

**REPORT
ON THE
COST REPORT REVIEW**

**SAN DIMAS COMMUNITY HOSPITAL
SAN DIMAS, CALIFORNIA
NATIONAL PROVIDER NUMBER: 1740447945**

**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: Lucia Martinez
Auditor: Richard Cruz**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 28, 2014

Pete Lou, Controller
Inland Valley Region
Prime Healthcare Services, Inc.
3300 East Guasti Road, 2nd Floor
Ontario, CA 91761

SAN DIMAS COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1740447945
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 State in the amount of \$382,605 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(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) 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.

Pete Lou
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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—Rancho Cucamonga at (909) 481-3420.

Original Signed By

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

Certified

cc: Jeffrey N. Brown, CEO
Hospital Management Services
211 East Imperial Highway, Suite 102
Fullerton, CA 92835

SUMMARY OF FINDINGS

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1740447945	Reported	\$ (163,826)	
	Net Change	\$ (218,779)	
	Audited Amount Due Provider (State)	\$ (382,605)	
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:	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)		\$ (382,605)	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

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)		\$ (382,605)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1740447945

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>1,469,862</u>	\$ <u>1,556,672</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>1,469,862</u>	\$ <u>1,556,672</u>
6. Interim Payments (Adj 20)	\$ <u>(1,633,688)</u>	\$ <u>(1,876,524)</u>
7. Balance Due Provider (State)	\$ <u>(163,826)</u>	\$ <u>(319,852)</u>
8. Medi-Cal Overpayments (Adjs 22, 23)	\$ <u>0</u>	\$ <u>(6,626)</u>
9. AB 5 and AB 1183 Reductions (Schedule A)	\$ <u>0</u>	\$ <u>(56,127)</u>
10. Protested Amounts (Adj 2)	\$ <u>33,171</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(163,826)</u></u>	\$ <u><u>(382,605)</u></u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:
SAN DIMAS COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1740447945

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 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>56,127</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 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>56,127</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:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider No.
1740447945

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>1,612,051</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u> </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>1,612,051</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>634.75</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>2,539.66</u></u>

AB 5 - 10 % Cost Reduction For Services From 04/06/09 Through 04/12/11

7. Audited Medi-Cal Days of Service from 04/06/09 Through 04/12/11(excludes Administrative Days)	<u>221</u>
8. Audited Medi-Cal Cost Per Day For 04/06/09 Through 04/12/11(Line 6 * Line 7)	\$ <u>561,265</u>
9. AB 5 - 10% Cost Reduction for 04/06/09 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>56,127</u></u> (To Schedule A, Line 3)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAN DIMAS COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1740447945

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 1,513,595 \$ 1,612,051

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 19) \$ 878,000 \$ 1,903,3193. Inpatient Ancillary Service Charges (Adj 19) \$ 6,053,770 \$ 6,961,3414. Total Charges - Medi-Cal Inpatient Services \$ 6,931,770 \$ 8,864,6605. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 5,418,175 \$ 7,252,6096. 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:
SAN DIMAS COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1740447945

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>722,965</u>	\$ <u>789,920</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>790,630</u>	\$ <u>822,131</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>1,513,595</u>	\$ <u>1,612,051</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>1,513,595</u>	\$ <u>1,612,051</u>
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj 20)	\$ <u>(6,244)</u>	\$ <u>(7,885)</u>
10. Medi-Cal Coinsurance (Adj 20)	\$ <u>(37,489)</u>	\$ <u>(47,494)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>1,469,862</u>	\$ <u>1,556,672</u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN DIMAS COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1740447945

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)	11,245	11,245
2. Inpatient Days (include private, exclude swing-bed)	11,245	11,245
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	11,245	11,245
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 17, 21)	389.00	395.75

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 12,822,651	\$ 12,278,209
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)	\$ 12,822,651	\$ 12,278,209

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 28,436,600	\$ 28,436,600
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 28,436,600	\$ 28,436,600
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.450921	\$ 0.431775
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)	\$ 2,528.82	\$ 2,528.82
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)	\$ 12,822,651	\$ 12,278,209

