

**REPORT
ON THE
COST REPORT REVIEW
MADERA COMMUNITY HOSPITAL
MADERA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1669673646**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Michael Harrold
Audit Supervisor: Kristina Nacino
Auditor: Lisa Merrill**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 30, 2013

Mark Foote
VP-Finance / CFO
Madera Community Hospital
1250 East Almond Avenue
Madera, CA 93637

MADERA COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1669673646
FISCAL PERIOD ENDED JUNE 30, 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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$201,584, 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 Cost (CONTRACT Schedules)
4. 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 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.

If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Mark Foote
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Certified

SUMMARY OF FINDINGS

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1669673646	Reported	\$ 0	
	Net Change	\$ (131,748)	
	Audited Amount Due Provider (State)	\$ (131,748)	
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: 1669673646	Reported		\$ 12,076,426
	Net Change		\$ (780,256)
	Audited Cost		\$ 11,296,170
	Audited Amount Due Provider (State)	\$ (69,836)	
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)		\$ (201,584)	
9. Total Medi-Cal Cost			\$ 11,296,170

SUMMARY OF FINDINGS

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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)		\$ (201,584)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>0</u>	\$ <u>98,756</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>0</u>	\$ <u>98,756</u>
6. Interim Payments (Adj 8)		\$ _____	\$ <u>(230,504)</u>
7. Balance Due Provider (State)		\$ <u>0</u>	\$ <u>(131,748)</u>
8. Duplicate Payments (Adj)		\$ <u>0</u>	\$ <u>0</u>
9.	\$	\$ <u>0</u>	\$ <u>0</u>
10.	\$	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>0</u></u>	\$ <u><u>(131,748)</u></u>

(To Summary of Findings)

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

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u> 0</u>	\$ <u> 106,126</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 7)	\$ <u> 0</u>	\$ <u> 66,388</u>
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3. Inpatient Ancillary Service Charges (Adj 7)	\$ <u> 0</u>	\$ <u> 158,927</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u> 0</u>	\$ <u> 225,315</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u> 0</u>	\$ <u> 119,189</u>
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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:
MADERA COMMUNITY HOSPITALFiscal Period Ended:
JUNE 30, 2011Provider NPI:
1669673646

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)	20,368	20,368
2. Inpatient Days (include private, exclude swing-bed)	20,368	20,368
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	20,368	20,368
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 26)	\$ 17,741,034	\$ 15,772,021
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)	\$ 17,741,034	\$ 15,772,021

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 25,920,351	\$ 25,920,351
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.684444	\$ 0.608480
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)	\$ 0.00	\$ 0.00
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)	\$ 17,741,034	\$ 15,772,021

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 871.02	\$ 774.35
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 66,388
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 66,388

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 1,936,482	\$ 1,721,556
2. Total Inpatient Days (Adj)	4,014	4,014
3. Average Per Diem Cost	\$ 482.43	\$ 428.89
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)	\$ 3,693,738	\$ 3,283,780
7. Total Inpatient Days (Adj)	2,814	2,814
8. Average Per Diem Cost	\$ 1,312.63	\$ 1,166.94
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 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 5)	\$ 0.00	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 5)	0	189
33. Cost Applicable to Medi-Cal	\$ 0	\$ 66,388
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 5,10,15,20,25,28,31)	\$ 0	\$ 66,388

(To Schedule 4)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>12,076,426</u>	\$ <u>11,296,170</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.		\$ <u>0</u>	\$ <u>0</u>
5.	Subtotal (Sum of Lines 1 through 4)	\$ <u>12,076,426</u>	\$ <u>11,296,170</u>
6.	\$	\$ <u>0</u>	\$ <u>0</u>
7.	\$	\$ <u>0</u>	\$ <u>0</u>
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>12,076,426</u>	\$ <u>11,296,170</u>
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj 15)	\$ <u>0</u>	\$ <u>(69,836)</u>
10.	Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>
11.	\$	\$ <u>0</u>	\$ <u>0</u>
12.	\$	\$ <u>0</u>	\$ <u>0</u>
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>(69,836)</u>
		(To Summary of Findings)	

