

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**POMERADO HOSPITAL
POWAY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1376513754 AND 1619947090**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditor: Elisa Diaz**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 14, 2014

Stephanie Love
Director of Finance
Palomar Pomerado Health
2227 Enterprise Street
Escondido, CA 92029

In the Matter of:

POMERADO HOSPITAL
NATIONAL PROVIDER IDENTIFIERS (NPI) 1376513754 AND 1619947090
FISCAL PERIOD ENDED JUNE 30, 2011
CASE NUMBER HA13-0611-845H-AJ

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated January 3, 2014, the following revisions are made to the Medi-Cal audit report dated April 30, 2013.

SUMMARY OF REVISIONS

| | | |
|---|----|------------------|
| <u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u> | | |
| Audited Amount Due Provider (State) | \$ | 557 |
| Revision | | (40) |
| Revised Amount Due Provider (State) | \$ | <u>517</u> |
| <u>MEDI-CAL CONTRACT COST (CONTRACT SCH. 1)</u> | | |
| Audited Cost | \$ | 5,826,174 |
| Revision | | (276,775) |
| Revised Cost | \$ | <u>5,549,399</u> |
| <u>OVERPAYMENTS (CONTRACT SCH. 1)</u> | | |
| Audited Amount Due Provider (State) | \$ | (7,005) |
| Revision | | 0 |
| Revised Amount Due Provider (State) | \$ | <u>(7,005)</u> |

| | | |
|---|----|------------------|
| <u>DISTINCT PART NURSING FACILITY (DPNF SCH. 1)</u> | | |
| Audited Cost Per Day | \$ | 261.57 |
| Revision | | <u>88.84</u> |
| Revised Cost Per Day | \$ | <u>350.41</u> |
| <u>SUBACUTE (ADULT SUBACUTE SCH. 1)</u> | | |
| Audited Cost Per Day | \$ | 490.52 |
| Revision | | <u>128.65</u> |
| Revised Cost Per Day | \$ | <u>619.17</u> |
| <u>OVERPAYMENTS (ADULT SUBACUTE SCH. 1)</u> | | |
| Audited Amount Due Provider (State) | \$ | (182,551) |
| Revision | | <u>0</u> |
| Revised Amount Due Provider (State) | \$ | <u>(182,551)</u> |

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Originally signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

cc: John Pfeiffer
Vice-President
HFS Consultants
505 Fourteenth Street, Fifth Floor
Oakland, CA 94612

SUMMARY OF FINDINGS

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | | SETTLEMENT | COST |
|--|-------------------------------------|--------------|--------------|
| 1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1376513754 | Audited | \$ 557 | |
| | Net Change | \$ (40) | |
| | Revised Amount Due Provider (State) | \$ 517 | |
| | | | |
| 2. Subprovider I (SCHEDULE 1-1) NPI: | Audited | \$ 0 | |
| | Net Change | \$ 0 | |
| | Revised Amount Due Provider (State) | \$ 0 | |
| | | | |
| 3. Subprovider II (SCHEDULE 1-2) NPI: | Audited | \$ 0 | |
| | Net Change | \$ 0 | |
| | Revised Amount Due Provider (State) | \$ 0 | |
| | | | |
| 4. Medi-Cal Contract Cost (CONTRACT SCH 1) NPI: 1376513754 | Audited | | \$ 5,826,174 |
| | Net Change | | \$ (276,775) |
| | Revised Cost | | \$ 5,549,399 |
| | Revised Amount Due Provider (State) | \$ (7,005) | |
| | | | |
| 5. Distinct Part Nursing Facility (DPNF SCH 1) NPI: 1619947090 | Audited | | \$ 261.57 |
| | Net Change | | \$ 88.84 |
| | Revised Cost Per Day | | \$ 350.41 |
| | Revised Amount Due Provider (State) | \$ 0 | |
| | | | |
| 6. Distinct Part Nursing Facility (DPNF SCH 1-1) NPI: | Audited | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Revised Cost Per Day | | \$ 0.00 |
| | Revised Amount Due Provider (State) | \$ 0 | |
| | | | |
| 7. Adult Subacute (ADULT SUBACUTE SCH 1) NPI: 1619947090 | Audited | | \$ 490.52 |
| | Net Change | | \$ 128.65 |
| | Revised Cost Per Day | | \$ 619.17 |
| | Revised Amount Due Provider (State) | \$ (182,551) | |
| | | | |
| 8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7) | | \$ (189,039) | |
| 9. Total Medi-Cal Cost | | | \$ 5,549,399 |

SUMMARY OF FINDINGS

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | | SETTLEMENT | COST |
|---|-------------------------------------|--------------|---------|
| 10. Subacute (SUBACUTE SCH 1-1) NPI: Audited | | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Revised Cost Per Day | | \$ 0.00 |
| | Revised Amount Due Provider (State) | \$ 0 | |
| 11. Rural Health Clinic (RHC SCH 1) NPI: Audited | | \$ 0 | |
| | Net Change | \$ 0 | |
| | Revised Amount Due Provider (State) | \$ 0 | |
| 12. Rural Health Clinic (RHC 95-210 SCH 1) NPI: Audited | | \$ 0 | |
| | Net Change | \$ 0 | |
| | Revised Amount Due Provider (State) | \$ 0 | |
| 13. Rural Health Clinic (RHC 95-210 SCH 1-1) NPI: Audited | | \$ 0 | |
| | Net Change | \$ 0 | |
| | Revised Amount Due Provider (State) | \$ 0 | |
| 14. County Medical Services Program (CMSP SCH 1) NPI: Audited | | \$ 0 | |
| | Net Change | \$ 0 | |
| | Revised Amount Due Provider (State) | \$ 0 | |
| 15. Transitional Care (TC SCH 1) NPI: Audited | | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Revised Cost Per Day | | \$ 0.00 |
| | Revised Amount Due Provider (State) | \$ 0 | |
| 16. Total Other Settlement Due Provider - (Lines 10 through 15) | | \$ 0 | |
| 17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16) | | \$ (189,039) | |

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
POMERADO HOSPITALFiscal Period Ended:
JUNE 30, 2011NPI:
1376513754

| | AUDITED | REVISED |
|---|--------------------------|-------------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3) | \$ <u>5,829</u> | \$ <u>5,789</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>4,103</u> | \$ <u>4,103</u> |
| 5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4) | \$ <u>9,932</u> | \$ <u>9,892</u> |
| 6. Interim Payments (Rev) | \$ <u>(9,375)</u> | \$ <u>(9,375)</u> |
| 7. Balance Due Provider (State) | \$ <u>557</u> | \$ <u>517</u> |
| 8. Duplicate Payments (Rev) | \$ <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>557</u> | \$ <u>517</u> |
| | (To Summary of Findings) | |

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
POMERADO HOSPITALFiscal Period Ended:
JUNE 30, 2011NPI:
1376513754

AUDITED

REVISED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 7,904 \$ 7,864

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev) \$ 32,970 \$ 32,9703. Inpatient Ancillary Service Charges (Rev) \$ 20,604 \$ 20,6044. Total Charges - Medi-Cal Inpatient Services \$ 53,574 \$ 53,5745. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 45,670 \$ 45,7106. 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 INPATIENT ROUTINE SERVICE COSTProvider Name:
POMERADO HOSPITALFiscal Period Ended:
JUNE 30, 2011NPI:
1376513754

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

| | AUDITED | REVISED |
|--|---------|---------|
| 1. Total Inpatient Days (include private & swing-bed) (Rev) | 26,415 | 26,415 |
| 2. Inpatient Days (include private, exclude swing-bed) | 26,415 | 26,415 |
| 3. Private Room Days (exclude swing-bed private room) (Rev) | 0 | 0 |
| 4. Semi-Private Room Days (exclude swing-bed) (Rev) | 26,415 | 26,415 |
| 5. Medicare NF Swing-Bed Days through Dec 31 (Rev) | 0 | 0 |
| 6. Medicare NF Swing-Bed Days after Dec 31 (Rev) | 0 | 0 |
| 7. Medi-Cal NF Swing-Bed Days through July 31 (Rev) | 0 | 0 |
| 8. Medi-Cal NF Swing-Bed Days after July 31 (Rev) | 0 | 0 |
| 9. Medi-Cal Days (excluding swing-bed) (Rev) | 0 | 0 |

SWING-BED ADJUSTMENT

| | | |
|---|---------------|---------------|
| 17. Medicare NF Swing-Bed Rates through Dec 31 (Rev) | \$ 0.00 | \$ 0.00 |
| 18. Medicare NF Swing-Bed Rates after Dec 31(Rev) | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal NF Swing-Bed Rates through July 31(Rev) | \$ 0.00 | \$ 0.00 |
| 20. Medi-Cal NF Swing-Bed Rates after July 31(Rev) | \$ 0.00 | \$ 0.00 |
| 21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 26) | \$ 30,841,075 | \$ 28,661,933 |
| 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 through 25) | \$ 0 | \$ 0 |
| 27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26) | \$ 30,841,075 | \$ 28,661,933 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|--|---------------|---------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) | \$ 62,429,290 | \$ 62,429,290 |
| 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) | \$ 0.494016 | \$ 0.459110 |
| 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) | \$ 30,841,075 | \$ 28,661,933 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|-------------|-------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2) | \$ 1,167.56 | \$ 1,085.06 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 0 | \$ 0 |
| 40. Cost Applicable to Medi-Cal (Sch 4A) | \$ 4,789 | \$ 4,789 |
| 41. Cost Applicable to Medi-Cal (Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41) | \$ 4,789 | \$ 4,789 |

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
POMERADO HOSPITALFiscal Period Ended:
JUNE 30, 2011NPI:
1376513754