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,140.30	\$ 1,091.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 443,577	\$ 432,112
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 347,053	\$ 390,019
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 790,630	\$ 822,131

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1740447945

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 569,232	\$ 550,482
2. Total Inpatient Days (Adj)	762	762
3. Average Per Diem Cost	\$ 747.02	\$ 722.42
4. Medi-Cal Inpatient Days (Adjs 17, 21)	21.00	60.25
5. Cost Applicable to Medi-Cal	\$ 15,687	\$ 43,526
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 3,845,430	\$ 3,756,658
7. Total Inpatient Days (Adj)	1,938	1,938
8. Average Per Diem Cost	\$ 1,984.23	\$ 1,938.42
9. Medi-Cal Inpatient Days (Adjs 17, 21)	167.00	178.75
10. Cost Applicable to Medi-Cal	\$ 331,366	\$ 346,493
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 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 5,10,15,20,25,28,31)	\$ 347,053	\$ 390,019

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN DIMAS COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1740447945

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

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1740447945

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 3,304,359	\$ 40,016,056	0.082576	\$ 405,629	\$ 33,495
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	1,632,963	1,736,395	0.940433	39,353	37,009
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	1,607,897	12,303,128	0.130690	257,375	33,636
54.01	Ultra Sound	372,344	3,788,675	0.098278	60,321	5,928
54.02	Gastro Intestinal Services	281,576	1,977,417	0.142396	45,913	6,538
56.00	Radioisotope	232,933	929,067	0.250717	20,736	5,199
57.00	Computed Tomography (CT) Scan	750,776	24,997,163	0.030034	582,298	17,489
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	2,429,634	37,186,427	0.065337	1,579,849	103,222
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	434,312	925,417	0.469315	85,753	40,245
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,301,328	10,438,543	0.124666	1,285,792	160,294
66.00	Physical Therapy	380,913	1,892,945	0.201228	26,789	5,391
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	36,743	206,544	0.177895	726	129
69.00	Electrocardiology	366,919	6,534,970	0.056147	290,436	16,307
70.00	Electroencephalography	34,164	220,640	0.154838	9,653	1,495
71.00	Medical Supplies Charged to Patients	3,007,043	18,954,013	0.158649	676,756	107,367
72.00	Implantable Devices Charged to Patients	1,548,936	13,316,861	0.116314	8,741	1,017
73.00	Drugs Charged to Patients	2,903,521	18,086,689	0.160534	805,975	129,386
74.00	Renal Dialysis	167,567	993,109	0.168730	78,825	13,300
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	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	3,344,149	32,319,562	0.103471	700,420	72,473
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	\$ 24,138,079	\$ 226,823,621		\$ 6,961,341	\$ 789,920

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1740447945

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 18)	AUDITED
50.00	Operating Room	\$ 440,469	\$ (34,840)	\$ 405,629
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room	0	39,353	39,353
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	826,835	(569,460)	257,375
54.01	Ultra Sound	0	60,321	60,321
54.02	Gastro Intestinal Services	0	45,913	45,913
56.00	Radioisotope	19,810	926	20,736
57.00	Computed Tomography (CT) Scan	0	582,298	582,298
59.00	Cardiac Catheterization			0
60.00	Laboratory	1,364,492	215,357	1,579,849
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.	73,288	12,465	85,753
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	1,132,667	153,125	1,285,792
66.00	Physical Therapy	18,183	8,606	26,789
67.00	Occupational Therapy			0
68.00	Speech Pathology	726		726
69.00	Electrocardiology	233,381	57,055	290,436
70.00	Electroencephalography	9,653		9,653
71.00	Medical Supplies Charged to Patients	582,960	93,796	676,756
72.00	Implantable Devices Charged to Patients	0	8,741	8,741
73.00	Drugs Charged to Patients	670,875	135,100	805,975
74.00	Renal Dialysis	65,806	13,019	78,825
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
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	614,625	85,795	700,420
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		\$ 6,053,770	\$ 907,571	\$ 6,961,341