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

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>12,076,426</u>	\$ <u>11,418,042</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 12)	\$ <u>8,775,550</u>	\$ <u>9,456,050</u>
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3. Inpatient Ancillary Service Charges (Adj 12)	\$ <u>17,536,290</u>	\$ <u>19,517,443</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>26,311,840</u>	\$ <u>28,973,493</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>14,235,414</u>	\$ <u>17,555,451</u>
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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:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	20,368	20,368
2. Inpatient Days (include private, exclude swing-bed)	20,368	20,368
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	20,368	20,368
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 10)	6,006	6,576

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)	\$ 17,741,034	\$ 15,772,021
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)	\$ 17,741,034	\$ 15,772,021

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 25,920,351	\$ 25,920,351
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.684444	\$ 0.608480
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)	\$ 0.00	\$ 0.00
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)	\$ 17,741,034	\$ 15,772,021

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 871.02	\$ 774.35
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 5,231,346	\$ 5,092,126
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 2,098,924	\$ 1,804,380
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 7,330,270	\$ 6,896,506

(To Contract Sch 3)

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

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 1,936,482	\$ 1,721,556
2. Total Inpatient Days (Adj)	4,014	4,014
3. Average Per Diem Cost	\$ 482.43	\$ 428.89
4. Medi-Cal Inpatient Days (Adj 10, 14)	2,808	2,863
5. Cost Applicable to Medi-Cal	\$ 1,354,663	\$ 1,227,912
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 3,693,738	\$ 3,283,780
7. Total Inpatient Days (Adj)	2,814	2,814
3. Average Per Diem Cost	\$ 1,312.63	\$ 1,166.94
4. Medi-Cal Inpatient Days (Adj 10)	567	494
5. Cost Applicable to Medi-Cal	\$ 744,261	\$ 576,468
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. 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
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 2,098,924	\$ 1,804,380
	(To Contract Sch 4)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

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
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1669673646

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 11)	AUDITED
50.00	Operating Room	\$ 1,768,067	\$ (9,554)	\$ 1,758,513
51.00	Recovery Room			0
52.00	Delivery Room and Labor Room	247,851	3,410	251,261
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	254,868	41,488	296,356
54.01	Ultrasound	75,228	9,175	84,403
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan	406,697	54,905	461,602
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	2,775,925	203,800	2,979,725
60.01	Blood Laboratory	112,616	24,920	137,536
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	1,134,957	358,508	1,493,465
66.00	Physical Therapy	148,101	(87,145)	60,956
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	4,080,945	472,207	4,553,152
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	5,912,873	859,222	6,772,095
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			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
88.00	Rural Health Clinic			0
88.01	Rural Health Clinic II			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	618,162	50,217	668,379
92.00				0
93.00				0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 17,536,290	\$ 1,981,153	\$ 19,517,443

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 5.06
ANCILLARY COST CENTERS												
50.00 Operating Room	0	58,641	47,532	0	1,523	53,585	95,006	0	0	0	6,280,143	497,998
51.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Delivery Room and Labor Room	0	37,209	27,331	0	708	21,187	37,564	0	0	0	2,751,323	218,172
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00 Radiology-Diagnostic	0	34,432	41,591	0	4,440	39,807	70,578	0	0	0	3,330,127	264,070
54.01 Ultrasound	0	11,780	1,188	0	0	13,870	24,591	0	0	0	936,208	74,239
56.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00 Computed Tomography (CT) Scan	0	6,953	1,188	0	0	36,101	64,006	0	0	0	885,387	70,209
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Laboratory	0	39,542	28,519	0	4,032	71,140	126,131	0	0	0	4,358,234	345,596
60.01 Blood Laboratory	0	0	0	0	0	2,479	4,396	0	0	0	330,606	26,216
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	0	0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Respiratory Therapy	0	24,129	4,753	0	170	37,642	66,739	0	0	0	1,971,539	156,338
66.00 Physical Therapy	0	15,280	9,506	0	373	6,614	11,726	0	0	0	1,126,688	89,343
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	69,857	123,857	0	0	0	2,768,252	219,515
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
73.00 Drugs Charged to Patients	0	0	0	0	0	172,416	305,692	0	0	0	4,377,992	347,163
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
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
77.00	0	0	0	0	0	0	0	0	0	0	0	0
78.00	0	0	0	0	0	0	0	0	0	0	0	0
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic	0	41,247	54,662	0	4,321	19,970	35,407	0	0	0	3,327,594	263,869
88.01 Rural Health Clinic II	0	8,288	20,201	0	829	4,450	7,890	0	0	0	833,797	66,118
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	0	0
91.00 Emergency	0	65,430	27,331	0	6,485	109,664	194,434	0	0	0	5,580,351	442,507
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
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 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	22,005	0	0	679	6,738	11,946	0	0	0	1,737,853	137,807

