75.00	ASC (Non-Distinct Part)	0		0
75.01	Other Ancillary (specify)	0		0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	2,228,177	117,556	2,345,733
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 20,623,381	\$ 1,830,677	\$ 22,454,058

(To Schedule 5)

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 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
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart 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
115.00 Ambulatory Surgical Center (Distinct Part)	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	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	10,213	2,502
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	247,590	60,661
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01 Public Relations	0	755	0	0	0	0	0	0	0	0	516,937	126,652
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	<u>1,210,541</u>	0	0	0	0	0	0	0	0	<u>57,057,440</u>	<u>11,228,341</u>

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 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
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart 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
115.00 Ambulatory Surgical Center (Distinct Part)	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	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	2,201	9,542	0	2,947	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	53,372	231,331	0	71,444	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01 Public Relations	853	3,697	0	1,142	0	300	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>900,789</u>	<u>3,371,982</u>	<u>453,629</u>	<u>1,019,578</u>	<u>1,423,142</u>	<u>319,524</u>	<u>0</u>	<u>2,026,419</u>	<u>990,451</u>	<u>1,592,035</u>	<u>1,674,077</u>	<u>0</u>

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC (SPECIFIC) 18.00	ANESTHETIST 19.00	SCHOOL 20.00	SAL & BENEFITS 21.00	PROGRAM COSTS 22.00	EDUCATION PROGRAM 23.00	COST 23.01	COST 23.02	24.00	STEP-DOWN ADJUSTMENT 25.00	COST 26.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart 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
115.00 Ambulatory Surgical Center (Distinct Part)	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
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	27,405	0	27,405
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	664,398	0	664,398
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
193.01 Public Relations	0	0	0	0	0	0	0	0	649,581	0	649,581
193.02	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	<u>2,025,007</u>	<u>240,630</u>	0	0	0	<u>57,057,440</u>	0	<u>57,057,440</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES) 4.00	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 (Adjs 23-24) (Adj 26)
105.00	Kidney Acquisition										0	
106.00	Heart 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	
115.00	Ambulatory Surgical Center (Distinct Part)										0	
116.00	Hospice										0	
117.00	Other Special Purpose (specify)										0	
190.00	Gift, Flower, Coffee Shop, & Canteen										10,213	271
191.00	Research										0	
192.00	Physicians' Private Offices										247,590	6,570
193.00	Nonpaid Workers										0	
193.01	Public Relations	17,078									516,937	105
193.02											0	
193.03											0	
193.04											0	
	TOTAL	27,387,427	0	0	0	0	0	0	0		45,829,099	110,886
	COST TO BE ALLOCATED	1,210,541	0	0	0	0	0	0	0		11,228,341	900,789
	UNIT COST MULTIPLIER - SCH 8	0.044201	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.245005	8.123559

Provider Name:

CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:

