

**REPORT  
ON THE  
COST REPORT REVIEW**

**MOUNTAINS COMMUNITY HOSPITAL  
LAKE ARROWHEAD, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIERS:  
1245380799, 1174674246, AND 1881703957**

**FISCAL PERIOD ENDED  
JUNE 30, 2012**

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

**Section Chief: Julio M. Cueto  
Audit Supervisor: Virat Shah  
Auditor: Mary Anne Ruiz**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 3, 2014

Yvonne Waggener  
Chief Financial Officer  
Mountains Community Hospital  
29101 Hospital Road  
Lake Arrowhead, CA 92352

MOUNTAINS COMMUNITY HOSPITAL  
NATIONAL PROVIDER IDENTIFIER 1245380799  
FISCAL PERIOD ENDED JUNE 30, 2012

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 \$52,351 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. Computation of Distinct Part Nursing Facility Per Diem (DPNF Schedules)
4. Computation of Rural Health Clinics (RHC) Core Services Cost per Visit (RHC 95-210 Schedule 3-1)
5. 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.

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

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

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

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

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

**United States Postal Service (USPS)**

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

**Courier (UPS, FedEx, etc.)**

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

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

Yvonne Waggener  
Page 3

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

Original Signed By

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**MOUNTAINS COMMUNITY HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1245380799</b>		
Reported	\$ (44,933)	
Net Change	\$ (5,094)	
Audited Amount Due Provider (State)	\$ (50,028)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0
Net Change		\$ 0
Audited Cost		\$ 0
Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI: 1174674246</b>		
Reported		\$ 396.89
Net Change		\$ (0.20)
Audited Cost Per Day		\$ 396.69
Audited Amount Due Provider (State)	\$ (2,323)	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (52,351)	
<b>9. Total Medi-Cal Cost</b>		\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**MOUNTAINS COMMUNITY HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>Provider NPI: 1881703957</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (52,351)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1245380799

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>221,314</u>	\$ <u>223,258</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>221,314</u>	\$ <u>223,258</u>
6. Interim Payments (Adj )	\$ <u>(266,247)</u>	\$ <u>(266,247)</u>
7. Balance Due Provider (State)	\$ <u>(44,933)</u>	\$ <u>(42,989)</u>
8. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
9. Overpayments (Adj 9)	\$ <u>0</u>	\$ <u>(4,430)</u>
10. Credit Balances (Adj 10)	\$ <u>0</u>	\$ <u>(2,609)</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(44,933)</u></u>	\$ <u><u>(50,028)</u></u>
	(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
MOUNTAINS COMMUNITY HOSPITALFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1245380799

	REPORTED	AUDITED
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Schedule 3)	\$ <u>224,282</u>	\$ <u>226,226</u>
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj )	\$ <u>170,000</u>	\$ <u>170,000</u>
3. Inpatient Ancillary Service Charges (Adj 7)	\$ <u>204,699</u>	\$ <u>204,697</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>374,699</u>	\$ <u>374,697</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>150,417</u>	\$ <u>148,471</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:  
MOUNTAINS COMMUNITY HOSPITALFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1245380799

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 90,094	\$ 88,568
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 134,188	\$ 137,658
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 224,282	\$ 226,226
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 224,282	\$ 226,226
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj )	\$ (2,968)	\$ (2,968)
10. Medi-Cal Coinsurance (Adj )	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 221,314	\$ 223,258
	(To Schedule 1)	

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
MOUNTAINS COMMUNITY HOSPITALFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1245380799

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
----------	---------

## INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 3)	1,215	1,164
2. Inpatient Days (include private, exclude swing-bed)	567	516
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	516	516
5. Medicare NF Swing-Bed Days through Dec 31 (Adj 3)	313	300
6. Medicare NF Swing-Bed Days after Dec 31 (Adj 3)	312	348
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj 3)	13	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj 3)	10	0
9. Medi-Cal Days (excluding swing-bed) (Adj )	85	85