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.06
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	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
192.01 Community Relations	0	1,444	1,188	0	62	0	0	0	0	0	121,962	9,671
192.02 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
192.03 Gift Shop	0	0	3,565	0	0	0	0	0	0	0	6,582	522
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	<u>0</u>	<u>721,754</u>	<u>531,171</u>	<u>1,165,313</u>	<u>55,224</u>	<u>772,865</u>	<u>1,370,287</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>73,099,680</u>	<u>5,370,720</u>

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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
ANCILLARY COST CENTERS												
50.00 Operating Room	0	337,168	32,221	235,529	68,096	19,580	0	113,161	0	0	144,574	0
51.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Delivery Room and Labor Room	0	115,456	22,966	80,652	66,420	11,505	0	99,582	0	0	57,163	0
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00 Radiology-Diagnostic	0	202,978	6,781	141,791	1,264	15,545	0	13,579	0	0	107,402	0
54.01 Ultrasound	0	2,455	0	1,715	0	3,487	0	0	0	0	37,421	0
56.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	2,134	0	0	0	0	97,402	0
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Laboratory	0	75,041	4,331	52,420	0	17,573	0	72,423	0	0	191,940	0
60.01 Blood Laboratory	0	0	0	0	0	0	0	0	0	0	6,689	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	0	0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Respiratory Therapy	0	23,980	0	16,751	0	8,285	0	0	0	0	101,560	0
66.00 Physical Therapy	0	92,845	4,506	64,857	0	4,600	0	9,053	0	0	17,844	0
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,134,274	0	188,479	0
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,733,490	465,186	0
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
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
77.00	0	0	0	0	0	0	0	0	0	0	0	0
78.00	0	0	0	0	0	0	0	0	0	0	0	0
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic	0	155,354	0	108,523	118	19,615	0	58,844	0	0	53,881	0
88.01 Rural Health Clinic II	0	206,725	0	144,408	0	4,482	0	13,579	0	0	12,006	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	0	0
91.00 Emergency	0	293,472	29,572	205,005	59,540	28,653	0	176,531	0	0	295,880	923
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
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 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	51,681	0	36,102	0	7,527	0	36,212	0	0	18,179	0

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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	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
192.01 Community Relations	0	3,876	0	2,708	0	683	0	0	0	0	0	0
192.02 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
192.03 Gift Shop	0	11,835	0	8,267	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	0	<u>2,594,138</u>	<u>509,998</u>	<u>1,789,575</u>	<u>2,111,505</u>	<u>243,395</u>	0	<u>1,190,455</u>	<u>1,134,274</u>	<u>1,733,490</u>	<u>2,085,230</u>	<u>9,227</u>

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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	0	0	0	0	7,728,471		7,728,471
51.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
52.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	3,423,239		3,423,239
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
54.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	4,083,536		4,083,536
54.01 Ultrasound	0	0	0	0	0	0	0	0	1,055,525		1,055,525
56.00 Radioisotope	0	0	0	0	0	0	0	0	0		0
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	1,055,131		1,055,131
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0		0
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	0		0
60.00 Laboratory	0	0	0	0	0	0	0	0	5,117,558		5,117,558
60.01 Blood Laboratory	0	0	0	0	0	0	0	0	363,512		363,512
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	0		0
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	2,278,452		2,278,452
66.00 Physical Therapy	0	0	0	0	0	0	0	0	1,409,737		1,409,737
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
69.00 Electrocardiology	0	0	0	0	0	0	0	0	0		0
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	4,310,520		4,310,520
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0		0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	6,923,831		6,923,831
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0		0
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
77.00	0	0	0	0	0	0	0	0	0		0
78.00	0	0	0	0	0	0	0	0	0		0
79.00	0	0	0	0	0	0	0	0	0		0
80.00	0	0	0	0	0	0	0	0	0		0
81.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
87.00	0	0	0	0	0	0	0	0	0		0
88.00 Rural Health Clinic	0	0	0	0	0	0	0	0	3,987,796		3,987,796
88.01 Rural Health Clinic II	0	0	0	0	0	0	0	0	1,281,114		1,281,114
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	0		0
91.00 Emergency	0	0	0	0	0	0	0	0	7,112,433		7,112,433
92.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0		0
93.01	0	0	0	0	0	0	0	0	0		0
93.02	0	0	0	0	0	0	0	0	0		0
93.03	0	0	0	0	0	0	0	0	0		0
93.04	0	0	0	0	0	0	0	0	0		0
93.05	0	0	0	0	0	0	0	0	0		0
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 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0		0
100.00 Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0		0
101.00 Home Health Agency	0	0	0	0	0	0	0	0	2,025,360		2,025,360