DECEMBER 31, 2011

	OPER PLANT (SQ FT) (Adj 24) (Adj 26)	LAUNDRY & LINEN (LB LNDRY) (Adj 27)	HOUSE-KEEPING (SQ FT) (Adj 24) (Adj 26)	DIETARY (MEALS SERVED) (Adj 28)	CAFETERIA (PAID FTE'S) (Adj 29)	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) (Adj 30)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS CHARGES) 16.00	SOC SERV (TIME SPENT) 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	1,382	Laundry and Linen Service										
9.00	624	Housekeeping										
10.00	3,987	Dietary										
11.00	1,153	Cafeteria										
12.00	Maintenance of Personnel											
13.00	833	Nursing Administration										
14.00	5,945	0	5,945	3,493		Central Services and Supply						
15.00	1,189	Pharmacy										
16.00	1,569	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)											0
22.00	Intern & Res. Other Program Costs (Approved)											
23.00	Paramedical Ed. Program (specify)											
23.01												
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	35,373	140,225	35,373	35,469	10,861	198,133		41,861,576				
31.00	6,205	32,112	6,205	3,385	2,450	40,726		8,554,460				
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	Nursery											
44.00	Skilled Nursing Facility											
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:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT) (Adj 24) (Adj 26)	LAUNDRY & LINEN (LB LNDRY) (Adj 27)	HOUSE-KEEPING (SQ FT) (Adj 24) (Adj 26)	DIETARY (MEALS SERVED) (Adj 28)	CAFETERIA (PAID FTE'S) (Adj 29)	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) (Adj 30)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS CHARGES) 16.00	SOC SERV (TIME SPENT) 17.00	OTHER SVC (TIME SPENT) 18.00	
105.00	Kidney Acquisition												
106.00	Heart 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												
115.00	Ambulatory Surgical Center (Distinct Part)												
116.00	Hospice												
117.00	Other Special Purpose (specify)												
190.00	Gift, Flower, Coffee Shop, & Canteen	271	271										
191.00	Research												
192.00	Physicians' Private Offices	6,570	6,570										
193.00	Nonpaid Workers												
193.01	Public Relations	105	105		32								
193.02													
193.03													
193.04													
	TOTAL	95,767	327,618	93,761	39,451	34,054	0	357,717	2,489,391	972,254	247,857,537	0	0
	COST TO BE ALLOCATED	3,371,982	453,629	1,019,578	1,423,142	319,524	0	2,026,419	990,451	1,592,035	1,674,077	0	0
	UNIT COST MULTIPLIER - SCH 8	35.210267	1.384628	10.874228	36.073664	9.382855	0.000000	5.664866	0.397869	1.637468	0.006754	0.000000	0.000000

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	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) 30,936 30,936
- 31.00 Intensive Care Unit 460 460
- 32.00 Coronary Care Unit
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Other Special Care (specify)
- 40.00 Subprovider - IPF
- 41.00 Subprovider - IRF
- 42.00 Subprovider (specify)
- 43.00 Nursery
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Other Long Term Care
- 47.00

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	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	8,280	8,280			
51.00	Recovery Room					
53.00	Anesthesiology					
54.00	Radiology-Diagnostic					
54.01	Ultra Sound					
56.00	Radioisotope					
57.00	Computed Tomography (CT) Scan					
58.00	Magnetic Resonance Imaging (MRI)					
59.00	Cardiac Catheterization					
60.00	Laboratory					
60.01	GI Lab					
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					
69.00	Electrocardiology					
70.00	Electroencephalography					
71.00	Medical Supplies Charged to Patients					
72.00	Implantable Devices Charged to Patients					
73.00	Drugs Charged to Patients					
74.00	Renal Dialysis					
75.00	ASC (Non-Distinct Part)					
75.01	Other Ancillary (specify)					
77.00						
78.00						
79.00						
80.00						
81.00						
82.00						
83.00						
84.00						
85.00						
86.00						
87.00						
87.01						
88.00	Rural Health Clinic (RHC)					
89.00	Federally Qualified Health Center (FQHC)					
90.00	Clinic					
91.00	Emergency	18,064	18,064			
92.00	Observation Beds					
93.00	Other Outpatient Services (Specify)					
93.01						
93.02						
93.03						
93.04						
93.05						

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	Outpatient Rehabilitation Provider (specify)					
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)					
101.00	Home Health Agency					