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj 4)	\$ 0.00	\$ 1,619.52
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj 4)	\$ 0.00	\$ 1,619.52
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj 5)	\$ 185.96	\$ 305.15
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj 5)	\$ 185.96	\$ 307.25
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 1,886,072	\$ 1,885,118
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 485,856
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 563,593
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 2,417	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 1,860	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 990,958	\$ 1,049,449
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 895,114	\$ 835,669

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 2,066,450	\$ 2,066,450
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 2,066,450	\$ 2,066,450
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.433165	\$ 0.404398
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)	\$ 4,004.75	\$ 4,004.75
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)	\$ 895,114	\$ 835,669

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,578.68	\$ 1,619.51
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 134,188	\$ 137,658
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 134,188	\$ 137,658

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1245380799

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, 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
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, 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
<b>CORONARY CARE UNIT</b>		
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
<b>BURN INTENSIVE CARE UNIT</b>		
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
<b>SURGICAL INTENSIVE CARE UNIT</b>		
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
<b>OTHER SPECIAL CARE (SPECIFY)</b>		
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
<b>ADMINISTRATIVE DAYS</b>		
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
<b>ADMINISTRATIVE DAYS</b>		
34. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj )	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 0

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1245380799

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:  
MOUNTAINS COMMUNITY HOSPITALFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1245380799

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
50.00	Operating Room	\$ 907,326	\$ 707,701	1.282075	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Delivery Room & Labor Room	0	0	0.000000	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	2,254,297	7,124,259	0.316425	45,630	14,438
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	1,946,396	2,724,498	0.714405	27,452	19,612
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	22,093	31,155	0.709117	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	490,361	546,761	0.896847	26,923	24,146
66.00	Physical Therapy	626,930	1,131,765	0.553940	0	0
67.00	Occupational Therapy	8,705	26,498	0.328501	0	0
68.00	Speech Pathology	6,788	35,043	0.193707	0	0
69.00	Electrocardiology	0	0	0.000000	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	318,045	917,191	0.346760	10,292	3,569
72.00	Implantable Devices Charged to Patients	30,489	31,540	0.966675	0	0
73.00	Drugs Charged to Patients	987,885	3,611,478	0.273540	52,183	14,274
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
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)	1,307,140	1,325,641	0.986044	0	0
89.00	Rural Health Clinic II	83,989	97,478	0.861618	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	2,167,193	7,302,418	0.296777	42,217	12,529
92.00	Observation Beds	0	102,746	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
	<b>TOTAL</b>	<b>\$ 11,157,636</b>	<b>\$ 25,716,172</b>		<b>\$ 204,697</b>	<b>\$ 88,568</b>

(To Schedule 3)

\* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1245380799

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 6)	AUDITED
50.00	Operating Room	\$	\$	\$ 0
51.00	Recovery Room			0
52.00	Delivery Room & Labor Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic	43,080	2,550	45,630
55.00	Radiology-Therapeutic			0
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	27,453	(1)	27,452
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	29,473	(2,550)	26,923
66.00	Physical Therapy			0
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	10,292		10,292
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	52,184	(1)	52,183
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Rural Health Clinic II			0
90.00	Clinic			0
91.00	Emergency	42,217		42,217
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
<b>TOTAL MEDI-CAL ANCILLARY CHARGES</b>		<b>\$ 204,699</b>	<b>\$ (2)</b>	<b>\$ 204,697</b>

(To Schedule 5)



