

**REPORT
ON THE
COST REPORT REVIEW**

**TRINITY HOSPITAL
WEAVERVILLE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1750462271 AND 1154404010**

**FISCAL PERIOD ENDED
DECEMBER 31, 2012**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Kelly Ostrom
Auditor: Janice L. Varrone**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 14, 2014

Jennifer VanMatre
Accounting Director
Trinity Hospital
60 Easter Avenue
P. O. Box 1229
Weaverville, CA 96093

TRINITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1750462271
FISCAL PERIOD ENDED DECEMBER 31, 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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited settlement for the fiscal period due the Provider in the amount of \$70,458 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. 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)

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of Account Status will be forwarded to the provider by the State 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.

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If you have questions regarding this report, you may call the Audits Section—
Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kwick, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1750462271		
Reported	\$ 172,309	
Net Change	\$ (101,850)	
Audited Amount Due Provider (State)	\$ 70,458	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI:		
Reported		\$ 0
Net Change		\$ 0
Audited Cost		\$ 0
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1154404010		
Reported		\$ 337.13
Net Change		\$ (0.55)
Audited Cost Per Day		\$ 336.58
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 70,458	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 70,458	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
TRINITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1750462271

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>593,042</u>	\$ <u>501,358</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>593,042</u>	\$ <u>501,358</u>
6.	Interim Payments (Adj 6)	\$ <u>(420,733)</u>	\$ <u>(425,187)</u>
7.	Balance Due Provider (State)	\$ <u>172,309</u>	\$ <u>76,171</u>
8.	Medi-Cal Overpayments (Adj 12, 13)	\$ <u>0</u>	\$ <u>(5,713)</u>
9.		\$ <u>0</u>	\$ <u>0</u>
10.		\$ <u>0</u>	\$ <u>0</u>
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>172,309</u></u>	\$ <u><u>70,458</u></u>
(To Summary of Findings)			

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
TRINITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1750462271

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 593,042 \$ 501,381

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5) \$ 286,200 \$ 401,5683. Inpatient Ancillary Service Charges (Adj 5) \$ 565,516 \$ 571,2834. Total Charges - Medi-Cal Inpatient Services \$ 851,716 \$ 972,8515. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 258,674 \$ 471,4706. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
TRINITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1750462271

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 232,774	\$ 226,435
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 360,268	\$ 274,946
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 593,042	\$ 501,381
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 593,042	\$ 501,381
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 6)	\$ 0	\$ (23)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 593,042	\$ 501,358
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
TRINITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1750462271

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	2,010	2,010
2. Inpatient Days (include private, exclude swing-bed)	1,522	1,524
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	1,399	1,399
5. Medicare NF Swing-Bed Days through Dec 31 (Adj 1, 8)	488	483
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj 9)	0	3
9. Medi-Cal Days (excluding swing-bed) (Adj 3)	238	240

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj 10)	\$ 0.00	\$ 1,145.62
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj 11)	\$ 0.00	\$ 307.25
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 2,303,894	\$ 2,300,173
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 553,334
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	\$ 922
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 554,256
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 2,303,894	\$ 1,745,917

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
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)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 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)	\$ 2,303,894	\$ 1,745,917

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,513.73	\$ 1,145.61
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 360,268	\$ 274,946
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)	\$ 360,268	\$ 274,946

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1750462271

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
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
INTENSIVE CARE UNIT		
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
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj)	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
21. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj)	0	0
33. 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:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1750462271

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
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
26. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1750462271