(To Schedule 5)

Provider Name:

Fiscal Period Ended:

SAN DIMAS COMMUNITY HOSPITAL

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	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Public Relations	0	603	0	0	0	0	0	0	0	0	68,659	13,164
195.00 Medical Office Building I	0	0	0	0	0	0	0	0	0	0	34,822	6,676
196.00 Medical Office Building II	0	0	0	0	0	0	0	0	0	0	25,427	4,875
197.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>2,030,527</u>	<u>0</u>	<u>41,329,106</u>	<u>6,649,228</u>							

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

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	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Public Relations	0	2,479	0	415	0	105	0	0	0	0	0	0
195.00 Medical Office Building I	0	0	0	259,539	0	0	0	0	0	0	0	0
196.00 Medical Office Building II	0	0	0	189,518	0	0	0	0	0	0	0	0
197.00	0	0	0	0	0	0	0	0	0	0	0	0
0												
TOTAL	0	<u>2,748,178</u>	<u>219,488</u>	<u>903,590</u>	<u>1,139,929</u>	<u>285,120</u>	0	<u>1,136,109</u>	<u>389,634</u>	<u>1,296,775</u>	<u>1,237,123</u>	0

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

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	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION	COST	COST		STEP-DOWN	COST
	(SPECIFIC)				COSTS	PROGRAM	23.01	23.02	24.00	ADJUSTMENT	26.00
	18.00	19.00	20.00	21.00	22.00	23.00				25.00	
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
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
194.00 Public Relations	0	0	0	0	0	0	0	0	84,822		84,822
195.00 Medical Office Building I	0	0	0	0	0	0	0	0	301,037		301,037
196.00 Medical Office Building II	0	0	0	0	0	0	0	0	219,820		219,820
197.00	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>41,329,106</u>	<u>0</u>	<u>41,329,106</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

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 6.00
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
193.00	Nonpaid Workers											0
194.00	Public Relations	5,860									68,659	
195.00	Medical Office Building I										34,822	
196.00	Medical Office Building II										25,427	
197.00												0
	TOTAL	19,717,354	0	0	0	0	0	0	0		34,679,878	0
	COST TO BE ALLOCATED	2,030,527	0	0	0	0	0	0	0		6,649,228	0
	UNIT COST MULTIPLIER - SCH 8	0.102982	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.191732	0.000000

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT) (Adj 16)	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE-KEEPING (SQ FT) (Adj 16)	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS 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	Laundry and Linen Service 496											
9.00	Housekeeping 160											
10.00	Dietary 2,951 2,951											
11.00	Cafeteria 1,128 1,128											
12.00	Maintenance of Personnel											
13.00	Nursing Administration 661 661 668,113											
14.00	Central Services and Supply 1,376 1,376 98,805											
15.00	Pharmacy 780 780 782,432											
16.00	Medical Records & Library 1,625 1,625 437,673											
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	23,450	123,538	23,450	11,245	4,881,131		3,631,511			28,626,611		
31.00	2,900	24,340	2,900	1,938	1,813,849		1,463,694			7,780,164		
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	600	457	600	762	231,512		195,291			910,590		
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:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT) 7.00 (Adj 16)	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE- KEEPING (SQ FT) 9.00 (Adj 16)	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY & 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												
191.00	Research												
192.00	Physicians' Private Offices												
193.00	Nonpaid Workers												
194.00	Public Relations	50		50		5,860							
195.00	Medical Office Building I			31,276									
196.00	Medical Office Building II			22,838									
197.00													
	TOTAL	55,430	217,606	108,888	13,945	15,923,861	0	8,077,366	1,268,509	19,585	264,140,986	0	0
	COST TO BE ALLOCATED	2,748,178	219,488	903,590	1,139,929	285,120	0	1,136,109	389,634	1,296,775	1,237,123	0	0
	UNIT COST MULTIPLIER - SCH 8	49.579251	1.008649	8.298342	81.744615	0.017905	0.000000	0.140653	0.307159	66.212639	0.004684	0.000000	0.000000