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	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
105.00	Kidney Acquisition						
106.00	Heart 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						
115.00	Ambulatory Surgical Center (Distinct Part)						
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	Nonpaid Workers						
193.01	Public Relations						
193.02							
193.03							
193.04							
TOTAL	0	0	57,740	57,740	0	0	0
COST TO BE ALLOCATED	0	0	2,025,007	240,630	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	35.071131	4.167466	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 9,739,993	\$ (6,995,329)	\$ 2,744,664
2.00	Capital Related Costs-Movable Equipment	2,577,485	(389,486)	2,187,999
3.00	Other Capital Related Costs	0	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	409,863	649,071	1,058,934
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	12,477,689	(1,848,024)	10,629,665
6.00	Maintenance and Repairs	560,114	5,207	565,321
7.00	Operation of Plant	2,014,739	2,309	2,017,048
8.00	Laundry and Linen Service	263,543	0	263,543
9.00	Housekeeping	755,766	0	755,766
10.00	Dietary	714,892	92,206	807,098
11.00	Cafeteria	248,666	(89,304)	159,362
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,477,711	4,643	1,482,354
14.00	Central Services and Supply	456,208	(150,478)	305,730
15.00	Pharmacy	1,126,021	6,906	1,132,927
16.00	Medical Records & Library	1,163,547	15,395	1,178,942
17.00	Social Service		0	0
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)	1,577,375	0	1,577,375
22.00	Intern & Res. Other Program Costs (Approved)	192,612	664	193,276
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	9,107,033	24,077	9,131,110
31.00	Intensive Care Unit	2,452,364	25,223	2,477,587
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	Other Special Care (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 1,659,142	\$ (22,584)	\$ 1,636,558
51.00	Recovery Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	1,300,400	621	1,301,021
54.01	Ultra Sound	454,209	0	454,209
56.00	Radioisotope	206,030	0	206,030
57.00	Computed Tomography (CT) Scan	458,725	0	458,725
58.00	Magnetic Resonance Imaging (MRI)	16,908	0	16,908
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	3,307,280	91,061	3,398,341
60.01	GI Lab	295,165	(3,116)	292,049
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	292,724	(292,721)	3
63.00	Blood Storing, Processing, & Trans.	(292,721)	292,721	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	1,111,797	11,741	1,123,538
66.00	Physical Therapy	239,587	1,423	241,010
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	0	0	0
69.00	Electrocardiology	265,465	1,093	266,558
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	2,347,539	215,989	2,563,528
72.00	Implantable Devices Charged to Patients	558,092	0	558,092
73.00	Drugs Charged to Patients	972,254	0	972,254
74.00	Renal Dialysis	260,774	0	260,774
75.00	ASC (Non-Distinct Part)	0	0	0
75.01	Other Ancillary (specify)	0	0	0
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
91.00	Emergency	4,119,875	7,041	4,126,916
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 64,888,866	\$ (8,343,651)	\$ 56,545,215
	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:
CHINO VALLEY MEDICAL CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart 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
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
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		0	0
193.00	Nonpaid Workers		0	0
193.01	Public Relations	512,225	0	512,225
193.02			0	0
193.03			0	0
193.04			0	0
	SUBTOTAL	\$ 512,225	\$ 0	\$ 512,225
200	TOTAL	\$ 65,401,091	\$ (8,343,651)	\$ 57,057,440

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1962407460		38
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
MEMORANDUM ADJUSTMENTS											
1							The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W&I Code 14015.19 and 14166.245				
2	1	E-3	VII	XIX	43.00	1.00	Protested Amounts To eliminate protested amounts. 42 CFR 413.20, 413.24, and 413.5 CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Section 115.2		\$228,878	(\$228,878)	\$0