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 492,002	\$ 2,170,894	0.226636	\$ 40,237	\$ 9,119
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	409,448	365,241	1.121036	5,298	5,939
54.00	Radiology-Diagnostic	903,724	2,479,854	0.364426	46,894	17,089
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	1,506,131	1,868,270	0.806163	60,244	48,567
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	76,329	697,152	0.109487	60,100	6,580
66.00	Physical Therapy	4,123	60,828	0.067786	8,433	572
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	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	82,531	459,265	0.179703	40,976	7,364
72.00	Implantable Devices Charged to Patients	0	0	0.000000	0	0
73.00	Drugs Charged to Patients	710,285	1,604,953	0.442558	230,586	102,048
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
88.00	Rural Health Clinic (RHC)	1,523,485	1,143,862	1.331878	0	0
88.01	Rural Health Clinic (RHC) II	709,361	622,785	1.139014	0	0
88.02	Rural Health Clinic (RHC) III	277,575	359,431	0.772263	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	1,883,376	5,071,687	0.371351	78,515	29,157
92.00	Observation Beds	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 8,578,371	\$ 16,904,222		\$ 571,283	\$ 226,435

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
TRINITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2012Provider NPI:
1750462271

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 4)	AUDITED
50.00	Operating Room	\$ 33,186	\$ 7,051	\$ 40,237
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology	5,298		5,298
54.00	Radiology-Diagnostic	76,333	(29,439)	46,894
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	60,279	(35)	60,244
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	31,863	28,237	60,100
66.00	Physical Therapy	8,433		8,433
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	40,976		40,976
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	228,898	1,688	230,586
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
88.00	Rural Health Clinic (RHC)			0
88.01	Rural Health Clinic (RHC) II			0
88.02	Rural Health Clinic (RHC) III			0
90.00	Clinic			0
91.00	Emergency	80,250	(1,735)	78,515
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 565,516	\$ 5,767	\$ 571,283

(To Schedule 5)

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

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1154404010

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ _____	\$ _____ 0	\$ _____ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 2,424,288	\$ 2,420,370	\$ (3,918)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 2,424,288	\$ 2,420,370	\$ (3,918)
4. Total Distinct Part Patient Days (Adj)	7,191	7,191	
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 337.13	\$ 336.58	\$ (0.55)
DPNF OVERPAYMENTS AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ _____ 0	\$ _____ 0	\$ _____ 0
7. Medi-Cal Credit Balances (Adj)	\$ _____ 0	\$ _____ 0	\$ _____ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ _____ 0	\$ _____ 0	\$ _____ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Licensed Distinct Part Beds (C/R, W/S S-3)	26	26	0
10. Total Licensed Capacity (All levels) (Adj)	51	51	0
11. Total Medi-Cal DP Patient Days (Adj 7)	6,120	6,861	741
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ _____ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 66,693	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 66,693	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 833,295	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 580,807	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 1,414,102	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1154404010

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 1,103,722	\$ 1,103,722	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	5,766	5,766	0
2.00	Capital Related Costs-Movable Equipment	38,197	38,197	(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	12,767	12,767	0
5.01	Nonpatient Telephones	3,911	3,911	0
5.02	Admitting	21,797	21,798	1
5.03	Cashiering/Accounts Receivable	55,158	55,159	1
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	205,163	202,826	(2,337)
6.00	Maintenance & Repairs	72,528	72,410	(118)
7.00	Operation of Plant	78,131	78,005	(126)
8.00	Laundry & Linen Service	104,650	104,479	(171)
9.00	Housekeeping	71,089	70,974	(115)
10.00	Dietary	436,108	435,402	(706)
11.00	Cafeteria	11,200	11,183	(17)
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	138,715	138,490	(225)
14.00	Central Services & Supply	7,201	7,189	(12)
15.00	Pharmacy		0	0
16.00	Medical Records & Library	45,600	45,527	(73)
17.00	Social Service	12,585	12,565	(20)
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	\$ 2,424,288	\$ 2,420,370	\$ (3,918)

(To DPNF Sch 1)

* From Schedule 8, line 44 plus line 45.