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

**Provider Name:**  
**MOUNTAINS COMMUNITY HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1174674246**

	<b>REPORTED</b>	<b>AUDITED</b>	<b>DIFFERENCE</b>
<b>COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM</b>			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 2,717,891	\$ 2,716,513	\$ (1,378)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 2,717,891	\$ 2,716,513	\$ (1,378)
4. Total Distinct Part Patient Days (Adj )	6,848	6,848	
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 396.89	\$ 396.69	\$ (0.20)
<b>DPNF OVERPAYMENTS AND OVERBILLINGS</b>			
6. Medi-Cal Overpayments (Adj )	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj 11)	\$ 0	\$ (2,323)	\$ (2,323)
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (2,323)	\$ (2,323)
	(To Summary of Findings)		
<b>GENERAL INFORMATION</b>			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	20	20	0
10. Total Licensed Capacity (All levels) (Adj )	37	37	0
11. Total Medi-Cal DP Patient Days (Adj 8)	6,848	6,841	(7)
<b>CAPITAL RELATED COST</b>			
12. Direct Capital Related Cost	N/A	\$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 229,318	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 229,318	N/A
<b>TOTAL SALARY &amp; BENEFITS</b>			
15. Direct Salary & Benefits Expenses	N/A	\$ 725,045	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 612,362	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 1,337,407	N/A

## SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1174674246

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 1,044,795	\$ 1,044,795	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	103,317	103,317	(0)
2.00	Capital Related Costs-Movable Equipment	14,056	14,056	(0)
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	19,027	19,027	(0)
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	380,163	379,372	(791)
6.00	Maintenance and Repairs	67,120	67,085	(35)
7.00	Operation of Plant	101,929	101,875	(54)
8.00	Laundry and Linen Service	73,772	73,737	(35)
9.00	Housekeeping	67,085	67,052	(33)
10.00	Dietary	422,885	422,671	(214)
11.00	Cafeteria	97,928	97,878	(50)
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	228,994	228,879	(115)
14.00	Central Services and Supply	15,908	15,899	(9)
15.00	Pharmacy		0	0
16.00	Medical Records & Library	29,904	29,890	(14)
17.00	Social Service	51,008	50,982	(26)
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)		0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 2,717,891	\$ 2,716,513	\$ (1,378)

(To DPNF Sch 1)

\* From Schedule 8, line 44 plus line 45.





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

**Provider Name:**  
**MOUNTAINS COMMUNITY HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1174674246**

<b>COL.</b>	<b>COST CENTER</b>	<b>AUDITED CAP RELATED * (COL 1)</b>	<b>AUDITED SAL &amp; EMP BENEFITS * (COL 2)</b>
1.00	Capital Related Costs-Buildings and Fixtures	\$ 103,317	\$ N/A
2.00	Capital Related Costs-Movable Equipment	14,056	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	434	18,593
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	25,071	166,158
6.00	Maintenance and Repairs	1,371	38,871
7.00	Operation of Plant	15,839	15,196
8.00	Laundry and Linen Service	1,185	7,851
9.00	Housekeeping	4,003	7,991
10.00	Dietary	34,356	137,742
11.00	Cafeteria	7,956	31,897
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	14,842	135,840
14.00	Central Services and Supply	2,383	4,642
15.00	Pharmacy	0	0
16.00	Medical Records & Library	2,213	14,742
17.00	Social Service	2,295	32,839
18.00	Other General Service (specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0
23.00	Paramedical Ed. Program (specify)	0	0
23.01		0	0
23.02		0	0
101	<b>TOTAL ALLOCATED INDIRECT EXPENSES</b>	<b>\$ 229,318</b>	<b>\$ 612,362</b>

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

(To DPNF SCH 1)

**DETERMINATION OF MEDI-CAL RHC CORE SERVICE COSTS**

**Provider Name:**  
**MOUNTAINS COMMUNITY HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

**Provider NPI:**  
**1881703957**

	REPORTED	AUDITED
<b>A. DETERMINATION OF RATE-RURAL HEALTH CLINIC SERVICES</b>		
1. Gross RHC Clinic Cost (Sch 8, Col 27)	\$ 84,033	\$ 83,989
2. RHC Clinic Physician Cost (RHC 95-210 Sch 6-1)	\$ 0	\$ 0
3. Total RHC Clinic Cost (Line 1 + Line 2)	\$ 84,033	\$ 83,989
4. Total RHC Clinic Visits (From Line 32, Col 5)	567	567
5. Gross Cost Per Visit ( Line 3 / Line 4 )	\$ 148.21	\$ 148.13