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

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

GENERAL SERVICE COST CENTERS

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

INPATIENT ROUTINE COST CENTERS

- 30.00 Adults & Pediatrics (Gen Routine)
- 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:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

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

ANCILLARY COST CENTERS

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Labor Room and Delivery Room
- 53.00 Anesthesiology
- 54.00 Radiology-Diagnostic
- 54.01 Ultra Sound
- 54.02 Gastro Intestinal Services
- 56.00 Radioisotope
- 57.00 Computed Tomography (CT) Scan
- 59.00 Cardiac Catheterization
- 60.00 Laboratory
- 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)
- 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
- 87.01
- 88.00 Rural Health Clinic (RHC)
- 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:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 679,399	\$ (186,587)	\$ 492,812
2.00	Capital Related Costs-Movable Equipment	1,927,028	(359,249)	1,567,779
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	1,981,702	893	1,982,595
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	6,565,388	(347,319)	6,218,069
6.00	Maintenance and Repairs		0	0
7.00	Operation of Plant	2,190,554	1,476	2,192,030
8.00	Laundry and Linen Service	147,723	0	147,723
9.00	Housekeeping	705,300	0	705,300
10.00	Dietary	682,772	0	682,772
11.00	Cafeteria	135,535	0	135,535
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	820,884	419	821,303
14.00	Central Services and Supply	204,580	0	204,580
15.00	Pharmacy	929,500	3,555	933,055
16.00	Medical Records & Library	846,442	9,256	855,698
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)		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)	6,394,603	28,513	6,423,116
31.00	Intensive Care Unit	2,342,643	5,393	2,348,036
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	307,041	0	307,041
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:
SAN DIMAS COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 1,712,766	\$ 9,616	\$ 1,722,382
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room	1,020,052	0	1,020,052
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	1,045,567	286	1,045,853
54.01	Ultra Sound	254,619	0	254,619
54.02	Gastro Intestinal Services	196,339	0	196,339
56.00	Radioisotope	191,806	0	191,806
57.00	Computed Tomography (CT) Scan	436,492	0	436,492
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	1,623,860	0	1,623,860
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.	360,801	0	360,801
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	901,205	59	901,264
66.00	Physical Therapy	240,139	1,652	241,791
67.00	Occupational Therapy		0	0
68.00	Speech Pathology	30,020	0	30,020
69.00	Electrocardiology	198,434	0	198,434
70.00	Electroencephalography	27,800	0	27,800
71.00	Medical Supplies Charged to Patients	2,121,793	24	2,121,817
72.00	Implantable Devices Charged to Patients	1,247,400	0	1,247,400
73.00	Drugs Charged to Patients	1,277,164	0	1,277,164
74.00	Renal Dialysis	136,705	0	136,705
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
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	2,144,593	5,760	2,150,353
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	\$ 42,028,649	\$ (826,253)	\$ 41,202,396
	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:
SAN DIMAS COMMUNITY HOSPITAL

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
194.00	Public Relations	61,853	4,608	66,461
195.00	Medical Office Building I	0	34,822	34,822
196.00	Medical Office Building II	0	25,427	25,427
197.00			0	0
	SUBTOTAL	\$ 61,853	\$ 64,857	\$ 126,710
200	TOTAL	\$ 42,090,502	\$ (761,396)	\$ 41,329,106

(To Schedule 8)

Provider Name:
SAN DIMAS COMMUNITY HOSPITAL

Page 1
Fiscal Period Ended:
DECEMBER 31, 2011

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9 - 14	AUDIT ADJ 15	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT 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												
193.00 Nonpaid Workers	0												
194.00 Public Relations	4,608			4,608									
195.00 Medical Office Building I	34,822		33,608		1,214								
196.00 Medical Office Building II	25,427		24,541		886								
197.00	0												
200.00 TOTAL	<u>(\$826,253)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(665,744)</u>	<u>(41,345)</u>	<u>(47,395)</u>	<u>(6,912)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