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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	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	0	0	0
192.01 Community Relations	0	0	0	0	0	0	0	0	138,900	0	138,900
192.02 Clinic	0	0	0	0	0	0	0	0	0	0	0
192.03 Gift Shop	0	0	0	0	0	0	0	0	27,206	0	27,206
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	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>73,099,680</u>	<u>0</u>	<u>73,099,680</u>

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) (Adj)	NON PAT TELEPHONE (# OF PHONE) (Adj)	DATA PROC. (MACHINE TIME) (Adj)	PURCH, RECV & STORES (CST OF SUP) (Adj)	ADMITTING (TOTAL REVENUE) (Adj)	CASHIERING/ ACCT. REC (TOTAL REV) (Adj)	STAT (Adj)	STAT (Adj)	STAT (Adj)	RECON- CILIATION	ADM & GEN (ACCU M COST) 5.06	MANT & REPAIRS 6.00 (Adj)
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	147,374											
5.02	473,286	19										
5.03	198,182	8										
5.04	326,957	14	25	7,431								
5.05	344,221	13	30	754								
0.00												
0.00												
0.00												
5.06	1,825,674	51	25	87,069								
6.00	Maintenance and Repairs											
7.00	514,049	6		2,686						2,403,543		
8.00	Laundry and Linen Service											
9.00	895,491	1		311						454,571		
10.00	1,207,738	8		7,241						1,646,122		
11.00	64,464	1								1,860,071		
12.00	Maintenance of Personnel											
13.00	792,105	9		5,055						201,113		
14.00	97,593	2								0		
15.00	1,095,206	6	5	5,117						1,033,672		
16.00	941,206	14	15	27,112						1,025,368		
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	9,042,649	52		57,626	22,871,426	22,871,426				11,052,626		
31.00	1,876,250	13		6,180	4,631,628	4,631,628				2,519,100		
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		3			3,048,925	3,048,925				0		
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00 (Adj)	NON PAT TELEPHONE (# OF PHONE) 5.01 (Adj)	DATA PROC. (MACHINE TIME) 5.02 (Adj)	PURCH, RECV & STORES (CST OF SUP) 5.03 (Adj)	ADMITTING (TOTAL REVENUE) 5.04 (Adj)	CASHIERING/ ACCT. REC (TOTAL REV) 5.05 (Adj)	STAT 0.00 (Adj)	STAT 0.00 (Adj)	STAT 0.00 (Adj)	RECON- CILIATION	ADM & GEN (ACCU M COST) 5.06	MANT & REPAIRS 6.00 (Adj)
ANCILLARY COST CENTERS												
50.00	Operating Room	3,274,272	40		9,958	15,250,949	15,250,949				6,280,143	0
51.00	Recovery Room										0	0
52.00	Delivery Room and Labor Room	2,077,618	23		4,628	6,030,066	6,030,066				2,751,323	0
53.00	Anesthesiology										0	0
54.00	Radiology-Diagnostic	1,922,553	35		29,028	11,329,697	11,329,697				3,330,127	0
54.01	Ultrasound	657,769	1			3,947,482	3,947,482				936,208	0
56.00	Radioisotope										0	0
57.00	Computed Tomography (CT) Scan	388,255	1			10,274,746	10,274,746				885,387	0
58.00	Magnetic Resonance Imaging (MRI)										0	0
59.00	Cardiac Catheterization										0	0
60.00	Laboratory	2,207,882	24		26,362	20,247,485	20,247,485				4,358,234	0
60.01	Blood Laboratory					705,660	705,660				330,606	0
62.00	Whole Blood & Packed Red Blood Cells										0	0
63.00	Blood Storing, Processing, & Trans.										0	0
64.00	Intravenous Therapy										0	0
65.00	Respiratory Therapy	1,347,271	4		1,113	10,713,377	10,713,377				1,971,539	0
66.00	Physical Therapy	853,198	8		2,440	1,882,368	1,882,368				1,126,688	0
67.00	Occupational Therapy										0	0
68.00	Speech Pathology										0	0
69.00	Electrocardiology										0	0
70.00	Electroencephalography										0	0
71.00	Medical Supplies Charged to Patients					19,882,368	19,882,368				2,768,252	0
72.00	Implantable Devices Charged to Patients										0	0
73.00	Drugs Charged to Patients					49,071,811	49,071,811				4,377,992	0
74.00	Renal Dialysis										0	0
75.00	ASC (Non-Distinct Part)										0	0
76.00	Other Ancillary (specify)										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
88.00	Rural Health Clinic	2,303,077	46		28,249	5,683,822	5,683,822				3,327,594	0
88.01	Rural Health Clinic II	462,788	17		5,422	1,266,480	1,266,480				833,797	0
89.00	Federally Qualified Health Center (FQHC)										0	0
90.00	Clinic										0	0
91.00	Emergency	3,653,374	23		42,399	31,211,902	31,211,902				5,580,351	0
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
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
98.00	Other Reimbursable (specify)										0	0
99.00	Outpatient Rehabilitation Provider (specify)										0	0
100.00	Intern-Resident Service (not appvd. tching. prgm.)										0	0
101.00	Home Health Agency	1,228,687			4,440	1,917,666	1,917,666				1,737,853	0