Provider Name			Fiscal Period				Provider NPI		Adjustments	
CHINO VALLEY MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1962407460		38	
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>RECLASSIFICATIONS OF REPORTED COSTS</u>										
3	10A	A		2.00	7	Capital Related Costs-Movable Equipment	\$2,577,485	(\$271,572)	\$2,305,913	*
	10A	A		5.00	7	Administrative and General	12,477,689	36,662	12,514,351	*
	10A	A		7.00	7	Operation of Plant	2,014,739	2,309	2,017,048	
	10A	A		10.00	7	Dietary	714,892	2,902	717,794	*
	10A	A		13.00	7	Nursing Administration	1,477,711	4,643	1,482,354	
	10A	A		14.00	7	Central Services and Supply	456,208	5,546	461,754	*
	10A	A		15.00	7	Pharmacy	1,126,021	6,906	1,132,927	
	10A	A		16.00	7	Medical Records and Library	1,163,547	15,395	1,178,942	
	10A	A		22.00	7	Intern and Residents Other Program Costs (Approved)	192,612	664	193,276	
	10A	A		30.00	7	Adults and Pediatrics (General Routine Care)	9,107,033	27,830	9,134,863	*
	10A	A		31.00	7	Intensive Care Unit	2,452,364	25,223	2,477,587	
	10A	A		50.00	7	Operating Room	1,659,142	9,788	1,668,930	*
	10A	A		54.00	7	Radiology-Diagnostic	1,300,400	813	1,301,213	*
	10A	A		60.00	7	Laboratory	3,307,280	99,454	3,406,734	*
	10A	A		65.00	7	Respiratory Therapy	1,111,797	11,741	1,123,538	
	10A	A		66.00	7	Physical Therapy	239,587	1,423	241,010	
	10A	A		69.00	7	Electrocardiology	265,465	1,093	266,558	
	10A	A		91.00	7	Emergency	4,119,875	19,180	4,139,055	*
To reverse the provider's reclassification of departmental equipment rental expense in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A										
4	10A	A		10.00	7	Dietary	*	\$717,794	\$89,304	\$807,098
	10A	A		11.00	7	Cafeteria		248,666	(89,304)	159,362
To reverse the provider's abatement of cafeteria revenue against Dietary cost center and to abate the revenue against the related cost. 42 CFR 413.9 CMS Pub. 15-1, Section 2328D CMS Pub. 15-2, Section 3613										

Provider Name			Fiscal Period				Provider NPI		Adjustments	
CHINO VALLEY MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1962407460		38	
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>RECLASSIFICATIONS OF REPORTED COSTS</u>										
5	10A	A		4.00	7	Employee Benefits	\$409,863	\$649,071	\$1,058,934	
	10A	A		5.00	7	Administrative and General	* 12,514,351	(649,071)	11,865,280 *	
To reclassify FICA and Health Plan costs to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304										
6	10A	A		14.00	7	Central Services and Supply	* \$461,754	(\$156,024)	\$305,730	
	10A	A		30.00	7	Adults and Pediatrics	* 9,134,863	(3,753)	9,131,110	
	10A	A		50.00	7	Operating Room	* 1,668,930	(32,372)	1,636,558	
	10A	A		54.00	7	Radiology-Diagnostic	* 1,301,213	(192)	1,301,021	
	10A	A		60.00	7	Laboratory	* 3,406,734	(8,393)	3,398,341	
	10A	A		60.01	7	G. I. Laboratory	295,165	(3,116)	292,049	
	10A	A		91.00	7	Emergency	* 4,139,055	(12,139)	4,126,916	
	10A	A		71.00	7	Medical Supplies Charged to Patients	2,347,539	215,989	2,563,528	
To adjust the provider's reclassification of Central Services and Supplies to Medical Supplies Charged to Patients, to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306										
7	10A	A		62.00	7	Whole Blood and Packed Red Blood Cells	\$292,724	(\$292,721)	\$3	
	10A	A		63.00	7	Blood Storing, Processing, and Trans.	(292,721)	292,721	0	
To adjust the provider's reclassification of Central Services and Supplies to Medical Supplies Charged to Patients, to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1962407460		38
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 COSTS											
	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$9,739,993			
8							To eliminate parking lot rent expenses due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(\$3,600,000)		
9							To eliminate hospital lease expenses paid to MPT. 42 CFR 413.17, 413.20, and 413.24 CMS Pub. 15-1, Sections 1011.5, 2300, and 2304		(5,797,796)		
10							To eliminate apartment rent expenses paid to a related party. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Section 2102.3		(60,000)		
11							To eliminate auto expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(46,241)		
12							To include cost of ownership in lieu of MPT lease expenses. 42 CFR 413.17, 413.20, and 413.24 CMS Pub. 15-1, Sections 1011.5, 2300, and 2304		2,284,406		
13							To eliminate the rent paid for employee for the convenience of the provider. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2144.3		(10,788) (\$7,230,419)	\$2,509,574 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1962407460		38
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 COSTS												
14	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	*	\$2,509,574	(\$105,867)	\$2,403,707 *	
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	*	2,305,913	(117,914)	2,187,999	
	10A	A			5.00	7	Administrative and General	*	11,865,280	(763,089)	11,102,191 *	
							To adjust reported home office costs to agree with the Prime Healthcare Services, Inc. Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304					
15	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	*	\$2,403,707	\$340,957	\$2,744,664	
	10A	A			6.00	7	Maintenance and Repairs		560,114	12,451	572,565 *	
							To include the property taxes and repair expenses to agree with the provider's property tax bills and repair invoices. 42 CFR 413.20 and 413.24 W&I Code 14124.2(b)					