(To Sch 10)

Provider Name							Fiscal Period		Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1740447945		23
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		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 and/or AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W&I Code, Sections 14105.19 and 14166.245				
2	1	E-3	VII	XIX	43.00	1	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	\$33,171	(\$33,171)	\$0	

Provider Name							Fiscal Period		Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1740447945		23
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
3	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures	\$679,399	(\$89,018)	\$590,381 *	
	10A	A			5.00	7	Administrative and General	6,565,388	88,122	6,653,510 *	
	10A	A			7.00	7	Operation of Plant	2,190,554	896	2,191,450 *	
							To reverse the provider's reclassification of building rental expenses in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A				
4	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures	* \$590,381	(\$58,149)	\$532,232 *	
	10A	A			195.00	7	Medical Office Building I	0	33,608	33,608 *	
	10A	A			196.00	7	Medical Office Building II	0	24,541	24,541 *	
							To reclassify Medical Office Building depreciation expenses to a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1740447945		23
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
RECLASSIFICATIONS OF REPORTED COSTS										
5	10A	A		2.00	7	Capital Related Costs - Movable Equipment	\$1,927,028	(\$206,093)	\$1,720,935	*
	10A	A		4.00	7	Employee Benefits	1,981,702	893	1,982,595	
	10A	A		5.00	7	Administrative and General	* 6,653,510	128,567	6,782,077	*
	10A	A		7.00	7	Operation of Plant	* 2,191,450	7,492	2,198,942	*
	10A	A		13.00	7	Nursing Administration	820,884	419	821,303	
	10A	A		15.00	7	Pharmacy	929,500	3,555	933,055	
	10A	A		16.00	7	Medical Records and Library	846,442	9,256	855,698	
	10A	A		30.00	7	Adults and Pediatrics	6,394,603	28,513	6,423,116	
	10A	A		31.00	7	Intensive Care Unit	2,342,643	5,393	2,348,036	
	10A	A		50.00	7	Operating Room	1,712,766	9,616	1,722,382	
	10A	A		54.00	7	Radiology - Diagnostic	1,045,567	286	1,045,853	
	10A	A		65.00	7	Respiratory Therapy	901,205	59	901,264	
	10A	A		66.00	7	Physical Therapy	240,139	1,652	241,791	
	10A	A		71.00	7	Medical Supplies Charged to Patients	2,121,793	24	2,121,817	
	10A	A		91.00	7	Emergency	2,144,593	5,760	2,150,353	
	10A	A		194.00	7	Public Relations	61,853	4,608	66,461	
						To reverse the provider's reclassification of departmental equipment rental expenses in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A				
6	10A	A		5.00	7	Administrative and General	* \$6,782,077	(\$2,100)	\$6,779,977	*
	10A	A		195.00	7	Medical Office Building I	* 33,608	1,214	34,822	
	10A	A		196.00	7	Medical Office Building II	* 24,541	886	25,427	
						To reclassify Medical Office Building tax filing expenses to a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328				

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740447945		23
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												
7	10A	A		1.00	7	Capital Related Costs - Buildings and Fixtures	*	\$532,232	(\$39,420)	\$492,812		
	10A	A		2.00	7	Capital Related Costs - Movable Equipment	*	1,720,935	(111,811)	1,609,124 *		
	10A	A		5.00	7	Administrative and General	*	6,779,977	(514,513)	6,265,464 *		
						To adjust 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						
8	10A	A		2.00	7	Capital Related Costs - Movable Equipment	*	\$1,609,124	(\$41,345)	\$1,567,779		
						To adjust for a change in useful life to agree with the American Hospital Association Guidelines. 42 CFR 413.20, 413.50, and 413.134(b)(7) CMS Pub. 15-1, Sections 104.17, 104.18, 122, 2300, and 2302.4						
	10A	A		5.00	7	Administrative and General	*	\$6,265,464				
9						To eliminate contribution/donation costs not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(\$24,833)			
10						To eliminate political contributions/lobby fees not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.2, 2104, and 2139			(13,516)			
11						To eliminate O'Malley's Flowers expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(2,188)			
12						To eliminate sponsorship expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(5,510) (\$46,047)	\$6,219,417 *		