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	EMP BENE (GROSS SALARIES) 4.00 (Adj)	NON PAT TELEPHONE (# OF PHONE) 5.01 (Adj)	DATA PROC. (MACHINE TIME) 5.02 (Adj)	PURCH, RECV & STORES (CST OF SUP) 5.03 (Adj)	ADMITTING (TOTAL REVENUE) 5.04 (Adj)	CASHIERING/ ACCT. REC (TOTAL REV) 5.05 (Adj)	STAT 0.00 (Adj)	STAT 0.00 (Adj)	STAT 0.00 (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS 6.00 (Adj)
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											0	
191.00 Research											0	
192.00 Physicians' Private Offices											0	
192.01 Community Relations	80,644	1		407							121,962	
192.02 Clinic											0	
192.03 Gift Shop		3									6,582	
193.03											0	
193.04											0	
TOTAL	40,299,833	447	100	361,028	219,967,858	219,967,858	0	0	0		67,728,959	0
COST TO BE ALLOCATED	721,754	531,171	1,165,313	55,224	772,865	1,370,287	0	0	0		5,370,721	0
UNIT COST MULTIPLIER - SCH 8	0.017910	1188.301650	11653.125850	0.152962	0.003514	0.006229	0.000000	0.000000	0.000000		0.079297	0.000000