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1962407460		38
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 COSTS												
	10A	A			5.00	7	Administrative and General	*	\$11,102,191			
16							To eliminate interest expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(\$10,779)		
17							To eliminate interest expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(359,220)		
18							To abate interest income against interest expense. 42 CFR 413.153(b)(2)(iii) / CMS Pub. 15-1, Section 202.2 CMS Pub. 15-2, Section 3613			(30,832)		
19							To eliminate other direct expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(71,695) (\$472,526)	\$10,629,665	
20	10A	A			6.00	7	Maintenance and Repairs To eliminate the profit factor for the maintenance and repairs expenses from Bio Med. Services, Inc., a related party. 42 CFR 413.12 / CMS Pub. 15-1, Section 1005	*	\$572,565	(\$7,244)	\$565,321	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1962407460		38
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 COSTS											
21	8	B	I		30.00	25	Adults and Pediatrics	(\$1,240,290)	\$1,240,290	\$0	
	8	B	I		31.00	25	Intensive Care Unit	(18,443)	18,443	0	
	8	B	I		50.00	25	Operating Room	(331,962)	331,962	0	
	8	B	I		91.00	25	Emergency	(724,224)	724,224	0	
							To reverse the provider's post step-down adjustment relating to Interns and Residents teaching costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2120, 2300, and 2304				

Provider Name							Fiscal Period		Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1962407460		38
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 STATISTICS											
22	9	B-1			6.00	1,2	Maintenance and Repairs (Square Feet)	19,317	(15,119)	4,198	
	9	B-1			7.00	1,2	Operation of Plant	0	15,119	15,119	
	9	B-1			74.00	1,2	Renal Dialysis	0	6	6	
	9	B-1			1,2	1,2	Total - Square Feet	124,316	6	124,322 *	
23	9	B-1			7.00	6	Operation of Plant (Square Feet)	0	15,119	15,119	
	9	B-1			6.00	6	Total - Square Feet	89,191	15,119	104,310 *	
24	9	B-1			74.00	6, 7, 9	Renal Dialysis (Square Feet)	0	6	6	
	9	B-1			6.00	6	Total - Square Feet	* 104,310	6	104,316 *	
	9	B-1			7.00	7	Total - Square Feet	89,191	6	89,197 *	
	9	B-1			9.00	9	Total - Square Feet	87,185	6	87,191 *	
To adjust square footage statistics to agree with the provider's documentation. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306											
25	9	B-1			192.00	1,2	Physicians' Private Offices (Square Feet)	0	6,570	6,570	
	9	B-1			1,2	1,2	Total - Square Feet	* 124,322	6,570	130,892	
26	9	B-1			192.00	6,7,9	Physicians' Private Offices (Square Feet)	0	6,570	6,570	
	9	B-1			6.00	6	Total - Square Feet	* 104,316	6,570	110,886	
	9	B-1			7.00	7	Total - Square Feet	* 89,197	6,570	95,767	
	9	B-1			9.00	9	Total - Square Feet	* 87,191	6,570	93,761	
To establish square footage statistics for a nonreimbursable cost center. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2306 and 2328											