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

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

Provider NPI:
1154404010

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 5,766	\$ N/A
2.00	Capital Related Costs-Movable Equipment	38,197	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	156	12,611
5.01	Nonpatient Telephones	0	0
5.02	Admitting	489	15,317
5.03	Cashiering/Accounts Receivable	481	35,995
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	2,624	80,165
6.00	Maintenance & Repairs	4,125	40,385
7.00	Operation of Plant	1,645	5,470
8.00	Laundry & Linen Service	650	22,165
9.00	Housekeeping	168	45,042
10.00	Dietary	10,875	214,334
11.00	Cafeteria	278	5,487
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	660	66,003
14.00	Central Services & Supply	16	6,976
15.00	Pharmacy	0	0
16.00	Medical Records & Library	540	30,160
17.00	Social Service	23	697
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	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 66,693	\$ 580,807

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

(To DPNF SCH 1)

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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
ANCILLARY COST CENTERS													
50.00	Operating Room	0	2,381	412	20,433	51,705	0	0	0	0	0	327,429	53,501
51.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Anesthesiology	0	0	0	3,438	8,699	0	0	0	0	0	15,471	2,528
54.00	Radiology-Diagnostic	0	6,450	1,029	23,341	59,064	0	0	0	0	0	678,234	110,821
55.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
56.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	0	8,012	1,235	17,584	44,498	0	0	0	0	0	1,217,940	199,006
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	0	12	206	6,562	16,604	0	0	0	0	0	50,913	8,319
66.00	Physical Therapy	0	0	412	573	1,449	0	0	0	0	0	2,508	410
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	823	4,323	10,939	0	0	0	0	0	59,842	9,778
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
73.00	Drugs Charged to Patients	0	0	0	15,106	38,226	0	0	0	0	0	215,372	35,191
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00		0	0	0	0	0	0	0	0	0	0	0	0
78.00		0	0	0	0	0	0	0	0	0	0	0	0
79.00		0	0	0	0	0	0	0	0	0	0	0	0
80.00		0	0	0	0	0	0	0	0	0	0	0	0
81.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	7,594	2,676	10,766	27,244	0	0	0	0	0	1,179,757	192,767
88.01	Rural Health Clinic (RHC) II	0	3,242	0	0	14,833	0	0	0	0	0	512,800	83,789
88.02	Rural Health Clinic (RHC) III	0	1,778	618	0	8,561	0	0	0	0	0	200,253	32,720
90.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
91.00	Emergency	0	9,395	1,441	47,735	120,795	0	0	0	0	0	1,396,029	228,105
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01		0	0	0	0	0	0	0	0	0	0	0	0
93.02		0	0	0	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS													
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	3,658	1,029	0	0	0	0	0	0	0	345,262	56,414

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	206	0	0	0	0	0	0	0	1,031	168
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>108,596</u>	<u>32,112</u>	<u>220,342</u>	<u>580,970</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,747,555</u>	<u>1,930,806</u>

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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
ANCILLARY COST CENTERS												
50.00 Operating Room	12,576	13,547	0	12,326	0	2,085	0	21,960	5,901	0	42,676	0
51.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	7,180	0
54.00 Radiology-Diagnostic	16,799	18,097	0	16,466	0	5,649	0	6,491	2,416	0	48,750	0
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
56.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Laboratory	11,838	12,753	5,776	11,604	0	7,018	0	0	3,468	0	36,727	0
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Respiratory Therapy	0	0	0	0	0	10	0	0	3,382	0	13,705	0
66.00 Physical Therapy	0	0	0	0	0	0	0	0	10	0	1,196	0
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
69.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,883	0	9,028	0
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	21,177	406,995	31,551	0
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
77.00	0	0	0	0	0	0	0	0	0	0	0	0
78.00	0	0	0	0	0	0	0	0	0	0	0	0
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	32,229	34,719	426	31,590	0	6,651	0	18,309	4,549	0	22,487	0
88.01 Rural Health Clinic (RHC) II	36,211	39,008	0	35,492	0	0	0	0	2,061	0	0	0
88.02 Rural Health Clinic (RHC) III	13,776	14,841	182	13,503	0	0	0	0	2,300	0	0	0
90.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
91.00 Emergency	21,823	23,509	33,881	21,390	1,922	8,229	0	41,089	7,697	0	99,702	0
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.01	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Intern-Resident Service (not appvd. tchg. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	8,436	9,088	0	8,269	0	3,204	0	11,374	1,238	0	0	0