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTE's) (Adj)	MANT OF PERSONNEL (Adj)	NURSING ADMIN (FTE's) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) (Adj)	PHARMACY (COST REQUIS) (Adj)	MED REC (TOTAL REVENUE) (Adj)	SOC SERV (TIME SPENT) (Adj)	OTHER SVC (Adj)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	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	Nonpatient Telephones											
5.02	Data Processing											
5.03	Purchasing, Receiving and Stores											
5.04	Admitting											
5.05	Cashiering / Accounts Receivable											
0.00												
0.00												
0.00												
5.06	Other Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	750											
9.00	500											
10.00	2,368											
11.00	600											
12.00	Maintenance of Personnel											
13.00	1,627											
14.00	602											
15.00	1,004											
16.00	3,694											
17.00	128											
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	22,886	481,067	22,886	61,229	13,505		97			22,871,426	70	
31.00	4,770	133,001	4,770	3,938	2,606		21			4,631,628	20	
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	593	8,221	593		1,659		14			3,048,925		
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT) 7.00 (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj)	CAFETERIA (FTE's) 11.00 (Adj)	MANT OF PERSONNEL 12.00 (Adj)	NURSING ADMIN (FTE's) 13.00 (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj)	MED REC (TOTAL REVENUE) 16.00 (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj)	OTHER SVC 18.00 (Adj)
ANCILLARY COST CENTERS												
50.00	Operating Room	13,048	48,950	13,048	2,316	4,469	25			15,250,949		
51.00	Recovery Room											
52.00	Delivery Room and Labor Room	4,468	34,890	4,468	2,259	2,626	22			6,030,066		
53.00	Anesthesiology											
54.00	Radiology-Diagnostic	7,855	10,301	7,855	43	3,548	3			11,329,697		
54.01	Ultrasound	95		95		796				3,947,482		
56.00	Radioisotope											
57.00	Computed Tomography (CT) Scan					487				10,274,746		
58.00	Magnetic Resonance Imaging (MRI)											
59.00	Cardiac Catheterization											
60.00	Laboratory	2,904	6,579	2,904		4,011	16			20,247,485		
60.01	Blood Laboratory									705,660		
62.00	Whole Blood & Packed Red Blood Cells											
63.00	Blood Storing, Processing, & Trans.											
64.00	Intravenous Therapy											
65.00	Respiratory Therapy	928		928		1,891				10,713,377		
66.00	Physical Therapy	3,593	6,845	3,593		1,050	2			1,882,368		
67.00	Occupational Therapy											
68.00	Speech Pathology											
69.00	Electrocardiology											
70.00	Electroencephalography											
71.00	Medical Supplies Charged to Patients							100		19,882,368		
72.00	Implantable Devices Charged to Patients											
73.00	Drugs Charged to Patients								100	49,071,811		
74.00	Renal Dialysis											
75.00	ASC (Non-Distinct Part)											
76.00	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												
88.00	Rural Health Clinic	6,012		6,012	4	4,477	13			5,683,822		
88.01	Rural Health Clinic II	8,000		8,000		1,023	3			1,266,480		
89.00	Federally Qualified Health Center (FQHC)											
90.00	Clinic											
91.00	Emergency	11,357	44,925	11,357	2,025	6,540	39			31,211,902	10	
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	2,000		2,000		1,718	8			1,917,666		

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE's)	MANT OF PERSONNEL	NURSING ADMIN (FTE's)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (TOTAL REVENUE)	SOC SERV (TIME SPENT)	OTHER SVC
	7.00 (Adj)	8.00 (Adj)	9.00 (Adj)	10.00 (Adj)	11.00 (Adj)	12.00 (Adj)	13.00 (Adj)	14.00 (Adj)	15.00 (Adj)	16.00 (Adj)	17.00 (Adj)	18.00 (Adj)
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												
192.01 Community Relations	150		150		156							
192.02 Clinic												
192.03 Gift Shop	458		458									
193.03												
193.04												
TOTAL	100,390	774,779	99,140	71,814	55,554	0	263	100	100	219,967,858	100	0
COST TO BE ALLOCATED	2,594,138	509,998	1,789,575	2,111,505	243,395	0	1,190,455	1,134,274	1,733,490	2,085,230	9,227	0
UNIT COST MULTIPLIER - SCH 8	25.840598	0.658249	18.050987	29.402413	4.381235	0.000000	4526.443901	11342.741189	17334.904372	0.009480	92.267992	0.000000

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

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 Nonpatient Telephones
- 5.02 Data Processing
- 5.03 Purchasing, Receiving and Stores
- 5.04 Admitting
- 5.05 Cashiering / Accounts Receivable
- 0.00
- 0.00
- 0.00
- 5.06 Other 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)
- 31.00 Intensive Care Unit
- 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:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

ANCILLARY COST CENTERS

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Delivery Room and Labor Room
- 53.00 Anesthesiology
- 54.00 Radiology-Diagnostic
- 54.01 Ultrasound
- 56.00 Radioisotope
- 57.00 Computed Tomography (CT) Scan
- 58.00 Magnetic Resonance Imaging (MRI)
- 59.00 Cardiac Catheterization
- 60.00 Laboratory
- 60.01 Blood Laboratory
- 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)
- 76.00 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
- 88.00 Rural Health Clinic
- 88.01 Rural Health Clinic II
- 89.00 Federally Qualified Health Center (FQHC)
- 90.00 Clinic
- 91.00 Emergency
- 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. tchng. prgm.)
- 101.00 Home Health Agency