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1962407460		38
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 STATISTICS												
27	9	B-1			14.00	8	Central Services and Supply (Pounds of Laundry)	3,805	(3,805)	0		
	9	B-1			50.00	8	Operating Room To adjust pounds of laundry statistics to agree with the provider's laundry usage report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	15,043	3,805	18,848		
28	9	B-1			30.00	10	Adults and Pediatrics (Meals Served)	46,776	(11,307)	35,469		
	9	B-1			31.00	10	Intensive Care Unit	5,353	(1,968)	3,385		
	9	B-1			50.00	10	Operating Room	0	8	8		
	9	B-1			91.00	10	Emergency	0	589	589		
	9	B-1			10.00	10	Total - Meals Served To adjust meal served statistics to agree with the provider's patient meals report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	52,129	(12,678)	39,451		
29	9	B-1			13.00	11	Nursing Administration (FTE's)	1,310	2,183	3,493		
	9	B-1			21.00	11	Intern and Res. Service-Salary and Fringes (Approved)	2,184	(2,184)	0		
	9	B-1			66.00	11	Physical Therapy	306	(306)	0		
	9	B-1			11.00	11	Total - FTE's To adjust FTE's statistics to agree with the provider's Dollars and Hours report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	34,361	(307)	34,054		
30	9	B-1			56.00	13	Radioisotope (Direct Nursing Hours)	1,027	812	1,839		
	9	B-1			13.00	13	Total - Direct Nursing Hours To adjust direct nursing hours statistics to agree with the provider's Dollars and Hours report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	356,905	812	357,717		

Provider Name							Fiscal Period		Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1962407460		38
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 MEDI-CAL SETTLEMENT DATA - NONCONTRACT											
31	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	2,295.00	422.00	2,717.00 *	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	332.00	54.00	386.00 *	
32	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,372,682	\$212,202	\$2,584,884	
	6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	812,663	66,751	879,414	
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	744,425	50,444	794,869	
	6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Ultra Sound	273,774	22,123	295,897	
	6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	201,256	5,001	206,257	
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	1,104,906	61,530	1,166,436	
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	2,539,230	(36,019)	2,503,211	
	6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	168,194	8,390	176,584	
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,944,943	280,274	2,225,217	
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	140,110	14,249	154,359	
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,664,507	292,353	1,956,860	
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,472,234	260,162	1,732,396	
	6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	496,326	77,884	574,210	
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	4,193,928	379,343	4,573,271	
	6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	266,026	18,434	284,460	
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	2,228,177	117,556	2,345,733	
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	20,623,381	1,830,677	22,454,058	
33	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$6,182,850	\$2,308,250	\$8,491,100	
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	20,623,381	1,830,677	22,454,058	
34	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$19,255	(\$368)	\$18,887	
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	161,322	18,454	179,776	
35	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payments	\$6,628,834	\$628,047	\$7,256,881	

-Continued on next page-

Provider Name							Fiscal Period		Provider NPI		Adjustments			
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1962407460		38			
Report References							Explanation of Audit Adjustments		As Reported		Increase (Decrease)		As Adjusted	
Cost Report														
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.								
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</u>														
-Continued from previous page-														
<p style="margin-left: 350px;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through July 15, 2013 Report Date: July 25, 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>														
36	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	2,717.00	(8.50)	2,708.50			
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Units	*	386.00	(0.25)	385.75			
<p style="margin-left: 350px;">To eliminate Medi-Cal days for billed Medi-Cal days by 25% and 50%, for claims submitted during the 7th through the 9th month (RAD Code 475) and 10th through the 12th month (RAD 476) after the month of services, respectively. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51458.1 W&I Code 14115</p>														

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
CHINO VALLEY MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1962407460		38
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 OTHER MATTERS</u>												
	1	Not Reported					Medi-Cal Overpayments	\$0				
37							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		\$19,340			
38							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		<u>4,004</u> \$23,344	\$23,344		