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	1,359	1,464	0	1,332	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>352,478</u>	<u>368,172</u>	<u>211,991</u>	<u>333,655</u>	<u>612,460</u>	<u>65,083</u>	<u>0</u>	<u>335,403</u>	<u>77,003</u>	<u>406,995</u>	<u>460,212</u>	<u>12,565</u>

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL COST 26.00
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION				STEP-DOWN	
	(SPECIFIC)				COSTS	PROGRAM				ADJUSTMENT	
	18.00	19.00	20.00	21.00	22.00	23.00			25.00		
ANCILLARY COST CENTERS											
50.00 Operating Room	0	0	0	0	0	0	0	0	492,002		492,002
51.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
52.00 Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0		0
53.00 Anesthesiology	0	384,270	0	0	0	0	0	0	409,448		409,448
54.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	903,724		903,724
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0		0
56.00 Radioisotope	0	0	0	0	0	0	0	0	0		0
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0		0
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0		0
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	0		0
60.00 Laboratory	0	0	0	0	0	0	0	0	1,506,131		1,506,131
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0		0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0		0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0		0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
65.00 Respiratory Therapy	0	0	0	0	0	0	0	0	76,329		76,329
66.00 Physical Therapy	0	0	0	0	0	0	0	0	4,123		4,123
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
68.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
69.00 Electrocardiology	0	0	0	0	0	0	0	0	0		0
70.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	82,531		82,531
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0		0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	710,285		710,285
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	0		0
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0		0
77.00	0	0	0	0	0	0	0	0	0		0
78.00	0	0	0	0	0	0	0	0	0		0
79.00	0	0	0	0	0	0	0	0	0		0
80.00	0	0	0	0	0	0	0	0	0		0
81.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
87.00	0	0	0	0	0	0	0	0	0		0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	1,523,485		1,523,485
88.01 Rural Health Clinic (RHC) II	0	0	0	0	0	0	0	0	709,361		709,361
88.02 Rural Health Clinic (RHC) III	0	0	0	0	0	0	0	0	277,575		277,575
90.00 Clinic	0	0	0	0	0	0	0	0	0		0
91.00 Emergency	0	0	0	0	0	0	0	0	1,883,376		1,883,376
92.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0		0
93.01	0	0	0	0	0	0	0	0	0		0
93.02	0	0	0	0	0	0	0	0	0		0
93.03	0	0	0	0	0	0	0	0	0		0
93.04	0	0	0	0	0	0	0	0	0		0
93.05	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTERS											
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0		0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0		0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0		0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0		0
98.00 Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0		0
99.00 Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0		0
100.00 Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0		0
101.00 Home Health Agency	0	0	0	0	0	0	0	0	443,287		443,287

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC)	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I & R SVC SAL & BENEFITS	I&R OTHER PROGRAM COSTS	PARAMEDICAL EDUCATION PROGRAM	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL	POST STEP-DOWN ADJUSTMENT	TOTAL COST
	18.00	19.00	20.00	21.00	22.00	23.00			24.00	25.00	26.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	5,353	0	5,353
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
193.01	0	0	0	0	0	0	0	0	0	0	0
193.02	0	0	0	0	0	0	0	0	0	0	0
193.03	0	0	0	0	0	0	0	0	0	0	0
193.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>384,270</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,747,555</u>	<u>0</u>	<u>13,747,555</u>