**B. MEDI-CAL CLINIC CORE SERVICE VISITS**

**PERIOD 1 FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

6. Maximum Rate Per Visit (HCFA Published) (Adj )	\$ 0.00	\$ 0.00
7. Rate for Medi-Cal Covered Visits (Lesser of Line 5 or Line 6)	\$ 0.00	\$ 0.00
8. Medi-Cal Only Visits (Straight Medi-Cal) (Adj )	0	0
9. Medicare / Medi-Cal Crossover Visits (Adj )	0	0
10. Medi-Cal CHDP Visits (Adj )	0	0
11. Managed Care Medi-Cal Visits (Adj )	0	0
12	0	0
13	0	0
14. Total Medi-Cal Core Visits (Line 8 through Line 13)	0	0
15. Medi-Cal Cost of RHC Core Services By Period (Line 7 x Line 14)	\$ 0	\$ 0

**PERIOD 2 FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

16. Maximum Rate Per Visit (HCFA Published) (Adj )	\$ 0.00	\$ 0.00
17. Rate for Medi-Cal Covered Visits (Lesser of Line 5 or Line 16)	\$ 0.00	\$ 0.00
18. Medi-Cal Only Visits (Stright Medi-Cal) (Adj )	0	0
19. Medicare / Medi-Cal Crossover Visits (Adj )	0	0
20. Medi-Cal CHDP Visits (Adj )	0	0
21. Managed Care Medi-Cal Visits (Adj )	0	0
22	0	0
23	0	0
24. Total Medi-Cal Core Visits (Line 18 through Line 23)	0	0
25. Medi-Cal Cost of RHC Core Services By Period (Line 17 x Line 24)	\$ 0	\$ 0

**C. MEDI-CAL CLINIC CORE SERVICE COST**

26. Total Allowable Medi-Cal Cost of RHC Core Services (Line 15 + Line 25)	\$ 0	\$ 0
--	------	------

(To RHC 95-210 Sch 2-1)

**D. VISITS AND PRODUCTIVITY**

Positions	1 Number of FTE Personne (Adj )	2 Total visits (Actual) (Adj )	3 Productivity Standard	4 Minimum Visits (Col. 1xCol. 3)	5 Greater of (Col 2 or 4) (Adj )
27. Physicians	0.05	214	4,200	210	N/A
28. Physicians Assistants	0.00	0	2,100	0	N/A
29. Nurse Practitioners	0.17	341	2,100	357	N/A
30. Clinical Social Workers & Clinical Psychologists	N/A	0	N/A	N/A	0
31. Physician Services Under Agreements	N/A	0	N/A	N/A	0
32. Total Visits	N/A	555	N/A	567	567

(To Line 4)











STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

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
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	5,935	1,906
192.01 Clinics	0	0	0	0	0	0	0	0	0	0	0	0
192.02 MCH Foundation	0	1,527	0	0	0	0	0	0	0	0	82,426	26,473
193.01 Public Relations	0	0	0	0	0	0	0	0	0	0	69,622	22,361
193.02 Guest Meals	0	0	0	0	0	0	0	0	0	0	0	0
193.03 MOW	0	103	0	0	0	0	0	0	0	0	7,544	2,423
193.04 Prop 10 Costs	0	0	0	0	0	0	0	0	0	0	0	0
193.05 P.T. - Home Care	0	1,210	0	0	0	0	0	0	0	0	56,011	17,990
193.06	0	0	0	0	0	0	0	0	0	0	0	0
193.07	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	185,326	0	0	0	0	0	0	0	0	16,086,644	3,910,647