TRIAL BALANCE OF EXPENSES

Provider Name:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 770,487	\$ 0	\$ 770,487
2.00	Capital Related Costs-Movable Equipment	637	0	637
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	720,436	0	720,436
5.01	Nonpatient Telephones	525,086	0	525,086
5.02	Data Processing	1,113,217	0	1,113,217
5.03	Purchasing, Receiving and Stores	27,477	0	27,477
5.04	Admitting	450,003	0	450,003
5.05	Cashiering / Accounts Receivable	987,766	0	987,766
			0	0
			0	0
			0	0
5.06	Other Administrative and General	14,078,237	(9,125,991)	4,952,246
6.00	Maintenance and Repairs		0	0
7.00	Operation of Plant	2,357,151	0	2,357,151
8.00	Laundry and Linen Service	449,630	0	449,630
9.00	Housekeeping	1,625,554	0	1,625,554
10.00	Dietary	1,812,227	0	1,812,227
11.00	Cafeteria	194,817	0	194,817
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	997,299	0	997,299
14.00	Central Services and Supply	1,017,278	0	1,017,278
15.00	Pharmacy	1,467,944	0	1,467,944
16.00	Medical Records & Library	1,533,956	0	1,533,956
17.00	Social Service	1,312	0	1,312
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
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	10,446,464	0	10,446,464
31.00	Intensive Care Unit	2,392,554	0	2,392,554
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	1,436,537	0	1,436,537
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:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 5,937,899	\$ 0	\$ 5,937,899
51.00	Recovery Room		0	0
52.00	Delivery Room and Labor Room	2,597,889	0	2,597,889
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	3,087,531	0	3,087,531
54.01	Ultrasound	884,153	0	884,153
56.00	Radioisotope		0	0
57.00	Computed Tomography (CT) Scan	777,138	0	777,138
58.00	Magnetic Resonance Imaging (MRI)		0	0
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	3,746,006	323,731	4,069,737
60.01	Blood Laboratory	323,731	0	323,731
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	1,831,992	0	1,831,992
66.00	Physical Therapy	1,059,518	0	1,059,518
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology		0	0
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	2,898,269	(323,731)	2,574,538
72.00	Implantable Devices Charged to Patients		0	0
73.00	Drugs Charged to Patients	3,899,884	0	3,899,884
74.00	Renal Dialysis		0	0
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		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
88.00	Rural Health Clinic	3,132,380	0	3,132,380
88.01	Rural Health Clinic II	739,436	0	739,436
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
91.00	Emergency	5,102,188	0	5,102,188
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	\$ 80,424,083	\$ (9,125,991)	\$ 71,298,092
	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:
MADERA COMMUNITY HOSPITAL

Fiscal Period Ended:
JUNE 30, 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	1,683,309	0	1,683,309
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
192.01	Community Relations	118,279	0	118,279
192.02	Clinic		0	0
192.03	Gift Shop		0	0
193.03			0	0
193.04			0	0
	SUBTOTAL	\$ 1,801,588	\$ 0	\$ 1,801,588
200	TOTAL	\$ 82,225,671	\$ (9,125,991)	\$ 73,099,680

(To Schedule 8)

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MADERA COMMUNITY HOSPITAL			JULY 1, 2010 THROUGH JUNE 30, 2011				1669673646		15	
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>RECLASSIFICATION OF REPORTED COSTS</u>										
1	10A	A			71.00	7.00	Medical Supplies Charged to Patients	\$2,898,269	(\$323,731)	\$2,574,538
	10A	A			60.00	7.00	Laboratory	3,746,006	323,731	4,069,737
							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			

Provider Name							Fiscal Period			Provider NPI		Adjustments
MADERA COMMUNITY HOSPITAL							JULY 1, 2010 THROUGH JUNE 30, 2011			1669673646		15
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												
	10A	A			5.06	7	Other Administrative and General			\$14,078,237		
2							To eliminate physician compensation costs for services directly billed under the physician's provider number and due to insufficient documentation. 42 CFR 413.5, 413.9 and 413.24 CMS Pub. 15-1, Sections 2182.3C and 2304				(\$24,000)	
3							To eliminate quality assurance expense for proper determination of costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				(9,101,991)	\$4,952,246
											(\$9,125,991)	