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj) (Adj)	NONPATIENT TELEPHONES (NUMBER OF) 5.01 (Adj) (Adj)	ADMITTING (GROSS CHARGES) 5.02 (Adj) (Adj)	CASHIERING (GROSS CHARGES) 5.03 (Adj) (Adj)	STAT 5.04 (Adj) (Adj)	STAT 5.05 (Adj) (Adj)	STAT 5.06 (Adj) (Adj)	STAT 5.07 (Adj) (Adj)	STAT 5.08 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS 6.00 (Adj) (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Telephones											
5.02	152,522	20										
5.03	373,468	21										
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	751,757	17										
6.00	174,379	2								302,974		
7.00										307,256		1,017
8.00	32,018	1								179,791		129
9.00	185,119	1								257,682		
10.00	241,205	2								471,035		1,963
11.00		1								206		
12.00										0		
13.00	136,896	5								283,174		128
14.00	68,993	6								65,392		
15.00	231,573	12								331,054		529
16.00	266,280									374,926		624
17.00										10,800		
18.00										0		
19.00										330,300		
20.00										0		
21.00										0		
22.00										0		
23.00										0		
23.01										0		
23.02										0		
INPATIENT ROUTINE COST CENTERS												
30.00	865,121		5,172,471	5,172,471						1,457,998		7,480
31.00										0		
32.00										0		
33.00										0		
34.00										0		
35.00										0		
40.00										0		
41.00										0		
42.00										0		
43.00										0		
44.00	833,295	19	2,315,898	2,315,898						1,241,319		6,875
45.00										0		
46.00										0		
47.00										0		

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj) (Adj)	NONPATIENT TELEPHONES (NUMBER OF) 5.01 (Adj) (Adj)	ADMITTING (GROSS CHARGES) 5.02 (Adj) (Adj)	CASHIERING (GROSS CHARGES) 5.03 (Adj) (Adj)	STAT 5.04 (Adj) (Adj)	STAT 5.05 (Adj) (Adj)	STAT 5.06 (Adj) (Adj)	STAT 5.07 (Adj) (Adj)	STAT 5.08 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS 6.00 (Adj) (Adj)
ANCILLARY COST CENTERS												
50.00	Operating Room	155,385	2	2,170,894	2,170,894						0	
51.00	Recovery Room										327,429	1,194
52.00	Labor Room and Delivery Room										0	
53.00	Anesthesiology			365,241	365,241						15,471	
54.00	Radiology-Diagnostic	420,978	5	2,479,854	2,479,854						678,234	1,595
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	522,936	6	1,868,270	1,868,270						1,217,940	1,124
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	753	1	697,152	697,152						50,913	
66.00	Physical Therapy		2	60,828	60,828						2,508	
67.00	Occupational Therapy										0	
68.00	Speech Pathology										0	
69.00	Electrocardiology										0	
70.00	Electroencephalography										0	
71.00	Medical Supplies Charged to Patients		4	459,265	459,265						59,842	
72.00	Implantable Devices Charged to Patients										0	
73.00	Drugs Charged to Patients			1,604,952	1,604,952						215,372	
74.00	Renal Dialysis										0	
75.00	ASC (Non-Distinct Part)										0	
76.00	Other Ancillary (specify)										0	
77.00											0	
78.00											0	
79.00											0	
80.00											0	
81.00											0	
82.00											0	
83.00											0	
84.00											0	
85.00											0	
86.00											0	
87.00											0	
88.00	Rural Health Clinic (RHC)	495,633	13	1,143,862	1,143,862						1,179,757	3,060
88.01	Rural Health Clinic (RHC) II	211,609			622,785						512,800	3,438
88.02	Rural Health Clinic (RHC) III	116,069	3		359,431						200,253	1,308
90.00	Clinic										0	
91.00	Emergency	613,221	7	5,071,687	5,071,687						1,396,029	2,072
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	
NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis										0	
95.00	Ambulance Services										0	
96.00	Durable Medical Equipment-Rented										0	
97.00	Durable Medical Equipment-Sold										0	
98.00	Other Reimbursable (specify)										0	
99.00	Outpatient Rehabilitation Provider (specify)										0	
100.00	Intern-Resident Service (not appvd. tchnlg. prgm.)										0	
101.00	Home Health Agency	238,765	5								345,262	801