SPECIAL CARE AND/OR NURSERY UNITS

| | AUDITED | REVISED |
|---|--------------|--------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26) | \$ 0 | \$ 0 |
| 2. Total Inpatient Days (Rev) | 0 | 0 |
| 3. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 4. Medi-Cal Inpatient Days (Rev) | 0 | 0 |
| 5. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26) | \$ 7,093,737 | \$ 6,688,007 |
| 7. Total Inpatient Days (Rev) | 3,035 | 3,035 |
| 8. Average Per Diem Cost | \$ 2,337.31 | \$ 2,203.63 |
| 9. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 23. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 24. Medi-Cal Inpatient Days (Rev) | 0 | 0 |
| 25. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| NEONATAL INTENSIVE CARE UNIT | | |
| 26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26) | \$ 1,576,077 | \$ 1,490,874 |
| 27. Total Inpatient Days (Rev) | 359 | 359 |
| 28. Average Per Diem Cost | \$ 4,390.19 | \$ 4,152.85 |
| 29. Medi-Cal Inpatient Days (Rev) | 0 | 0 |
| 30. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| ADMINISTRATIVE DAYS (July 1, 2010 through May 31, 2011) | | |
| 31. Per Diem Rate (Rev) | \$ 351.26 | \$ 351.26 |
| 32. Medi-Cal Inpatient Days (Rev) | 7 | 7 |
| 33. Cost Applicable to Medi-Cal | \$ 2,459 | \$ 2,459 |
| ADMINISTRATIVE DAYS (June 1, 2011 through June 30, 2011) | | |
| 34. Per Diem Rate (Rev) | \$ 291.31 | \$ 291.31 |
| 35. Medi-Cal Inpatient Days (Rev) | 8 | 8 |
| 36. Cost Applicable to Medi-Cal | \$ 2,330 | \$ 2,330 |
| 37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36) | \$ 4,789 | \$ 4,789 |

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
POMERADO HOSPITALFiscal Period Ended:
JUNE 30, 2011NPI:
1376513754

| SPECIAL CARE UNITS | AUDITED | REVISED |
|---|---------|---------|
| 1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26) | \$ 0 | \$ 0 |
| 2. Total Inpatient Days (Rev) | 0 | 0 |
| 3. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 4. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 8. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 9. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 23. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 24. Medi-Cal Inpatient Days (Rev) | 0 | 0 |
| 25. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| 26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26) | \$ 0 | \$ 0 |
| 27. Total Inpatient Days (Rev) | 0 | 0 |
| 28. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 29. Medi-Cal Inpatient Days (Rev) | 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:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

| ANCILLARY COST CENTERS | | TOTAL ANCILLARY COST * | TOTAL ANCILLARY CHARGES 0 | RATIO COST TO CHARGES | MEDI-CAL CHARGES (From Schedule 6) | MEDI-CAL COST |
|------------------------|--|------------------------------|---------------------------------|-----------------------------|--|------------------|
| 50.00 | Operating Room | \$ 8,826,012 | \$ 62,513,387 | 0.141186 | \$ 0 | \$ 0 |
| 51.00 | Recovery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 52.00 | Delivery Room and Labor Room | 2,967,828 | 6,474,996 | 0.458352 | 0 | 0 |
| 53.00 | Anesthesiology | 0 | 0 | 0.000000 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 4,255,581 | 18,823,167 | 0.226082 | 0 | 0 |
| 55.00 | Radiology-Therapeutic | 1,345,155 | 2,421,946 | 0.555403 | 0 | 0 |
| 56.00 | Radioisotope | 587,558 | 2,819,406 | 0.208398 | 0 | 0 |
| 57.00 | Computed Tomography (CT) Scan | 806,723 | 45,115,398 | 0.017881 | 0 | 0 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 1,387,428 | 9,021,298 | 0.153795 | 0 | 0 |
| 58.01 | Ultra Sound | 954,430 | 7,415,405 | 0.128709 | 0 | 0 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0.000000 | 0 | 0 |
| 60.00 | Laboratory | 7,112,106 | 64,832,162 | 0.109700 | 8,631 | 947 |
| 60.01 | Laboratory-Pathology | 704,781 | 2,450,796 | 0.287572 | 0 | 0 |
| 63.00 | Blood Storing, Processing, and Transfusion | 26,020 | 1,301,708 | 0.019989 | 0 | 0 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 65.00 | Respiratory Therapy | 2,281,637 | 14,861,446 | 0.153527 | 0 | 0 |
| 65.01 | Pulmonary Function Testing | 57,241 | 124,448 | 0.459960 | 0 | 0 |
| 66.00 | Physical Therapy | 1,569,536 | 4,344,505 | 0.361269 | 325 | 117 |
| 67.00 | Occupational Therapy | 909,980 | 2,351,896 | 0.386913 | 0 | 0 |
| 68.00 | Speech Pathology | 523,870 | 1,942,035 | 0.269753 | 0 | 0 |
| 69.00 | Electrocardiology | 1,229,494 | 7,378,936 | 0.166622 | 0 | 0 |
| 69.01 | Other Ancillary Cost Centers | 1,810,667 | 4,466,521 | 0.405386 | 0 | 0 |
| 70.00 | Electroencephalography | 120,439 | 112,511 | 1.070465 | 0 | 0 |
| 71.00 | Medical Supplies Charged to Patients | 11,413,543 | 29,363,025 | 0.388705 | 0 | 0 |
| 72.00 | Implantable Devices Charged to Patients | 6,314,129 | 10,435,040 | 0.605089 | 0 | 0 |
| 73.00 | Drugs Charged to Patients | 8,079,516 | 46,791,777 | 0.172670 | 11,648 | 2,011 |
| 74.00 | Renal Dialysis | 0 | 0 | 0.000000 | 0 | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 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 | 1,438,262 | 1,976,652 | 0.727625 | 0 | 0 |
| 90.01 | Psychiatric Outpatient | 1,088,578 | 1,751,205 | 0.621617 | 0 | 0 |
| 90.02 | Wound Care | 1,700,643 | 4,145,141 | 0.410274 | 0 | 0 |
| 90.03 | Diabetes Clinic | 224,779 | 43,983 | 5.110591 | 0 | 0 |
| 91.00 | Emergency | 8,631,012 | 44,334,926 | 0.194677 | 0 | 0 |
| 92.00 | Observation Beds (Non-distinct Part) | 0 | 4,802,750 | 0.000000 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 93.04 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.05 | | 0 | 0 | 0.000000 | 0 | 0 |
| | TOTAL | \$ 76,366,949 | \$ 402,416,466 | | \$ 20,604 | \$ 3,075 |

(To Schedule 3)

* From Schedule 8, Column 26

REVISIONS TO MEDI-CAL CHARGES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

| ANCILLARY CHARGES | | AUDITED | REVISIONS (Rev) | REVISED |
|---|--|------------------|---------------------|------------------|
| 50.00 | Operating Room | \$ 0 | \$ | \$ 0 |
| 51.00 | Recovery Room | 0 | | 0 |
| 52.00 | Delivery Room and Labor Room | 0 | | 0 |
| 53.00 | Anesthesiology | 0 | | 0 |
| 54.00 | Radiology-Diagnostic | 0 | | 0 |
| 55.00 | Radiology-Therapeutic | 0 | | 0 |
| 56.00 | Radioisotope | 0 | | 0 |
| 57.00 | Computed Tomography (CT) Scan | 0 | | 0 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 0 | | 0 |
| 58.01 | Ultra Sound | 0 | | 0 |
| 59.00 | Cardiac Catheterization | 0 | | 0 |
| 60.00 | Laboratory | 8,631 | | 8,631 |
| 60.01 | Laboratory-Pathology | 0 | | 0 |
| 63.00 | Blood Storing, Processing, and Transfusion | 0 | | 0 |
| 64.00 | Intravenous Therapy | 0 | | 0 |
| 65.00 | Respiratory Therapy | 0 | | 0 |
| 65.01 | Pulmonary Function Testing | 0 | | 0 |
| 66.00 | Physical Therapy | 325 | | 325 |
| 67.00 | Occupational Therapy | 0 | | 0 |
| 68.00 | Speech Pathology | 0 | | 0 |
| 69.00 | Electrocardiology | 0 | | 0 |
| 69.01 | Other Ancillary Cost Centers | 0 | | 0 |
| 70.00 | Electroencephalography | 0 | | 0 |
| 71.00 | Medical Supplies Charged to Patients | 0 | | 0 |
| 72.00 | Implantable Devices Charged to Patients | 0 | | 0 |
| 73.00 | Drugs Charged to Patients | 11,648 | | 11,648 |
| 74.00 | Renal Dialysis | 0 | | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | | 0 |
| 76.00 | Other Ancillary (specify) | 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 |
| 90.01 | Psychiatric Outpatient | 0 | | 0 |
| 90.02 | Wound Care | 0 | | 0 |
| 90.03 | Diabetes Clinic | 0 | | 0 |
| 91.00 | Emergency | 0 | | 0 |
| 92.00 | Observation Beds (Non-distinct Part) | 0 | | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | | 0 |
| 93.04 | | 0 | | 0 |
| 93.05 | | 0 | | 0 |
| TOTAL MEDI-CAL ANCILLARY CHARGES | | \$ 20,604 | \$ 0 | \$ 20,604 |