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740447945		23
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			5.00	7	Administrative and General	*	\$6,219,417			
13							To eliminate additional contribution/donation costs not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(\$1,100)		
14							To eliminate penalties and/or fines not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(248) (\$1,348) \$6,218,069		
15	10A	A			7.00	7	Operation of Plant To eliminate related organization profit associated with Bio-Medical expenses. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 1000, 1005, and 2304	*	\$2,198,942	(\$6,912) \$2,192,030		

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740447945		23
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 STATISTICS</u>												
16	9	B-1			54.02	1,2	Gastro Intestinal Services (Square Feet)	1,213	(1,213)	0		
	9	B-1			194.00	1,2,7,9	Public Relations	0	50	50		
	9	B-1			195.00	9	Medical Office Building I	0	31,276	31,276		
	9	B-1			196.00	9	Medical Office Building II	0	22,838	22,838		
	9	B-1			1,2	1,2	Total - Square Feet	65,777	(1,163)	64,614		
	9	B-1			7	7	Total - Square Feet	55,380	50	55,430		
	9	B-1			9	9	Total - Square Feet	54,724	54,164	108,888		
To adjust square footage statistics to agree with the prior year audit report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												

Provider Name							Fiscal Period	Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1740447945		23
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										
17	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	389.00	16.00	405.00 *
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	21.00	40.00	61.00 *
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	167.00	13.00	180.00 *
18	6	D-3			50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$440,469	(\$34,840)	\$405,629
	6	D-3			52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	0	39,353	39,353
	6	D-3			54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	826,835	(569,460)	257,375
	6	D-3			54.01	2	Medi-Cal Ancillary Charges - Ultra Sound	0	60,321	60,321
	6	D-3			54.02	2	Medi-Cal Ancillary Charges - Gastro Intestinal Services	0	45,913	45,913
	6	D-3			56.00	2	Medi-Cal Ancillary Charges - Radioisotope	19,810	926	20,736
	6	D-3			57.00	2	Medi-Cal Ancillary Charges - CT Scan	0	582,298	582,298
	6	D-3			60.00	2	Medi-Cal Ancillary Charges - Laboratory	1,364,492	215,357	1,579,849
	6	D-3			63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, and Transport	73,288	12,465	85,753
	6	D-3			65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,132,667	153,125	1,285,792
	6	D-3			66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	18,183	8,606	26,789
	6	D-3			69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	233,381	57,055	290,436
	6	D-3			71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	582,960	93,796	676,756
	6	D-3			72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	0	8,741	8,741
	6	D-3			73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	670,875	135,100	805,975
	6	D-3			74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	65,806	13,019	78,825
	6	D-3			91.00	2	Medi-Cal Ancillary Charges - Emergency	614,625	85,795	700,420
	6	D-3			200.00	2	Medi-Cal Ancillary Charges - Total	6,053,770	907,571	6,961,341
19	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$878,000	\$1,025,319	\$1,903,319
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	6,053,770	907,571	6,961,341

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740447945		23
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												
-Continued from previous page-												
20	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$6,244	\$1,641	\$7,885		
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	37,489	10,005	47,494		
	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payments	1,633,688	242,836	1,876,524		
<p style="text-align: center;">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 31, 2013 Report Date: August 12, 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>												
21	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	405.00	(9.25)	395.75	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	*	61.00	(0.75)	60.25	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	*	180.00	(1.25)	178.75	
<p style="text-align: center;">To eliminate Medi-Cal Routine days for billed Medi-Cal days by 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through 12th month (RAD Code 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>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN DIMAS COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740447945		23
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
	1	Not Reported					Medi-Cal Overpayments			\$0		
22							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				\$5,944	
23							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>682</u> \$6,626	\$6,626