## STATE OF CALIFORNIA

## COMPUTATION OF COST ALLOCATION (W/S B)

## SCHEDULE 8.2

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

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
190.00 Gift, Flower, Coffee Shop, & Canteen	3,854	5,853	0	3,852	0	0	0	0	0	0	0	0
192.01 Clinics	0	0	0	0	0	0	0	0	0	0	0	0
192.02 MCH Foundation	2,883	4,378	0	2,882	0	7,568	0	0	0	0	0	0
193.01 Public Relations	971	1,474	0	970	0	0	0	0	0	0	0	0
193.02 Guest Meals	0	0	0	0	0	0	0	0	0	0	0	0
193.03 MOW	0	0	0	0	0	0	0	0	0	0	0	0
193.04 Prop 10 Costs	0	0	0	0	0	0	0	0	0	0	0	0
193.05 P.T. - Home Care	0	0	0	0	0	0	0	0	0	0	0	0
193.06	0	0	0	0	0	0	0	0	0	0	0	0
193.07	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>441,615</u>	<u>589,789</u>	<u>114,575</u>	<u>379,227</u>	<u>894,410</u>	<u>439,940</u>	<u>0</u>	<u>541,265</u>	<u>235,225</u>	<u>353,101</u>	<u>318,747</u>	<u>152,947</u>





STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

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 22.00	EDUCATION PROGRAM 23.00	COST 23.01	COST 23.02	24.00	STEP-DOWN ADJUSTMENT 25.00	COST 26.00	
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0		0	
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0		0	
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0		0	
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0		0	
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0		0	
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0		0	
111.00 Islet Acquisition	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	
113.00 Interest Expense	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	
115.00 Ambulatory Surgical Center (Distinct Part)	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	21,400		21,400	
192.01 Clinics	0	0	0	0	0	0	0	0	0		0	
192.02 MCH Foundation	0	0	0	0	0	0	0	0	126,610		126,610	
193.01 Public Relations	0	0	0	0	0	0	0	0	95,399		95,399	
193.02 Guest Meals	0	0	0	0	0	0	0	0	0		0	
193.03 MOW	0	0	0	0	0	0	0	0	9,967		9,967	
193.04 Prop 10 Costs	0	0	0	0	0	0	0	0	0		0	
193.05 P.T. - Home Care	0	0	0	0	0	0	0	0	74,001		74,001	
193.06	0	0	0	0	0	0	0	0	0		0	
193.07	0	0	0	0	0	0	0	0	0		0	
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,086,644</b>	<b>0</b>	<b>16,086,644</b>











STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00
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	
190.00	Gift, Flower, Coffee Shop, & Canteen										5,935	258
192.01	Clinics										0	
192.02	MCH Foundation	58,171									82,426	193
193.01	Public Relations										69,622	65
193.02	Guest Meals										0	
193.03	MOW	3,921									7,544	
193.04	Prop 10 Costs										0	
193.05	P.T. - Home Care	46,122									56,011	
193.06											0	
193.07											0	
	TOTAL	7,062,084	0	0	0	0	0	0	0		12,175,997	29,564
	COST TO BE ALLOCATED	185,326	0	0	0	0	0	0	0		3,910,647	441,615
	UNIT COST MULTIPLIER - SCH 8	0.026242	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.321177	14.937581

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL (# HOUSED)	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	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
<b>GENERAL SERVICE COST CENTERS</b>												
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	600	4,288										
10.00	2,094	1,076	2,094									
11.00					23,132							
12.00	Maintenance of Personnel											
13.00	895		895		597							
14.00	1,071		1,071		230		2,173					
15.00	495		495		98			9,927				
16.00	607		607		217		4,510	3,209				
17.00	128		128		100		2,080	757				
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												
<b>INPATIENT ROUTINE COST CENTERS</b>												
30.00	3,189	14,189	3,189	1,672	1,185		24,656	30,347		2,169,196	40	
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	4,491	82,628	4,491	22,224	1,914		39,819	62,884		2,874,840	30	
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:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL (# HOUSED)	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	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
105.00												
106.00												
107.00												
108.00												
109.00												
110.00												
111.00												
112.00												
113.00												
114.00												
115.00												
190.00		258	258									
192.01												
192.02		193	193		148							
193.01		65	65									
193.02												
193.03												
193.04												
193.05												
193.06												
193.07												
TOTAL	26,000	128,391	25,400	47,028	8,603	0	94,166	930,339	461,537	30,657,462	90	0
COST TO BE ALLOCATED	589,789	114,575	379,227	894,410	439,940	0	541,265	235,225	353,101	318,747	152,947	0
UNIT COST MULTIPLIER - SCH 8	22.684173	0.892392	14.930196	19.018665	51.137947	0.000000	5.747983	0.252838	0.765054	0.010397	1699.407072	0.000000