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

| | | AUDITED | REVISED |
|---|----|----------------------------|----------------------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3) | | \$ <u>5,826,174</u> | \$ <u>5,549,399</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>5,826,174</u> | \$ <u>5,549,399</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><u>5,826,174</u></u> | \$ <u><u>5,549,399</u></u> |
| | | (To Summary of Findings) | |
| 9. Medi-Cal Overpayments (Rev) | | \$ <u>(6,039)</u> | \$ <u>(6,039)</u> |
| 10. Medi-Cal Credit Balances (Rev) | | \$ <u>(966)</u> | \$ <u>(966)</u> |
| 11. | \$ | \$ <u>0</u> | \$ <u>0</u> |
| 12. | \$ | \$ <u>0</u> | \$ <u>0</u> |
| 13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | | \$ <u><u>(7,005)</u></u> | \$ <u><u>(7,005)</u></u> |
| | | (To Summary of Findings) | |

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

**Provider Name:
POMERADO HOSPITAL**

**Fiscal Period Ended:
JUNE 30, 2011**

**NPI:
1376513754**

| AUDITED | REVISED |
|---------|---------|
|---------|---------|

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

| | | |
|--|---------------------|---------------------|
| 1. Cost of Covered Services (Contract Sch 3) | \$ <u>6,029,337</u> | \$ <u>5,752,562</u> |
|--|---------------------|---------------------|

CHARGES FOR MEDI-CAL INPATIENT SERVICES

| | | |
|---|---------------------|---------------------|
| 2. Inpatient Routine Service Charges (Rev) | \$ <u>7,344,297</u> | \$ <u>7,344,297</u> |
|---|---------------------|---------------------|

| | | |
|---|----------------------|----------------------|
| 3. Inpatient Ancillary Service Charges (Rev) | \$ <u>15,475,995</u> | \$ <u>15,475,995</u> |
|---|----------------------|----------------------|

| | | |
|--|----------------------|----------------------|
| 4. Total Charges - Medi-Cal Inpatient Services | \$ <u>22,820,292</u> | \$ <u>22,820,292</u> |
|--|----------------------|----------------------|

| | | |
|--|----------------------|----------------------|
| 5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) * | \$ <u>16,790,955</u> | \$ <u>17,067,730</u> |
|--|----------------------|----------------------|

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

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

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

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

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

| | AUDITED | REVISED |
|--|---------|---------|
| 1. Total Inpatient Days (include private & swing-bed) (Rev) | 26,415 | 26,415 |
| 2. Inpatient Days (include private, exclude swing-bed) | 26,415 | 26,415 |
| 3. Private Room Days (exclude swing-bed private room) (Rev) | 0 | 0 |
| 4. Semi-Private Room Days (exclude swing-bed) (Rev) | 26,415 | 26,415 |
| 5. Medicare NF Swing-Bed Days through Dec 31 (Rev) | 0 | 0 |
| 6. Medicare NF Swing-Bed Days after Dec 31 (Rev) | 0 | 0 |
| 7. Medi-Cal NF Swing-Bed Days through July 31 (Rev) | 0 | 0 |
| 8. Medi-Cal NF Swing-Bed Days after July 31 (Rev) | 0 | 0 |
| 9. Medi-Cal Days (excluding swing-bed) (Rev) | 1,748 | 1,748 |

SWING-BED ADJUSTMENT

| | | |
|---|---------------|---------------|
| 17. Medicare NF Swing-Bed Rates through Dec 31 (Rev) | \$ 0.00 | \$ 0.00 |
| 18. Medicare NF Swing-Bed Rates after Dec 31(Rev) | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal NF Swing-Bed Rates through July 31(Rev) | \$ 0.00 | \$ 0.00 |
| 20. Medi-Cal NF Swing-Bed Rates after July 31(Rev) | \$ 0.00 | \$ 0.00 |
| 21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 26) | \$ 30,841,075 | \$ 28,661,933 |
| 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 through 25) | \$ 0 | \$ 0 |
| 27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26) | \$ 30,841,075 | \$ 28,661,933 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|---|---------------|---------------|
| 28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Rev) | \$ 62,429,290 | \$ 62,429,290 |
| 29. Private Room Charges (excluding swing-bed charges)(Rev) | \$ 0 | \$ 0 |
| 30. Semi-Private Room Charges (excluding swing-bed charges)(Rev) | \$ 0 | \$ 0 |
| 31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28) | \$ 0.494016 | \$ 0.459110 |
| 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) | \$ 30,841,075 | \$ 28,661,933 |

PROGRAM INPATIENT OPERATING COST

| | | |
|---|--------------|--------------|
| 38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2) | \$ 1,167.56 | \$ 1,085.06 |
| 39. Program General Inpatient Routine Service Cost (L 9 x L 38) | \$ 2,040,895 | \$ 1,896,685 |
| 40. Cost Applicable to Medi-Cal (Contract Sch 4A) | \$ 1,006,552 | \$ 949,588 |
| 41. Cost Applicable to Medi-Cal (Contract Sch 4B) | \$ 0 | \$ 0 |
| 42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41) | \$ 3,047,447 | \$ 2,846,273 |

(To Contract Sch 3)

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

**Provider Name:
POMERADO HOSPITAL**

**Fiscal Period Ended:
JUNE 30, 2011**

**NPI:
1376513754**

| SPECIAL CARE AND/OR NURSERY UNITS | AUDITED | REVISED |
|---|---------------------|--------------|
| NURSERY | | |
| 1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26) | \$ 0 | \$ 0 |
| 2. Total Inpatient Days (Rev) | 0 | 0 |
| 3. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 4. Medi-Cal Inpatient Days (Rev) | 0 | 0 |
| 5. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| INTENSIVE CARE UNIT | | |
| 6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26) | \$ 7,093,737 | \$ 6,688,007 |
| 7. Total Inpatient Days (Rev) | 3,035 | 3,035 |
| 8. Average Per Diem Cost | \$ 2,337.31 | \$ 2,203.63 |
| 9. Medi-Cal Inpatient Days (Rev) | 348 | 348 |
| 10. Cost Applicable to Medi-Cal | \$ 813,384 | \$ 766,863 |
| CORONARY CARE UNIT | | |
| 11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26) | \$ 0 | \$ 0 |
| 12. Total Inpatient Days (Rev) | 0 | 0 |
| 13. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 14. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 18. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 19. Medi-Cal Inpatient Days (Rev) | 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 (Rev) | 0 | 0 |
| 23. Average Per Diem Cost | \$ 0.00 | \$ 0.00 |
| 24. Medi-Cal Inpatient Days (Rev) | 0 | 0 |
| 25. Cost Applicable to Medi-Cal | \$ 0 | \$ 0 |
| NEONATAL INTENSIVE CARE UNIT | | |
| 26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26) | \$ 1,576,077 | \$ 1,490,874 |
| 27. Total Inpatient Days (Rev) | 359 | 359 |
| 28. Average Per Diem Cost | \$ 4,390.19 | \$ 4,152.85 |
| 29. Medi-Cal Inpatient Days (Rev) | 44 | 44 |
| 30. Cost Applicable to Medi-Cal | \$ 193,168 | \$ 182,725 |
| 31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30) | \$ 1,006,552 | \$ 949,588 |
| | (To Contract Sch 4) | |

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

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

| | | TOTAL ANCILLARY COST* | TOTAL ANCILLARY CHARGES 0 | RATIO COST TO CHARGES | MEDI-CAL CHARGES (Contract Sch 6) | MEDI-CAL COST |
|-------------------------------|--|-----------------------|---------------------------|-----------------------|-----------------------------------|---------------------|
| ANCILLARY COST CENTERS | | | | | | |
| 50.00 | Operating Room | \$ 8,826,012 | \$ 62,513,387 | 0.141186 | \$ 1,097,880 | \$ 155,005 |
| 51.00 | Recovery Room | 0 | 0 | 0.000000 | 0 | 0 |
| 52.00 | Delivery Room and Labor Room | 2,967,828 | 6,474,996 | 0.458352 | 1,316,507 | 603,424 |
| 53.00 | Anesthesiology | 0 | 0 | 0.000000 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 4,255,581 | 18,823,167 | 0.226082 | 458,544 | 103,669 |
| 55.00 | Radiology-Therapeutic | 1,345,155 | 2,421,946 | 0.555403 | 0 | 0 |
| 56.00 | Radioisotope | 587,558 | 2,819,406 | 0.208398 | 72,353 | 15,078 |
| 57.00 | Computed Tomography (CT) Scan | 806,723 | 45,115,398 | 0.017881 | 1,169,353 | 20,910 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 1,387,428 | 9,021,298 | 0.153795 | 0 | 0 |
| 58.01 | Ultra Sound | 954,430 | 7,415,405 | 0.128709 | 98,182 | 12,637 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0.000000 | 0 | 0 |
| 60.00 | Laboratory | 7,112,106 | 64,832,162 | 0.109700 | 3,714,325 | 407,462 |
| 60.01 | Laboratory-Pathology | 704,781 | 2,450,796 | 0.287572 | 70,148 | 20,173 |
| 63.00 | Blood Storing, Processing, and Transfusion | 26,020 | 1,301,708 | 0.019989 | 88,235 | 1,764 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0.000000 | 0 | 0 |
| 65.00 | Respiratory Therapy | 2,281,637 | 14,861,446 | 0.153527 | 1,680,587 | 258,016 |
| 65.01 | Pulmonary Function Testing | 57,241 | 124,448 | 0.459960 | 73,126 | 33,635 |
| 66.00 | Physical Therapy | 1,569,536 | 4,344,505 | 0.361269 | 31,299 | 11,307 |
| 67.00 | Occupational Therapy | 909,980 | 2,351,896 | 0.386913 | 0 | 0 |
| 68.00 | Speech Pathology | 523,870 | 1,942,035 | 0.269753 | 389 | 105 |
| 69.00 | Electrocardiology | 1,229,494 | 7,378,936 | 0.166622 | 138,879 | 23,140 |
| 69.01 | Other Ancillary Cost Centers | 1,810,667 | 4,466,521 | 0.405386 | 0 | 0 |
| 70.00 | Electroencephalography | 120,439 | 112,511 | 1.070465 | 8,246 | 8,827 |
| 71.00 | Medical Supplies Charged to Patients | 11,413,543 | 29,363,025 | 0.388705 | 833,457 | 323,969 |
| 72.00 | Implantable Devices Charged to Patients | 6,314,129 | 10,435,040 | 0.605089 | 221,496 | 134,025 |
| 73.00 | Drugs Charged to Patients | 8,079,516 | 46,791,777 | 0.172670 | 3,817,724 | 659,205 |
| 74.00 | Renal Dialysis | 0 | 0 | 0.000000 | 0 | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0.000000 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 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 | 1,438,262 | 1,976,652 | 0.727625 | 0 | 0 |
| 90.01 | Psychiatric Outpatient | 1,088,578 | 1,751,205 | 0.621617 | 0 | 0 |
| 90.02 | Wound Care | 1,700,643 | 4,145,141 | 0.410274 | 0 | 0 |
| 90.03 | Diabetes Clinic | 224,779 | 43,983 | 5.110591 | 0 | 0 |
| 91.00 | Emergency | 8,631,012 | 44,334,926 | 0.194677 | 585,265 | 113,938 |
| 92.00 | Observation Beds (Non-distinct Part) | 0 | 4,802,750 | 0.000000 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0.000000 | 0 | 0 |
| 93.04 | | 0 | 0 | 0.000000 | 0 | 0 |
| 93.05 | | 0 | 0 | 0.000000 | 0 | 0 |
| TOTAL | | \$ 76,366,949 | \$ 402,416,466 | | \$ 15,475,995 | \$ 2,906,289 |