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj) (Adj)	NONPATIENT TELEPHONES (NUMBER OF) 5.01 (Adj) (Adj)	ADMITTING (GROSS CHARGES) 5.02 (Adj) (Adj)	CASHIERING (GROSS CHARGES) 5.03 (Adj) (Adj)	STAT 5.04 (Adj) (Adj)	STAT 5.05 (Adj) (Adj)	STAT 5.06 (Adj) (Adj)	STAT 5.07 (Adj) (Adj)	STAT 5.08 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS 6.00 (Adj) (Adj)
105.00	Kidney Acquisition										0	
106.00	Heart Acquisition										0	
107.00	Liver Acquisition										0	
108.00	Lung Acquisition										0	
109.00	Pancreas Acquisition										0	
110.00	Intestinal Acquisition										0	
111.00	Islet Acquisition										0	
112.00	Other Organ Acquisition (specify)										0	
113.00	Interest Expense										0	
114.00	Utilization Review-SNF										0	
115.00	Ambulatory Surgical Center (Distinct Part)										0	
116.00	Hospice										0	
117.00	Other Special Purpose (specify)										0	
190.00	Gift, Flower, Coffee Shop, & Canteen		1								1,031	129
191.00	Research										0	
192.00	Physicians' Private Offices										0	
193.00	Nonpaid Workers										0	
193.01											0	
193.02											0	
193.03											0	
193.04											0	
	TOTAL	7,087,975	156	23,410,374	24,392,590	0	0	0	0	0	11,816,749	33,466
	COST TO BE ALLOCATED	108,596	32,112	220,342	580,970	0	0	0	0	0	1,930,806	352,478
	UNIT COST MULTIPLIER - SCH 8	0.015321	205.846154	0.009412	0.023817	0.000000	0.000000	0.000000	0.000000	0.000000	0.163396	10.532436

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	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	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Telephones											
5.02	Admitting											
5.03	Cashiering/Accounts Receivable											
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance & Repairs											
7.00	Operation of Plant											
8.00	129											
9.00		21,614										
10.00	1,963	796	1,963									
11.00				3,340								
12.00	Maintenance of Personnel											
13.00	128											
14.00			128									
14.00	Central Services & Supply											
15.00	529											
15.00			529									
16.00	624											
16.00			624									
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	7,480	20,505	7,480	5,681	865,121		31,229	74,633		5,172,471		
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	6,875	66,676	6,875	22,427	833,295		44,272	55,500		2,315,898	100	
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	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	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS												
50.00	Operating Room	1,194		1,194			155,385		7,020	45,557		2,170,894
51.00	Recovery Room											
52.00	Labor Room and Delivery Room											
53.00	Anesthesiology										365,241	
54.00	Radiology-Diagnostic	1,595		1,595			420,978		2,075	18,655		2,479,854
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	1,124	3,686	1,124			522,936			26,775		1,868,270
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						753			26,105		697,152
66.00	Physical Therapy									75		60,828
67.00	Occupational Therapy											
68.00	Speech Pathology											
69.00	Electrocardiology											
70.00	Electroencephalography											
71.00	Medical Supplies Charged to Patients									29,979		459,265
72.00	Implantable Devices Charged to Patients											
73.00	Drugs Charged to Patients									163,482	100	1,604,952
74.00	Renal Dialysis											
75.00	ASC (Non-Distinct Part)											
76.00	Other Ancillary (specify)											
77.00												
78.00												
79.00												
80.00												
81.00												
82.00												
83.00												
84.00												
85.00												
86.00												
87.00												
88.00	Rural Health Clinic (RHC)	3,060	272	3,060			495,633		5,853	35,119		1,143,862
88.01	Rural Health Clinic (RHC) II	3,438		3,438						15,913		
88.02	Rural Health Clinic (RHC) III	1,308	116	1,308						17,757		
90.00	Clinic											
91.00	Emergency	2,072	21,622	2,072	99		613,221		13,135	59,418		5,071,687
92.00	Observation Beds											
93.00	Other Outpatient Services (Specify)											
93.01												
93.02												
93.03												
93.04												
93.05												
NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis											
95.00	Ambulance Services											
96.00	Durable Medical Equipment-Rented											
97.00	Durable Medical Equipment-Sold											
98.00	Other Reimbursable (specify)											
99.00	Outpatient Rehabilitation Provider (specify)											
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)											
101.00	Home Health Agency	801		801			238,765		3,636	9,561		