Provider Name:

MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:

JUNE 30, 2012

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:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

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 & 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)
- 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 Rural Health Clinic II
- 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. tchnlg. prgm)
- 101.00 Home Health Agency



## TRIAL BALANCE OF EXPENSES

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 764,559	\$ 0	\$ 764,559
2.00	Capital Related Costs-Movable Equipment	623,459	0	623,459
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	181,097	0	181,097
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	3,617,529	(8,143)	3,609,386
6.00	Maintenance and Repairs	327,107	0	327,107
7.00	Operation of Plant	324,125	0	324,125
8.00	Laundry and Linen Service	86,722	0	86,722
9.00	Housekeeping	252,446	0	252,446
10.00	Dietary	538,277	0	538,277
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	323,796	0	323,796
14.00	Central Services and Supply	90,489	0	90,489
15.00	Pharmacy	228,518	0	228,518
16.00	Medical Records & Library	171,879	0	171,879
17.00	Social Service	92,766	0	92,766
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
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics (Gen Routine)	934,046	0	934,046
31.00	Intensive Care Unit		0	0
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility	1,044,795	0	1,044,795
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 356,210	\$ 0	\$ 356,210
51.00	Recovery Room		0	0
52.00	Delivery Room & Labor Room		0	0
53.00	Anesthesiology		0	0
54.00	Radiology-Diagnostic	1,155,875	0	1,155,875
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
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	1,169,634	0	1,169,634
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells	13,830	0	13,830
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	315,746	0	315,746
66.00	Physical Therapy	417,793	0	417,793
67.00	Occupational Therapy	6,380	0	6,380
68.00	Speech Pathology	4,763	0	4,763
69.00	Electrocardiology		0	0
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	177,446	0	177,446
72.00	Implantable Devices Charged to Patients	19,162	0	19,162
73.00	Drugs Charged to Patients	459,588	0	459,588
74.00	Renal Dialysis		0	0
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)	897,866	0	897,866
89.00	Rural Health Clinic II	61,360	0	61,360
90.00	Clinic		0	0
91.00	Emergency	1,230,696	0	1,230,696
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
	<b>SUBTOTAL</b>	\$ 15,887,959	\$ (8,143)	\$ 15,879,816
	<b>NONREIMBURSABLE COST CENTERS</b>			
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:  
MOUNTAINS COMMUNITY HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2012

		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
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
192.01	Clinics		0	0
192.02	MCH Foundation	76,459	0	76,459
193.01	Public Relations	68,127	0	68,127
193.02	Guest Meals		0	0
193.03	MOW	7,441	0	7,441
193.04	Prop 10 Costs		0	0
193.05	P.T. - Home Care	54,801	0	54,801
193.06			0	0
193.07			0	0
	SUBTOTAL	\$ 206,828	\$ 0	\$ 206,828
200	TOTAL	\$ 16,094,787	\$ (8,143)	\$ 16,086,644

(To Schedule 8)







Provider Name							Fiscal Period		Provider NPI		Adjustments
MOUNTAINS COMMUNITY HOSPITAL							JULY 1, 2011 THROUGH JUNE 30, 2012		1245380799		11
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
	10A	A			5.00	7	Administrative and General	\$3,617,529			
1							To eliminate voting expenses not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3 and 2156.1			(\$7,495)	
2							To eliminate lobbying fees not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.2, 2104, and 2139			(648) (\$8,143)	\$3,609,386