(To Contract Sch 3)

* From Schedule 8, Column 26

REVISIONS TO MEDI-CAL CHARGES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1376513754

| ANCILLARY CHARGES | | AUDITED | REVISIONS | REVISED |
|---|--|----------------------|-------------|----------------------|
| 50.00 | Operating Room | \$ 1,097,880 | \$ | \$ 1,097,880 |
| 51.00 | Recovery Room | 0 | | 0 |
| 52.00 | Delivery Room and Labor Room | 1,316,507 | | 1,316,507 |
| 53.00 | Anesthesiology | 0 | | 0 |
| 54.00 | Radiology-Diagnostic | 458,544 | | 458,544 |
| 55.00 | Radiology-Therapeutic | 0 | | 0 |
| 56.00 | Radioisotope | 72,353 | | 72,353 |
| 57.00 | Computed Tomography (CT) Scan | 1,169,353 | | 1,169,353 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 0 | | 0 |
| 58.01 | Ultra Sound | 98,182 | | 98,182 |
| 59.00 | Cardiac Catheterization | 0 | | 0 |
| 60.00 | Laboratory | 3,714,325 | | 3,714,325 |
| 60.01 | Laboratory-Pathology | 70,148 | | 70,148 |
| 63.00 | Blood Storing, Processing, and Transfusion | 88,235 | | 88,235 |
| 64.00 | Intravenous Therapy | 0 | | 0 |
| 65.00 | Respiratory Therapy | 1,680,587 | | 1,680,587 |
| 65.01 | Pulmonary Function Testing | 73,126 | | 73,126 |
| 66.00 | Physical Therapy | 31,299 | | 31,299 |
| 67.00 | Occupational Therapy | 0 | | 0 |
| 68.00 | Speech Pathology | 389 | | 389 |
| 69.00 | Electrocardiology | 138,879 | | 138,879 |
| 69.01 | Other Ancillary Cost Centers | 0 | | 0 |
| 70.00 | Electroencephalography | 8,246 | | 8,246 |
| 71.00 | Medical Supplies Charged to Patients | 833,457 | | 833,457 |
| 72.00 | Implantable Devices Charged to Patients | 221,496 | | 221,496 |
| 73.00 | Drugs Charged to Patients | 3,817,724 | | 3,817,724 |
| 74.00 | Renal Dialysis | 0 | | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | | 0 |
| 76.00 | Other Ancillary (specify) | 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 |
| 90.01 | Psychiatric Outpatient | 0 | | 0 |
| 90.02 | Wound Care | 0 | | 0 |
| 90.03 | Diabetes Clinic | 0 | | 0 |
| 91.00 | Emergency | 585,265 | | 585,265 |
| 92.00 | Observation Beds (Non-distinct Part) | 0 | | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | | 0 |
| 93.04 | | 0 | | 0 |
| 93.05 | | 0 | | 0 |
| TOTAL MEDI-CAL ANCILLARY CHARGES | | \$ 15,475,995 | \$ 0 | \$ 15,475,995 |

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

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1619947090

| | AUDITED | REVISED | DIFFERENCE |
|--|--------------------------|----------------|-------------------|
| COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM | | | |
| 1. Distinct Part Ancillary Cost (DPNF Sch 3) | \$ 0 | \$ 0 | \$ 0 |
| 2. Distinct Part Routine Cost (DPNF Sch 2) | \$ 8,510,262 | \$ 11,400,719 | \$ 2,890,457 |
| 3. Total Distinct Part Facility Cost (Lines 1 & 2) | \$ 8,510,262 | \$ 11,400,719 | \$ 2,890,457 |
| 4. Total Distinct Part Patient Days (Rev) | 32,535 | 32,535 | 0 |
| 5. Average DP Per Diem Cost (Line 3 / Line 4) | \$ 261.57 | \$ 350.41 | \$ 88.84 |
| DPNF OVERPAYMENT AND OVERBILLINGS | | | |
| 6. Medi-Cal Overpayments (Rev) | \$ 0 | \$ 0 | \$ 0 |
| 7. Medi-Cal Credit Balances (Rev) | \$ 0 | \$ 0 | \$ 0 |
| 8. MEDI-CAL SETTLEMENT Due Provider (State) | \$ 0 | \$ 0 | \$ 0 |
| | (To Summary of Findings) | | |
| GENERAL INFORMATION | | | |
| 9. Total Available Distinct Part Beds (C/R, W/S S-3) | 129 | 129 | 0 |
| 10. Total Licensed Capacity (All levels) (Rev) | 236 | 236 | 0 |
| 11. Total Medi-Cal DP Patient Days (Rev) | 22,039 | 22,039 | 0 |
| CAPITAL RELATED COST | | | |
| 12. Direct Capital Related Cost | \$ 0 | \$ 0 | \$ 0 |
| 13. Indirect Capital Related Cost (DPNF Sch 5) | \$ 65,910 | \$ 232,173 | \$ 166,263 |
| 14. Total Capital Related Cost (Lines 12 & 13) | \$ 65,910 | \$ 232,173 | \$ 166,263 |
| TOTAL SALARY & BENEFITS | | | |
| 15. Direct Salary & Benefits Expenses | \$ 0 | \$ 5,408,232 | \$ 5,408,232 |
| 16. Allocated Salary & Benefits (DPNF Sch 5) | \$ 207,449 | \$ 2,064,023 | \$ 1,856,574 |
| 17. Total Salary & Benefits Expenses (Lines 15 & 16) | \$ 207,449 | \$ 7,472,255 | \$ 7,264,806 |

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1619947090

| COL. | COST CENTER DIRECT AND ALLOCATED EXPENSE | REPORTED | REVISED * | DIFFERENCE |
|--------|--|--------------|---------------|--------------|
| 0.00 | Distinct Part | \$ 6,917,459 | \$ 6,917,459 | \$ 0 |
| 1.00 | Capital Related Costs—Buildings and Fixtures | 0 | 0 | 0 |
| 2.00 | Capital Related Costs—Movable Equipment | 0 | 0 | 0 |
| 3.00 | Other Capital Related Costs | 0 | 0 | 0 |
| 3.01 | | 0 | 0 | 0 |
| 3.02 | | 0 | 0 | 0 |
| 3.03 | | 0 | 0 | 0 |
| 3.04 | | 0 | 0 | 0 |
| 3.05 | | 0 | 0 | 0 |
| 3.06 | | 0 | 0 | 0 |
| 3.07 | | 0 | 0 | 0 |
| 3.08 | | 0 | 0 | 0 |
| 3.09 | | 0 | 0 | 0 |
| 4.00 | Employee Benefits | 0 | 669,233 | 669,233 |
| 5.01 | | 0 | 0 | 0 |
| 5.02 | | 0 | 0 | 0 |
| 5.03 | | 0 | 0 | 0 |
| 5.04 | | 0 | 0 | 0 |
| 5.05 | | 0 | 0 | 0 |
| 5.06 | | 0 | 0 | 0 |
| 5.07 | | 0 | 0 | 0 |
| 5.08 | | 0 | 0 | 0 |
| 5.00 | Administrative and General | 1,400,115 | 1,532,533 | 132,418 |
| 6.00 | Maintenance and Repairs | 0 | 0 | 0 |
| 7.00 | Operation of Plant | 0 | 0 | 0 |
| 8.00 | Laundry and Linen Service | 0 | 23,454 | 23,454 |
| 9.00 | Housekeeping | 0 | 0 | 0 |
| 10.00 | Dietary | 0 | 546,656 | 546,656 |
| 11.00 | Cafeteria | 0 | 479,745 | 479,745 |
| 12.00 | Maintenance of Personnel | 0 | 0 | 0 |
| 13.00 | Nursing Administration | 0 | 1,042,091 | 1,042,091 |
| 14.00 | Central Services and Supply | 0 | 0 | 0 |
| 15.00 | Pharmacy | 0 | 0 | 0 |
| 16.00 | Medical Records and Library | 0 | 0 | 0 |
| 17.00 | Social Service | 192,688 | 189,548 | (3,139) |
| 18.00 | Other General Service (specify) | 0 | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 | 0 |
| 21.00 | Intern & Res. Services-Salary & Fringes Approved | 0 | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs Approved | 0 | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 | 0 |
| 23.01 | | 0 | 0 | 0 |
| 23.02 | | 0 | 0 | 0 |
| 101.00 | TOTAL DIRECT AND ALLOCATED EXPENSES | \$ 8,510,262 | \$ 11,400,719 | \$ 2,890,457 |

(To DPNF Sch 1)

* From Schedule 8, Line 44 plus Line 46.

ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1619947090

| COL. | COST CENTER | REVISED CAP RELATED (COL 1) | REVISED SAL & EMP BENEFITS (COL 2) |
|-------|--|-----------------------------|------------------------------------|
| 1.00 | Capital Related Costs—Buildings and Fixtures | \$ 0 | \$ N/A |
| 2.00 | Capital Related Costs—Movable Equipment | 0 | N/A |
| 3.00 | Other Capital Related Costs | 0 | N/A |
| 3.01 | | 0 | N/A |
| 3.02 | | 0 | N/A |
| 3.03 | | 0 | N/A |
| 3.04 | | 0 | N/A |
| 3.05 | | 0 | N/A |
| 3.06 | | 0 | N/A |
| 3.07 | | 0 | N/A |
| 3.08 | | 0 | N/A |
| 3.09 | | 0 | N/A |
| 4.00 | Employee Benefits | 0 | 669,233 |
| 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 | 35,928 | 138,830 |
| 6.00 | Maintenance and Repairs | 0 | 0 |
| 7.00 | Operation of Plant | 0 | 0 |
| 8.00 | Laundry and Linen Service | 5,840 | 8,205 |
| 9.00 | Housekeeping | 0 | 0 |
| 10.00 | Dietary | 87,898 | 297,318 |
| 11.00 | Cafeteria | 39,594 | 162,894 |
| 12.00 | Maintenance of Personnel | 0 | 0 |
| 13.00 | Nursing Administration | 29,900 | 710,946 |
| 14.00 | Central Services and Supply | 0 | 0 |
| 15.00 | Pharmacy | 0 | 0 |
| 16.00 | Medical Records and Library | 0 | 0 |
| 17.00 | Social Service | 33,014 | 76,597 |
| 18.00 | Other General Service (specify) | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 |
| 21.00 | Intern & Res. Services-Salary & Fringes Approved | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs Approved | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 |
| 23.01 | | 0 | 0 |
| 23.02 | | 0 | 0 |
| | | | |
| | | | |
| 101 | TOTAL ALLOCATED INDIRECT EXPENSES | \$ 232,173 | \$ 2,064,023 |

(To DPNF SCH 1)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1619947090

| | AUDITED | REVISED | DIFFERENCE |
|---|--------------|--------------------------|--------------|
| COMPUTATION OF SUBACUTE PER DIEM | | | |
| 1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3) ** | \$ 0 | \$ 0 | 0 |
| 2. Adult Subacute Routine Cost (Adult Subacute Sch 2) | \$ 5,702,755 | \$ 7,198,429 | \$ 1,495,673 |
| 3. Total Adult Subacute Facility Cost (Lines 1 & 2) | \$ 5,702,755 | \$ 7,198,429 | \$ 1,495,673 |
| 4. Total Adult Subacute Patient Days (Rev) | 11,626 | 11,626 | 0 |
| 5. Average Adult Subacute Per Diem Cost (L3 / L4) | \$ 490.52 | \$ 619.17 | \$ 128.65 |
| ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS | | | |
| 6. Medi-Cal Overpayments (Rev) | \$ (182,551) | \$ (182,551) | \$ 0 |
| 7. Medi-Cal Credit Balances (Rev) | \$ 0 | \$ 0 | \$ 0 |
| 8. MEDI-CAL SETTLEMENT Due Provider (State) | \$ (182,551) | \$ (182,551) | \$ 0 |
| | | (To Summary of Findings) | |
| GENERAL INFORMATION | | | |
| 9. Contracted Number of Adult Subacute Beds (Rev) | 32 | 32 | 0 |
| 10. Total Licensed Nursing Facility Beds (Rev) | 129 | 129 | 0 |
| 11. Total Licensed Capacity (All levels of care)(Rev) | 236 | 236 | 0 |
| 12. Total Medi-Cal Adult Subacute Patient Days (Rev) | 11,048 | 11,048 | 0 |
| CAPITAL RELATED COST | | | |
| 13. Direct Capital Related Cost | \$ 0 | \$ 0 | \$ 0 |
| 14. Indirect Capital Related Cost (Adult Subacute Sch 5) | \$ 34,039 | \$ 96,271 | \$ 62,233 |
| 15. Total Capital Related Cost (Lines 13 & 14) | \$ 34,039 | \$ 96,271 | \$ 62,233 |
| TOTAL SALARY & BENEFITS | | | |
| 16. Direct Salary & Benefits Expenses | \$ 0 | \$ 2,625,869 | \$ 2,625,869 |
| 17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5) | \$ 115,388 | \$ 1,097,738 | \$ 982,350 |
| 18. Total Salary & Benefits Expenses (Lines 16 & 17) | \$ 115,388 | \$ 3,723,607 | \$ 3,608,219 |

REVISED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR

| | REVISED COSTS (Rev) | REVISED TOTAL DAYS (Rev) | REVISED MEDI-CAL DAYS (Rev) |
|--------------------------------------|---------------------|--------------------------|-----------------------------|
| 19. Ventilator (Equipment Cost Only) | \$ 206,138 | 5,434 | 4,952 |
| 20. Nonventilator | N/A | 6,192 | N/A |
| 21. TOTAL | N/A | 11,626 | N/A |

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1619947090

| COL. | COST CENTER DIRECT AND ALLOCATED EXPENSE | AUDITED | REVISED * | DIFFERENCE |
|--------|--|--------------|--------------|--------------|
| 0.00 | Adult Subacute | \$ 4,685,534 | \$ 4,685,534 | \$ 0 |
| 1.00 | Capital Related Costs—Buildings and Fixtures | 0 | 0 | 0 |
| 2.00 | Capital Related Costs—Movable Equipment | 0 | 0 | 0 |
| 3.00 | Other Capital Related Costs | 0 | 0 | 0 |
| 3.01 | | 0 | 0 | 0 |
| 3.02 | | 0 | 0 | 0 |
| 3.03 | | 0 | 0 | 0 |
| 3.04 | | 0 | 0 | 0 |
| 3.05 | | 0 | 0 | 0 |
| 3.06 | | 0 | 0 | 0 |
| 3.07 | | 0 | 0 | 0 |
| 3.08 | | 0 | 0 | 0 |
| 3.09 | | 0 | 0 | 0 |
| 4.00 | Employee Benefits | 0 | 324,934 | 324,934 |
| 5.01 | | 0 | 0 | 0 |
| 5.02 | | 0 | 0 | 0 |
| 5.03 | | 0 | 0 | 0 |
| 5.04 | | 0 | 0 | 0 |
| 5.05 | | 0 | 0 | 0 |
| 5.06 | | 0 | 0 | 0 |
| 5.07 | | 0 | 0 | 0 |
| 5.08 | | 0 | 0 | 0 |
| 5.00 | Administrative and General | 948,367 | 1,012,129 | 63,762 |
| 6.00 | Maintenance and Repairs | 0 | 0 | 0 |
| 7.00 | Operation of Plant | 0 | 0 | 0 |
| 8.00 | Laundry and Linen Service | 0 | 8,381 | 8,381 |
| 9.00 | Housekeeping | 0 | 0 | 0 |
| 10.00 | Dietary | 0 | 104,040 | 104,040 |
| 11.00 | Cafeteria | 0 | 248,197 | 248,197 |
| 12.00 | Maintenance of Personnel | 0 | 0 | 0 |
| 13.00 | Nursing Administration | 0 | 747,481 | 747,481 |
| 14.00 | Central Services and Supply | 0 | 0 | 0 |
| 15.00 | Pharmacy | 0 | 0 | 0 |
| 16.00 | Medical Records and Library | 0 | 0 | 0 |
| 17.00 | Social Service | 68,855 | 67,733 | (1,122) |
| 18.00 | Other General Service (specify) | 0 | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 | 0 |
| 21.00 | Intern & Res. Services-Salary & Fringes Approved | 0 | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs Approved | 0 | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 | 0 |
| 23.01 | | 0 | 0 | 0 |
| 23.02 | | 0 | 0 | 0 |
| 101.00 | TOTAL DIRECT AND ALLOCATED EXPENSES | \$ 5,702,755 | \$ 7,198,429 | \$ 1,495,673 |

(To Adult Subacute Sch 1)

* From Schedule 8, Line 46.

ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

NPI:
1619947090

| COL. | COST CENTER ALLOCATED EXPENSES | REVISED CAP RELATED (COL 1) | REVISED SAL & EMP BENEFITS (COL 2) |
|--------|--|-----------------------------------|--|
| 1.00 | Capital Related Costs—Buildings and Fixtures | \$ 0 | \$ N/A |
| 2.00 | Capital Related Costs—Movable Equipment | 0 | N/A |
| 3.00 | Other Capital Related Costs | 0 | N/A |
| 3.01 | | 0 | N/A |
| 3.02 | | 0 | N/A |
| 3.03 | | 0 | N/A |
| 3.04 | | 0 | N/A |
| 3.05 | | 0 | N/A |
| 3.06 | | 0 | N/A |
| 3.07 | | 0 | N/A |
| 3.08 | | 0 | N/A |
| 3.09 | | 0 | N/A |
| 4.00 | Employee Benefits | 0 | 324,934 |
| 5.01 | | 0 | 0 |
| 5.02 | | 0 | 0 |
| 5.03 | | 0 | 0 |
| 5.04 | | 0 | 0 |
| 5.05 | | 0 | 0 |
| 5.06 | | 0 | 0 |
| 5.07 | | 0 | 0 |
| 5.08 | | 0 | 0 |
| 5.00 | Administrative and General | 23,728 | 91,688 |
| 6.00 | Maintenance and Repairs | 0 | 0 |
| 7.00 | Operation of Plant | 0 | 0 |
| 8.00 | Laundry and Linen Service | 2,087 | 2,932 |
| 9.00 | Housekeeping | 0 | 0 |
| 10.00 | Dietary | 16,729 | 56,586 |
| 11.00 | Cafeteria | 20,484 | 84,273 |
| 12.00 | Maintenance of Personnel | 0 | 0 |
| 13.00 | Nursing Administration | 21,447 | 509,954 |
| 14.00 | Central Services and Supply | 0 | 0 |
| 15.00 | Pharmacy | 0 | 0 |
| 16.00 | Medical Records and Library | 0 | 0 |
| 17.00 | Social Service | 11,797 | 27,371 |
| 18.00 | Other General Service (specify) | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 |
| 21.00 | Intern & Res. Services-Salary & Fringes Approved | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs Approved | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 |
| 23.01 | | 0 | 0 |
| 23.02 | | 0 | 0 |
| 101.00 | TOTAL ALLOCATED INDIRECT EXPENSES | \$ 96,271 | \$ 1,097,738 |

(To Adult Subacute Sch 1)

Provider Name:
POMERADO 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 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, and Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 141,097 | 28,502 |
| 194.00 Foundation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,951 | 5,242 |
| 194.01 Patient Transportation | 0 | 15,737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 183,707 | 37,109 |
| 194.02 SART | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34,787 | 7,027 |
| 194.03 Other Nonreimbursable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,960,081 | 395,942 |
| 194.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.05 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.06 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | <u>0</u> | <u>7,011,539</u> | <u>0</u> | <u>134,859,418</u> | <u>22,663,828</u> |

Provider Name:
POMERADO 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 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, and Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 141,097 | 28,502 |
| 194.00 Foundation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,951 | 5,242 |
| 194.01 Patient Transportation | 0 | 15,737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 183,707 | 37,109 |
| 194.02 SART | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34,787 | 7,027 |
| 194.03 Other Nonreimbursable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,960,081 | 395,942 |
| 194.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.05 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.06 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | <u>0</u> | <u>7,011,539</u> | <u>0</u> | <u>134,859,418</u> | <u>22,663,828</u> |

Provider Name:
POMERADO 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, and Canteen | 9,898 | 13,961 | 0 | 8,187 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.00 Foundation | 21,239 | 29,959 | 0 | 17,567 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.01 Patient Transportation | 0 | 0 | 0 | 0 | 0 | 590 | 0 | 1,792 | 0 | 0 | 0 | 0 |
| 194.02 SART | 28,280 | 39,890 | 7 | 23,390 | 0 | 0 | 0 | 0 | 0 | 228 | 0 | 0 |
| 194.03 Other Nonreimbursable | 0 | 0 | 0 | 0 | 38,075 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.05 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.06 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | | | | | | | | | | | |
| TOTAL | <u>4,421,655</u> | <u>4,974,239</u> | <u>118,829</u> | <u>2,817,716</u> | <u>1,170,106</u> | <u>3,668,523</u> | <u>0</u> | <u>5,563,453</u> | <u>1,467,777</u> | <u>3,445,313</u> | <u>1,733,648</u> | <u>409,957</u> |

Provider Name:
POMERADO 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 (Adj 1) 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, and Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 201,645 | 0 | 201,645 |
| 194.00 Foundation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 99,958 | 0 | 99,958 |
| 194.01 Patient Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 223,198 | 0 | 223,198 |
| 194.02 SART | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 133,608 | 0 | 133,608 |
| 194.03 Other Nonreimbursable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,394,098 | 0 | 2,394,098 |
| 194.04 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.05 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.06 | 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>134,859,418</u> | <u>0</u> | <u>134,859,418</u> |

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | EMP BENE (GROSS SALARIES) 4.00 (Rev 1) | STAT 5.01 | STAT 5.02 | STAT 5.03 | STAT 5.04 | STAT 5.05 | STAT 5.06 | STAT 5.07 | STAT 5.08 | RECON- CILIATION | ADM & GEN (ACCUM COST) 5.00 | MANT & REPAIRS (SQ FT) 6.00 |
|--------|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|--------------------------------------|--------------------------------------|
| 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 | | | | | | | | | 0 | 0 |
| 114.00 | Utilization Review-SNF | 0 | | | | | | | | | 0 | 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, and Canteen | 0 | | | | | | | | | 141,097 | 336 |
| 194.00 | Foundation | 0 | | | | | | | | | 25,951 | 721 |
| 194.01 | Patient Transportation | 127,172 | | | | | | | | | 183,707 | 0 |
| 194.02 | SART | 0 | | | | | | | | | 34,787 | 960 |
| 194.03 | Other Nonreimbursable | 0 | | | | | | | | | 1,960,081 | 0 |
| 194.04 | | | | | | | | | | | 0 | |
| 194.05 | | | | | | | | | | | 0 | |
| 194.06 | | | | | | | | | | | 0 | |
| | TOTAL | 56,661,965 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 112,195,590 | 150,099 |
| | COST TO BE ALLOCATED | 7,011,539 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 22,663,828 | 4,421,655 |
| | UNIT COST MULTIPLIER - SCH 8 | 0.123743 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | | 0.202003 | 29.458256 |

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | OPER PLANT (SQ FT) | LAUNDRY & LINEN (LB LNDRY) | HOUSE-KEEPING (SQ FT) | DIETARY (MEALS SERVED) | CAFETERIA (PAID FTE'S) | MANT OF PERSONNEL | NURSING ADMIN (NURSE HR) | CENT SERV & SUPPLY (CSTD REQUIS) | PHARMACY (COST REQUIS) | MED REC (GROSS CHARGES) | SOC SERV (TIME SPENT) | OTHER SVC (TIME SPENT) |
|---------------------------------------|--|----------------------------|-----------------------|------------------------|------------------------|-------------------|--------------------------|----------------------------------|------------------------|-------------------------|-----------------------|------------------------|
| | 7.00 | 8.00 (Rev 2) | 9.00 | 10.00 (Rev 3) | 11.00 (Rev 4) | 12.00 | 13.00 (Rev 5) | 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 | | | | | | | | | | | | |
| 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 | 629 | | | | | | | | | | | |
| 9.00 | 3,436 | 0 | | 3,850 | | | | | | | | |
| 10.00 | 3,850 | 0 | | | | | | | | | | |
| 11.00 | 6,048 | 0 | 6,048 | 0 | | | | | | | | |
| 12.00 | Maintenance of Personnel | | | | | | | | | | | |
| 13.00 | 2,529 | 0 | 2,529 | 0 | 3,696 | | | | | | | |
| 14.00 | 7,259 | 6,620 | 7,259 | 0 | 1,314 | | 2,604 | | | | | |
| 15.00 | 3,454 | 0 | 3,454 | 0 | 1,567 | | 0 | 0 | | | | |
| 16.00 | 2,187 | 0 | 2,187 | 0 | 1,150 | | 443 | 1 | 0 | | | |
| 17.00 | 1,443 | 0 | 1,443 | 0 | 215 | | 0 | 0 | 0 | 0 | | |
| 18.00 | Other General Service (specify) | | | | | | | | | | | |
| 19.00 | Nonphysician Anesthetists | | | | | | | | | | | |
| 20.00 | Nursing School | | | | | | | | | | | |
| 21.00 | Intern & Res. Services-Salary & Fringes Approv | | | | | | | | | | | |
| 22.00 | Intern & Res. Other Program Costs Approved | | | | | | | | | | | |
| 23.00 | Paramedical Ed. Program (specify) | | | | | | | | | | | |
| 23.01 | | | | | | | | | | | | |
| 23.02 | | | | | | | | | | | | |
| INPATIENT ROUTINE COST CENTERS | | | | | | | | | | | | |
| 30.00 | 34,076 | 518,659 | 34,076 | 91,740 | 14,554 | | 212,749 | 0 | 0 | 63,821,320 | 20,711 | |
| 31.00 | 4,469 | 47,428 | 4,469 | 3,758 | 3,156 | | 54,276 | 0 | 0 | 17,753,308 | 3,071 | |
| 32.00 | Coronary Care Unit | | | | | | | | | | | |
| 33.00 | Burn Intensive Care Unit | | | | | | | | | | | |
| 34.00 | Surgical Intensive Care Unit | | | | | | | | | | | |
| 35.00 | 0 | 0 | 0 | 0 | 596 | | 12,393 | 0 | 0 | 1,628,163 | 366 | |
| 40.00 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | |
| 41.00 | Subprovider—IRF | | | | | | | | | | | |
| 42.00 | Subprovider (specify) | | | | | | | | | | | |
| 43.00 | 714 | 18,880 | 714 | 0 | 608 | | 10,780 | 0 | 0 | 3,410,720 | 2,058 | |
| 44.00 | 0 | 247,999 | 0 | 111,154 | 8,126 | | 118,075 | 0 | 0 | 0 | 32,535 | |
| 45.00 | Nursing Facility | | | | | | | | | | | |
| 46.00 | | 88,620 | | 21,155 | 4,204 | | 84,694 | | | | 11,626 | |
| 47.00 | Other Long Term Care—Adult Subacute | | | | | | | | | | | |