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	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	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Other Special Purpose (specify)												
190.00 Gift, Flower, Coffee Shop, & Canteen		129		129								
191.00 Research												
192.00 Physicians' Private Offices												
193.00 Nonpaid Workers												
193.01												
193.02												
193.03												
193.04												
TOTAL	32,449	135,287	32,320	31,547	4,849,829	0	107,220	594,454	100	23,410,374	100	0
COST TO BE ALLOCATED	368,172	211,991	333,655	612,460	65,083	0	335,403	77,003	406,995	460,212	12,565	0
UNIT COST MULTIPLIER - SCH 8	11.346177	1.566971	10.323475	19.414201	0.013420	0.000000	3.128171	0.129535	4069.949862	0.019658	125.646736	0.000000

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	NONPHY- SICIAN ANE (ASSIGD TM)	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01	Nonpatient Telephones						
5.02	Admitting						
5.03	Cashiering/Accounts Receivable						
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance & Repairs						
7.00	Operation of Plant						
8.00	Laundry & Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services & 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:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

	NONPHY- SICIAN ANE (ASSIGED TM)	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Labor Room and Delivery Room						
53.00	Anesthesiology	100					
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							
88.00	Rural Health Clinic (RHC)						
88.01	Rural Health Clinic (RHC) II						
88.02	Rural Health Clinic (RHC) III						
90.00	Clinic						
91.00	Emergency						
92.00	Observation Beds						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchng. prgm.)						
101.00	Home Health Agency						

TRIAL BALANCE OF EXPENSES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 35,345	\$ 0	\$ 35,345
2.00	Capital Related Costs-Movable Equipment	234,141	0	234,141
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	107,272	0	107,272
5.01	Nonpatient Telephones	32,112	0	32,112
5.02	Admitting	208,977	0	208,977
5.03	Cashiering/Accounts Receivable	565,925	0	565,925
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	1,913,183	(22,237)	1,890,946
6.00	Maintenance & Repairs	280,483	0	280,483
7.00	Operation of Plant	300,753	0	300,753
8.00	Laundry & Linen Service	178,270	0	178,270
9.00	Housekeeping	254,640	0	254,640
10.00	Dietary	454,375	0	454,375
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	279,229	0	279,229
14.00	Central Services & Supply	63,100	0	63,100
15.00	Pharmacy	321,653	0	321,653
16.00	Medical Records & Library	366,856	0	366,856
17.00	Social Service	10,800	0	10,800
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists	330,300	0	330,300
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)		0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	1,225,033	0	1,225,033
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	1,103,722	0	1,103,722
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 244,864	\$ 0	\$ 244,864
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology	3,334	0	3,334
54.00	Radiology-Diagnostic	578,151	0	578,151
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	1,139,424	0	1,139,424
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	27,530	0	27,530
66.00	Physical Therapy	75	0	75
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology		0	0
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	43,757	0	43,757
72.00	Implantable Devices Charged to Patients		0	0
73.00	Drugs Charged to Patients	162,040	0	162,040
74.00	Renal Dialysis		0	0
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
88.00	Rural Health Clinic (RHC)	1,111,910	0	1,111,910
88.01	Rural Health Clinic (RHC) II	472,740	0	472,740
88.02	Rural Health Clinic (RHC) III	180,932	0	180,932
90.00	Clinic		0	0
91.00	Emergency	1,203,413	0	1,203,413
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 13,434,339	\$ (22,237)	\$ 13,412,102
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
TRINITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 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	335,453	0	335,453
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (specify)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
193.01			0	0
193.02			0	0
193.03			0	0
193.04			0	0
	SUBTOTAL	\$ 335,453	\$ 0	\$ 335,453
200	TOTAL	\$ 13,769,792	\$ (22,237)	\$ 13,747,555