Provider Name							Fiscal Period	Provider NPI		Adjustments
MOUNTAINS COMMUNITY HOSPITAL							JULY 1, 2011 THROUGH JUNE 30, 2012	1245380799		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED PATIENT DAYS</b>										
3	4	D-1	I	XIX	1.00	Inpatient Days (including swing-bed days)	1,215	(51)	1,164	
	4	D-1	I	XIX	2.00	Inpatient Days (excluding swing-bed and newborn days)	567	(51)	516	
	4	D-1	I	XIX	5.00	Medicare swing-bed SNF-Type days through Dec 31	313	(13)	300	
	4	D-1	I	XIX	6.00	Medicare swing-bed SNF-Type days after Dec 31	312	36	348	
	4	D-1	I	XIX	7.00	Medi-Cal swing-bed NF-Type Days through July 31	13	(13)	0	
	4	D-1	I	XIX	8.00	Medi-Cal swing-bed NF-Type Days after July 31	10	(10)	0	
To adjust patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304										
4	4	D-1	I	XIX	17.00	Medicare SNF Swing-Bed Rate through December 31	\$0.00	\$1,619.52	\$1,619.52	
	4	D-1	I	XIX	18.00	Medicare SNF Swing-Bed Rate after December 31	0.00	1,619.52	1,619.52	
To include Medicare swing-bed rates to agree with critical access hospital reimbursement methodology for proper cost determination. 42 CFR 413.53 CMS Pub. 15-1, Section 2230.5 CMS Pub. 15-2, Section 4025.1										
5	4	D-1	I	XIX	19.00	Medi-Cal NF Swing-Bed Rate through December 31	\$185.96	\$119.19	\$305.15	
	4	D-1	I	XIX	20.00	Medi-Cal NF Swing-bed Rate after December 31	185.96	121.29	307.25	
To adjust Medi-Cal swing-bed rates to agree with the published swing-bed rate for proper cost determination. 42 CFR 413.53 CMS Pub. 15-1, Section 2230.5 CMS Pub. 15-2, Section 4025.1 CCR, Title 22, Section 51511										

Provider Name							Fiscal Period			Provider NPI		Adjustments
MOUNTAINS COMMUNITY HOSPITAL							JULY 1, 2011 THROUGH JUNE 30, 2012			1245380799		11
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>												
6	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$43,080	\$2,550	\$45,630		
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	27,453	(1)	27,452		
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	29,473	(2,550)	26,923		
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	52,184	(1)	52,183		
	6	D-3		XIX	202.00	2	Medi-Cal Ancillary Charges - Total	204,699	(2)	204,697		
7	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	\$204,699	(\$2)	\$204,697		
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:                      Service Period: July 1, 2011 through June 30, 2012                      Payment Period: July 1, 2011 through August 31, 2013                      Report Dated: September 26, 2013                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408                      CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
MOUNTAINS COMMUNITY HOSPITAL							JULY 1, 2011 THROUGH JUNE 30, 2012			1245380799		11
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</u>												
8	DPNF 1	S-3	I	XIX	19.00	7	Medi-Cal Days - Skilled Nursing Facility To reflect Medi-Cal patient days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through August 31, 2013 Report Dated: September 26, 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, Section 51541	6,848	(7)	6,841		

Provider Name							Fiscal Period	Provider NPI		Adjustments
MOUNTAINS COMMUNITY HOSPITAL							JULY 1, 2011 THROUGH JUNE 30, 2012	1245380799		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO OTHER MATTERS</b>										
9	1	N/A					Overpayments 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	\$0	\$4,430	\$4,430
10	1	N/A					Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$2,609	\$2,609
11	DPNF 1	N/A					Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$2,323	\$2,323