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | OPER PLANT (SQ FT) 7.00 | LAUNDRY & LINEN (LB LNDRY) 8.00 (Rev 2) | HOUSE-KEEPING (SQ FT) 9.00 | DIETARY (MEALS SERVED) 10.00 (Rev 3) | CAFETERIA (PAID FTE'S) 11.00 (Rev 4) | MANT OF PERSONNEL 12.00 | NURSING ADMIN (NURSE HR) 13.00 (Rev 5) | CENT SERV & SUPPLY (CSTD REQUIS) 14.00 | PHARMACY (COST REQUIS) 15.00 | MED REC (GROSS CHARGES) 16.00 | SOC SERV (TIME SPENT) 17.00 | OTHER SVC (TIME SPENT) 18.00 |
|---|----------------------------|---|-------------------------------|--|--|----------------------------|--|---|---------------------------------|----------------------------------|--------------------------------|---------------------------------|
| 105.00 Kidney Acquisition | | | | | | | | | | | | |
| 106.00 Heart Acquisition | | | | | | | | | | | | |
| 107.00 Liver Acquisition | | | | | | | | | | | | |
| 108.00 Lung Acquisition | | | | | | | | | | | | |
| 109.00 Pancreas Acquisition | | | | | | | | | | | | |
| 110.00 Intestinal Acquisition | | | | | | | | | | | | |
| 111.00 Islet Acquisition | | | | | | | | | | | | |
| 112.00 Other Organ Acquisition (specify) | | | | | | | | | | | | |
| 113.00 Interest Expense | 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) | | | | | | | | | | | | |
| 116.00 Hospice | | | | | | | | | | | | |
| 117.00 Other Special Purpose (specify) | | | | | | | | | | | | |
| 190.00 Gift, Flower, Coffee Shop, and Canteen | 336 | 0 | 336 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.00 Foundation | 721 | 0 | 721 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.01 Patient Transportation | 0 | 0 | 0 | 0 | 10 | | 203 | 0 | 0 | 0 | 0 | 0 |
| 194.02 SART | 960 | 70 | 960 | 0 | 0 | | 0 | 0 | 234 | 0 | 0 | 0 |
| 194.03 Other Nonreimbursable | 0 | 0 | 0 | 7,742 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 194.04 | | | | | | | | | | | | |
| 194.05 | | | | | | | | | | | | |
| 194.06 | | | | | | | | | | | | |
| TOTAL | 119,712 | 1,256,459 | 115,647 | 237,923 | 62,138 | 0 | 630,372 | 12,388,785 | 3,539,342 | 484,227,227 | 70,367 | 0 |
| COST TO BE ALLOCATED | 4,974,239 | 118,829 | 2,817,716 | 1,170,106 | 3,668,523 | 0 | 5,563,453 | 1,467,777 | 3,445,313 | 1,733,648 | 409,957 | 0 |
| UNIT COST MULTIPLIER - SCH 8 | 41.551717 | 0.094575 | 24.364798 | 4.918004 | 59.038315 | 0.000000 | 8.825666 | 0.118476 | 0.973433 | 0.003580 | 5.825984 | 0.000000 |

Provider Name:
POMERADO 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 |

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 and Library
- 17.00 Social Service
- 18.00 Other General Service (specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern & Res. Services-Salary & Fringes Approv
- 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 and Pediatrics
- 31.00 Intensive Care Unit
- 32.00 Coronary Care Unit
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Neonatal Intensive Care Unit
- 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—Adult Subacute
- 47.00

Provider Name:
POMERADO 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 |

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
- 55.00 Radiology-Therapeutic
- 56.00 Radioisotope
- 57.00 Computed Tomography (CT) Scan
- 58.00 Magnetic Resonance Imaging (MRI)
- 58.01 Ultra Sound
- 59.00 Cardiac Catheterization
- 60.00 Laboratory
- 60.01 Laboratory-Pathology
- 63.00 Blood Storing, Processing, and Transfusion
- 64.00 Intravenous Therapy
- 65.00 Respiratory Therapy
- 65.01 Pulmonary Function Testing
- 66.00 Physical Therapy
- 67.00 Occupational Therapy
- 68.00 Speech Pathology
- 69.00 Electrocardiology
- 69.01 Other Ancillary Cost Centers
- 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)
- 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
- 90.01 Psychiatric Outpatient
- 90.02 Wound Care
- 90.03 Diabetes Clinic
- 91.00 Emergency
- 92.00 Observation Beds (Non-distinct Part)
- 93.00 Other Outpatient Services (Specify)
- 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. tchnlg. prgm.)
- 101.00 Home Health Agency

TRIAL BALANCE OF EXPENSES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | | AUDITED | REVISIONS (From Sch 10A) | REVISED |
|-------|--|--------------|-----------------------------|--------------|
| | GENERAL SERVICE COST CENTERS | | | |
| 1.00 | Capital Related Costs—Buildings and Fixtures | \$ 3,835,350 | \$ 0 | \$ 3,835,350 |
| 2.00 | Capital Related Costs—Movable Equipment | 2,238,094 | 0 | 2,238,094 |
| 3.00 | Other Capital Related Costs | 0 | 0 | 0 |
| 3.01 | | 0 | 0 | 0 |
| 3.02 | | 0 | 0 | 0 |
| 3.03 | | 0 | 0 | 0 |
| 3.04 | | 0 | 0 | 0 |
| 3.05 | | 0 | 0 | 0 |
| 3.06 | | 0 | 0 | 0 |
| 3.07 | | 0 | 0 | 0 |
| 3.08 | | 0 | 0 | 0 |
| 3.09 | | 0 | 0 | 0 |
| 4.00 | Employee Benefits | 7,011,539 | 0 | 7,011,539 |
| 5.01 | | 0 | 0 | 0 |
| 5.02 | | 0 | 0 | 0 |
| 5.03 | | 0 | 0 | 0 |
| 5.04 | | 0 | 0 | 0 |
| 5.05 | | 0 | 0 | 0 |
| 5.06 | | 0 | 0 | 0 |
| 5.07 | | 0 | 0 | 0 |
| 5.08 | | 0 | 0 | 0 |
| 5.00 | Administrative and General | 21,906,427 | 0 | 21,906,427 |
| 6.00 | Maintenance and Repairs | 3,432,061 | 0 | 3,432,061 |
| 7.00 | Operation of Plant | 2,276,889 | 0 | 2,276,889 |
| 8.00 | Laundry and Linen Service | 35,365 | 0 | 35,365 |
| 9.00 | Housekeeping | 1,885,418 | 0 | 1,885,418 |
| 10.00 | Dietary | 469,988 | 0 | 469,988 |
| 11.00 | Cafeteria | 2,237,086 | 0 | 2,237,086 |
| 12.00 | Maintenance of Personnel | 0 | 0 | 0 |
| 13.00 | Nursing Administration | 3,760,135 | 0 | 3,760,135 |
| 14.00 | Central Services and Supply | 275,079 | 0 | 275,079 |
| 15.00 | Pharmacy | 2,165,650 | 0 | 2,165,650 |
| 16.00 | Medical Records and Library | 1,036,627 | 0 | 1,036,627 |
| 17.00 | Social Service | 150,225 | 0 | 150,225 |
| 18.00 | Other General Service (specify) | 0 | 0 | 0 |
| 19.00 | Nonphysician Anesthetists | 0 | 0 | 0 |
| 20.00 | Nursing School | 0 | 0 | 0 |
| 21.00 | Intern & Res. Services-Salary & Fringes Approved | 0 | 0 | 0 |
| 22.00 | Intern & Res. Other Program Costs Approved | 0 | 0 | 0 |
| 23.00 | Paramedical Ed. Program (specify) | 0 | 0 | 0 |
| 23.01 | | 0 | 0 | 0 |
| 23.02 | | 0 | 0 | 0 |
| | INPATIENT ROUTINE COST CENTERS | | | |
| 30.00 | Adults and Pediatrics | 14,064,382 | 0 | 14,064,382 |
| 31.00 | Intensive Care Unit | 3,994,323 | 0 | 3,994,323 |
| 32.00 | Coronary Care Unit | 0 | 0 | 0 |
| 33.00 | Burn Intensive Care Unit | 0 | 0 | 0 |
| 34.00 | Surgical Intensive Care Unit | 0 | 0 | 0 |
| 35.00 | Neonatal Intensive Care Unit | 1,014,254 | 0 | 1,014,254 |
| 40.00 | Subprovider—IPF | 0 | 0 | 0 |
| 41.00 | Subprovider—IRF | 0 | 0 | 0 |
| 42.00 | Subprovider (specify) | 0 | 0 | 0 |
| 43.00 | Nursery | 1,073,983 | 0 | 1,073,983 |
| 44.00 | Skilled Nursing Facility | 6,917,459 | 0 | 6,917,459 |
| 45.00 | Nursing Facility | 0 | 0 | 0 |
| 46.00 | Other Long Term Care—Adult Subacute | 4,685,534 | 0 | 4,685,534 |
| 47.00 | | 0 | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | | AUDITED | REVISIONS (From Sch 10A) | REVISED |
|-------|--|----------------|-----------------------------|----------------|
| | ANCILLARY COST CENTERS | | | |
| 50.00 | Operating Room | \$ 5,734,757 | \$ 0 | \$ 5,734,757 |
| 51.00 | Recovery Room | 0 | 0 | 0 |
| 52.00 | Delivery Room and Labor Room | 1,920,907 | 0 | 1,920,907 |
| 53.00 | Anesthesiology | 0 | 0 | 0 |
| 54.00 | Radiology-Diagnostic | 2,510,504 | 0 | 2,510,504 |
| 55.00 | Radiology-Therapeutic | 963,304 | 0 | 963,304 |
| 56.00 | Radioisotope | 391,271 | 0 | 391,271 |
| 57.00 | Computed Tomography (CT) Scan | 381,660 | 0 | 381,660 |
| 58.00 | Magnetic Resonance Imaging (MRI) | 1,080,638 | 0 | 1,080,638 |
| 58.01 | Ultra Sound | 686,030 | 0 | 686,030 |
| 59.00 | Cardiac Catheterization | 0 | 0 | 0 |
| 60.00 | Laboratory | 4,779,195 | 0 | 4,779,195 |
| 60.01 | Laboratory-Pathology | 484,366 | 0 | 484,366 |
| 63.00 | Blood Storing, Processing, and Transfusion | 17,770 | 0 | 17,770 |
| 64.00 | Intravenous Therapy | 0 | 0 | 0 |
| 65.00 | Respiratory Therapy | 1,516,138 | 0 | 1,516,138 |
| 65.01 | Pulmonary Function Testing | 197 | 0 | 197 |
| 66.00 | Physical Therapy | 1,027,509 | 0 | 1,027,509 |
| 67.00 | Occupational Therapy | 470,409 | 0 | 470,409 |
| 68.00 | Speech Pathology | 343,776 | 0 | 343,776 |
| 69.00 | Electrocardiology | 216,403 | 0 | 216,403 |
| 69.01 | Other Ancillary Cost Centers | 1,254,260 | 0 | 1,254,260 |
| 70.00 | Electroencephalography | 19,501 | 0 | 19,501 |
| 71.00 | Medical Supplies Charged to Patients | 8,554,470 | 0 | 8,554,470 |
| 72.00 | Implantable Devices Charged to Patients | 4,753,403 | 0 | 4,753,403 |
| 73.00 | Drugs Charged to Patients | 3,716,218 | 0 | 3,716,218 |
| 74.00 | Renal Dialysis | 0 | 0 | 0 |
| 75.00 | ASC (Non-Distinct Part) | 0 | 0 | 0 |
| 76.00 | Other Ancillary (specify) | 0 | 0 | 0 |
| 79.00 | | 0 | 0 | 0 |
| 80.00 | | 0 | 0 | 0 |
| 81.00 | | 0 | 0 | 0 |
| 82.00 | | 0 | 0 | 0 |
| 83.00 | | 0 | 0 | 0 |
| 84.00 | | 0 | 0 | 0 |
| 85.00 | | 0 | 0 | 0 |
| 86.00 | | 0 | 0 | 0 |
| 87.00 | | 0 | 0 | 0 |
| 87.01 | | | 0 | 0 |
| 88.00 | Rural Health Clinic (RHC) | | 0 | 0 |
| 89.00 | Federally Qualified Health Center (FQHC) | 0 | 0 | 0 |
| 90.00 | Clinic | 1,133,528 | 0 | 1,133,528 |
| 90.01 | Psychiatric Outpatient | 331,162 | 0 | 331,162 |
| 90.02 | Wound Care | 1,009,762 | 0 | 1,009,762 |
| 90.03 | Diabetes Clinic | 163,093 | 0 | 163,093 |
| 91.00 | Emergency | 4,676,030 | 0 | 4,676,030 |
| 92.00 | Observation Beds (Non-distinct Part) | 0 | 0 | 0 |
| 93.00 | Other Outpatient Services (Specify) | 0 | 0 | 0 |
| 93.04 | | 0 | 0 | 0 |
| 93.05 | | 0 | 0 | 0 |
| | SUBTOTAL | \$ 132,602,129 | \$ 0 | \$ 132,602,129 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 94.00 | Home Program Dialysis | 0 | 0 | 0 |
| 95.00 | Ambulance Services | 0 | 0 | 0 |
| 96.00 | Durable Medical Equipment-Rented | | 0 | 0 |
| 97.00 | Durable Medical Equipment-Sold | | 0 | 0 |