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Adjustments
TRINITY HOSPITAL							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1750462271		13
Report References							Explanation of Audit Adjustments				
Cost Report											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	As Reported	Increase (Decrease)	As Adjusted		
<u>MEMORANDUM ADJUSTMENT</u>											
1	4	D-1	I	XIX	5.00	1.00	Medicare NF Swing-Bed days through Dec 31 To include Medicare swing-bed days not reported on the cost report.	0	488	488 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
TRINITY HOSPITAL							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1750462271		13
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO REPORTED COSTS</u>												
2	10A	A			5.00	7	Administrative and General To eliminate interest expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3		\$1,913,183	(\$22,237)	\$1,890,946	

Provider Name			Fiscal Period				Provider NPI		Adjustments	
TRINITY HOSPITAL			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1750462271		13	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
3	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	238	2	240
4	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$33,186	\$7,051	\$40,237
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	76,333	(29,439)	46,894
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	60,279	(35)	60,244
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	31,863	28,237	60,100
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	228,898	1,688	230,586
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	80,250	(1,735)	78,515
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	565,516	5,767	571,283
5	2	E-3	III	XIX	8.00	1	Medi-Cal Routine Service Charges	\$286,200	\$115,368	\$401,568
	2	E-3	III	XIX	9.00	1	Medi-Cal Ancillary Service Charges	565,516	5,769	571,285
6	3	E-3	III	XIX	33.00	1	Medi-Cal Coinsurance	\$0	\$23	\$23
	1	E-3	III	XIX	41.00	1	Medi-Cal Interim Payments	420,733	4,454	425,187
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: September 17, 2013 Payment Period: January 1, 2012 through July 31, 2013 Service Period: January 1, 2012 through December 31, 2012 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
TRINITY HOSPITAL							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1750462271		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - DPNF</u>										
7	DPNF 1	S-3	1	XIX	19.00	7	Medi-Cal Days - Skilled Nursing Facility To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: September 17, 2013 Payment Period: January 1, 2012 through July 31, 2013 Service Period: January 1, 2012 through December 31, 2012 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	6,120	741	6,861

Provider Name							Fiscal Period			Provider NPI		Adjustments
TRINITY HOSPITAL							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1750462271		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
8	4	D-1	I	XIX	5.00	1	Medicare NF Swing-Bed days through Dec 31 To adjust Medicare swing-bed days to the provider's records. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	*	488	(5)	483	
9	4	D-1	1	XIX	8.00	1	Medi-Cal NF Swing-Bed Days after July 31 To adjust Med-Cal swing-beds days to the provider's records. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304		0	3	3	
10	4	D-1	I	XIX	17.00	1	Medicare NF Swing-Bed Rates through Dec 31 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, Sections 3622 and 4029.1 CCR, Title 22, Section 51511		\$0.00	\$1,145.62	\$1,145.62	
11	4	D-1	I	XIX	20.00	1	Medi-Cal NF Swing-Bed Rates after July 31 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, Sections 3622 and 4025.1 CCR, Title 22, Section 51511		\$0.00	\$307.25	\$307.25	

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments	
TRINITY HOSPITAL			JANUARY 1, 2012 THROUGH DECEMBER 31, 2012				1750462271		13	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO OTHER MATTERS</u>										
12	1	Not Reported					Medi-Cal Overpayments	\$0		
							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed for inpatient services. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		\$3,235	
13							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		2,478	
									\$5,713	\$5,713