Provider Name							Fiscal Period		Provider NPI		Adjustments
MADERA COMMUNITY HOSPITAL							JULY 1, 2010 THROUGH JUNE 30, 2011		1669673646		15
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>ADJUSTMENT TO REPORTED TOTAL CHARGES</u>											
4	Contract 5	C	I		54.00	8	Radiology - Diagnostic	\$11,329,697	\$2,030,632	\$13,360,329	
	Contract 5	C	I		91.00	8	Emergency	31,211,902	(2,030,632)	29,181,270	
							To reclassify chemo therapy to the appropriate cost center 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				

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MADERA COMMUNITY HOSPITAL			JULY 1, 2010 THROUGH JUNE 30, 2011				1669673646		15	
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										
5	4A	Not Reported					Medi-Cal Administrative Days	0	189	189
	4A	Not Reported					Medi-Cal Administrative Day Rate	\$0.00	\$351.26	\$351.26
6	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$258	\$258
	6	Not Reported					Medi-Cal Ancillary Charges - Ultrasound	0	336	336
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	14,386	14,386
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	25,703	25,703
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	118,244	118,244
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	158,927	158,927
7	2	Not Reported					Medi-Cal Routine Charges	\$0	\$66,388	\$66,388
	2	Not Reported					Medi-Cal Ancillary Charges	0	158,927	158,927
8	1	Not Reported					Medi-Cal Interim Payments	\$0	\$230,504	\$230,504
9	3	Not Reported					Patient Liability / Other Coverage	\$0	\$7,370	\$7,370
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: 02/15/2013 Payment Period: 07/01/2010 through 01/31/2013 Service Period: 07/01/2010 through 06/30/2011 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, 51541 and 51542</p>										

Provider Name							Fiscal Period	Provider NPI		Adjustments
MADERA COMMUNITY HOSPITAL							JULY 1, 2010 THROUGH JUNE 30, 2011	1669673646		15
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 - CONTRACT										
10	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	6,006	570	6,576
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	2,808	75	2,883 *
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	567	(73)	494
11	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,768,067	(\$9,554)	\$1,758,513
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	247,851	3,410	251,261
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	254,868	41,488	296,356
	Contract 6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	75,228	9,175	84,403
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - CT Scan	406,697	54,905	461,602
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	2,775,925	203,800	2,979,725
	Contract 6	D-3		XIX	61.01	2	Medi-Cal Ancillary Charges - Blood Laboratory	112,616	24,920	137,536
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,134,957	358,508	1,493,465
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	148,101	(87,145)	60,956
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	4,080,945	472,207	4,553,152
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	5,912,873	859,222	6,772,095
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	618,162	50,217	668,379
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	17,536,290	1,981,153	19,517,443
12	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Charges	\$8,775,550	\$680,500	\$9,456,050
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Charges	17,536,290	1,981,153	19,517,443
13	Contract 3	E-3	VII	XIX	33.00	1	Patient Liability and Other Coverage	\$0	\$121,872	\$121,872
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: 07/01/2010 through 06/30/2011 Payment Period: 07/01/2010 through 01/31/2013 Report Date: 02/15/2013 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	
MADERA COMMUNITY HOSPITAL				JULY 1, 2010 THROUGH JUNE 30, 2011				1669673646		15	
Report References				Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Work Sheet	Part								Title
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
14	Contract 4A	D-1	I	XIX	42.00	4	Medi-Cal Days - Nursery To adjust Medi-Cal days due to billing errors in conjunction with adjustment 15. 42 CFR 433.139(b)(3) / CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1 / Medi-Cal Contract, Article 4.5	*	2,883	(20)	2,863

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
MADERA COMMUNITY HOSPITAL			JULY 1, 2010 THROUGH JUNE 30, 2011				1669673646		15	
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 OTHER MATTERS</u>										
15	Contract 1	Not Reported					Medi-Cal Overpayments To recover Medi-Cal overpayments for incorrect billing of mother/baby common day. 42 CFR 433.139(b)(3) / CMS Pub. 15-1, Sections 2409.3 CCR, Title 22, Section 51458.1 Medi-Cal Contract, Article 4.5	\$0	\$69,836	\$69,836