TRIAL BALANCE OF EXPENSES

Provider Name:
POMERADO HOSPITAL

Fiscal Period Ended:
JUNE 30, 2011

| | | AUDITED | REVISIONS (From Sch 10A) | REVISED |
|--------|---|----------------|-----------------------------|----------------|
| 98.00 | Other Reimbursable (specify) | | 0 | 0 |
| 99.00 | Outpatient Rehabilitation Provider (specify) | | 0 | 0 |
| 100.00 | Intern-Resident Service (not appvd. tchng. 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, and Canteen | 129,004 | 0 | 129,004 |
| 194.00 | Foundation | 0 | 0 | 0 |
| 194.01 | Patient Transportation | 167,970 | 0 | 167,970 |
| 194.02 | SART | 234 | 0 | 234 |
| 194.03 | Other Nonreimbursable | 1,960,081 | 0 | 1,960,081 |
| 194.04 | | | 0 | 0 |
| 194.05 | | | 0 | 0 |
| 194.06 | | | 0 | 0 |
| | SUBTOTAL | \$ 2,257,289 | \$ 0 | \$ 2,257,289 |
| 200 | TOTAL | \$ 134,859,418 | \$ 0 | \$ 134,859,418 |

(To Schedule 8)

| Provider Name | | | | | | | Fiscal Period | | | NPI | | Revisions |
|---|----------------------|--------------|------|-------|------|---|------------------------------------|------------|---------------------|------------|--|-----------|
| POMERADO HOSPITAL | | | | | | | JULY 1, 2010 THROUGH JUNE 30, 2011 | | | 1376513754 | | 5 |
| Report References | | | | | | | Explanation of Revisions | As Audited | Increase (Decrease) | As Revised | | |
| Rev. No. | Revised Audit Report | Audit Report | | | | | | | | | | |
| | | Sch. | Part | Title | Line | Col. | | | | | | |
| <u>REVISIONS TO AUDITED STATISTICS</u> | | | | | | | | | | | | |
| 1 | 9 | 9 | | 44.00 | 4 | Skilled Nursing Facility—DPNF (Gross Salaries) | 0 | 5,408,232 | 5,408,232 | | | |
| | 9 | 9 | | 46.00 | 4 | Other Long Term Care—Adult Subacute | 0 | 2,625,869 | 2,625,869 | | | |
| | 9 | 9 | | 4.00 | 4 | Total—Gross Salaries | 48,627,864 | 8,034,101 | 56,661,965 | | | |
| Revision to adjustment 7. To revise the adjustment that eliminated Employee Benefits statistic for the Skilled Nursing Facility based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER: HA13-0611-845H-AJ | | | | | | | | | | | | |
| 2 | 9 | 9 | | 44.00 | 8 | Skilled Nursing Facility—DPNF (Pounds of Laundry) | 0 | 247,999 | 247,999 | | | |
| | 9 | 9 | | 46.00 | 8 | Other Long Term Care—Adult Subacute | 0 | 88,620 | 88,620 | | | |
| | 9 | 9 | | 8.00 | 8 | Total—Pounds of Laundry | 919,840 | 336,619 | 1,256,459 | | | |
| Revision to adjustment 8. To revise the adjustment that eliminated Laundry and Linen Service statistic for the Skilled Nursing Facility based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER: HA13-0611-845H-AJ | | | | | | | | | | | | |
| 3 | 9 | 9 | | 44.00 | 10 | Skilled Nursing Facility—DPNF (Meals Served) | 0 | 111,154 | 111,154 | | | |
| | 9 | 9 | | 46.00 | 10 | Other Long Term Care—Adult Subacute | 0 | 21,155 | 21,155 | | | |
| | 9 | 9 | | 10.00 | 10 | Total—Meals Served | 105,614 | 132,309 | 237,923 | | | |
| Revision to adjustment 9. To revise the adjustment that eliminated the Dietary statistic for the Skilled Nursing Facility based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER: HA13-0611-845H-AJ | | | | | | | | | | | | |

| Provider Name | | | | | | | Fiscal Period | NPI | | Revisions |
|---|----------------------|--------------|------|-------|-------|------|---|------------|---------------------|------------|
| POMERADO HOSPITAL | | | | | | | JULY 1, 2010 THROUGH JUNE 30, 2011 | 1376513754 | | 5 |
| Report References | | | | | | | Explanation of Revisions | As Audited | Increase (Decrease) | As Revised |
| Rev. No. | Revised Audit Report | Audit Report | | | | | | | | |
| | | Sch. | Part | Title | Line | Col. | | | | |
| <u>REVISIONS TO AUDITED STATISTICS</u> | | | | | | | | | | |
| 4 | 9 | 9 | | | 44.00 | 11 | Skilled Nursing Facility—DPNF (FTE'S) | 0 | 8,126 | 8,126 |
| | 9 | 9 | | | 46.00 | 11 | Other Long Term Care—Adult Subacute | 0 | 4,204 | 4,204 |
| | 9 | 9 | | | 11.00 | 11 | Total—FTE'S | 49,808 | 12,330 | 62,138 |
| | | | | | | | Revision to adjustment 10. To revise the adjustment that eliminated the Cafeteria statistic for the Skilled Nursing Facility based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER: HA13-0611-845H-AJ | | | |
| 5 | 9 | 9 | | | 44.00 | 13 | Skilled Nursing Facility—DPNF (Direct Nursing Hours) | 0 | 118,075 | 118,075 |
| | 9 | 9 | | | 46.00 | 13 | Other Long Term Care—Adult Subacute | 0 | 84,694 | 84,694 |
| | 9 | 9 | | | 13.00 | 13 | Total—Direct Nursing Hours | 427,603 | 202,769 | 630,372 |
| | | | | | | | Revision to adjustment 11. To revise the adjustment that eliminated the Nursing Administration statistic for the Skilled Nursing Facility based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER: HA13-0611-845H-AJ | | | |