

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**CLOVIS COMMUNITY HOSPITAL
CLOVIS, CALIFORNIA
NPI NUMBER: 1316027709**

**FISCAL PERIOD ENDED
AUGUST 31, 2010**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Christiana Aleru**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 29, 2013

Mr. Larry Green
Regulatory Manager
Community Medical Centers
1925 East Dakota Avenue, Suite 214
Fresno, CA 93726-4844

In the Matter of:

CLOVIS COMMUNITY MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1316027709
FISCAL PERIOD ENDED AUGUST 31, 2010
CASE NUMBER HA 13-0810-712G-DB

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated July 17, 2013, the following revisions are made to Medi-Cal audit report dated March 25, 2013.

SUMMARY OF REVISIONS

MEDI-CAL NONCONTRACT SETTLEMENT (SCH. 1)

Audited Amount Due Provider (State)	\$	(26,910)
Revision		<u>(14,930)</u>
Revised Amount Due Provider (State)	\$	<u>(41,840)</u>

OVERPAYMENTS (CONTRACT SCH. 1)

Audited Amount Due Provider (State)	\$	(31,936)
Revision		<u>0</u>
Revised Amount Due Provider (State)	\$	<u>(31,936)</u>

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

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account

Larry Green
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Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed by

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

cc: Audit Review and Analysis Section
Financial Audits Branch
Department of Health Care Services
MS 2109
P.O. Box 997413
Sacramento, CA 95899-7413

Chief
Non-Contract Hospital Recoupment Unit
Safety Net Financing Division
Department of Health Care Services
MS 4518
P.O. Box 997436
Sacramento, CA 95899-7436

SUMMARY OF FINDINGS

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1316027709 Audited	\$ (26,910)	
Net Change	\$ (14,930)	
Revised Amount Due Provider (State)	\$ (41,840)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI: Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI: Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1316027709 Audited		\$ 5,920,794
Net Change		\$ 0
Revised Cost		\$ 5,920,794
Revised Amount Due Provider (State)	\$ (31,936)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI: Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (73,776)	
9. Total Medi-Cal Cost		\$ 5,920,794

SUMMARY OF FINDINGS

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)		
Provider NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)		
Provider NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)		
Provider NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (73,776)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 51,258	\$ 82,567
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4. \$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 51,258	\$ 82,567
6. Interim Payments (Rev 4)	\$ (78,168)	\$ (124,407)
7. Balance Due Provider (State)	\$ (26,910)	\$ (41,840)
8. Duplicate Payments (Rev)	\$ 0	\$ 0
9. \$	\$ 0	0
10. \$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ (26,910)	\$ (41,840)
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
CLOVIS COMMUNITY HOSPITALFiscal Period Ended:
AUGUST 31, 2010Provider NPI:
1316027709

AUDITED

REVISED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>53,306</u>	\$ <u>84,615</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev 3)	\$ <u>129,845</u>	\$ <u>197,530</u>
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3. Inpatient Ancillary Service Charges (Rev 3)	\$ <u>119,751</u>	\$ <u>185,052</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>249,596</u>	\$ <u>382,582</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>196,290</u>	\$ <u>297,967</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
CLOVIS COMMUNITY HOSPITALFiscal Period Ended:
AUGUST 31, 2010Provider NPI:
1316027709

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	28,661	28,661
2. Inpatient Days (include private, exclude swing-bed)	28,661	28,661
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	28,661	28,661
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 21,776,369	\$ 21,776,369
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 21,776,369	\$ 21,776,369

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 44,956,095	\$ 44,956,095
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 44,956,095	\$ 44,956,095
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.484392	\$ 0.484392
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)	\$ 1,568.55	\$ 1,568.55
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)	\$ 21,776,369	\$ 21,776,369

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 759.79	\$ 759.79
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 32,316	\$ 52,435
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 32,316	\$ 52,435

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
CLOVIS COMMUNITY HOSPITALFiscal Period Ended:
AUGUST 31, 2010Provider NPI:
1316027709

	AUDITED	REVISED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,042,670	\$ 3,042,670
2. Total Inpatient Days (Rev)	5,934	5,934
3. Average Per Diem Cost	\$ 512.75	\$ 512.75
4. Medi-Cal Inpatient Days (Rev)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,430,296	\$ 4,430,296
7. Total Inpatient Days (Rev)	1,889	1,889
8. Average Per Diem Cost	\$ 2,345.31	\$ 2,345.31
9. Medi-Cal Inpatient Days (Rev)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Rev 1)	\$ 351.26	\$ 369.26
27. Medi-Cal Inpatient Days (Rev 1)	92	142
28. Cost Applicable to Medi-Cal	\$ 32,316	\$ 52,435
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Rev)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 32,316	\$ 52,435

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 25,795,628	\$ 104,041,158	0.247937	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	7,908,950	17,263,286	0.458137	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	8,247,144	32,582,260	0.253118	8,290	2,098
41.01	CAT Scan	1,551,990	23,532,712	0.065950	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	397,181	1,878,691	0.211414	0	0
44.00	Laboratory	4,986,598	28,179,556	0.176958	109,987	19,463
44.01	Pathology Lab	741,572	657,231	1.128328	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	664,994	779,198	0.853434	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	2,221,330	15,721,137	0.141296	0	0
50.00	Physical Therapy	1,825,570	7,729,907	0.236170	0	0
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	2,658,090	7,764,231	0.342351	0	0
54.00	Electroencephalography	15,587	70,567	0.220889	0	0
55.00	Medical Supplies Charged to Patients	17,473,394	60,155,204	0.290472	0	0
56.00	Drugs Charged to Patients	6,958,222	43,756,766	0.159020	66,775	10,619
57.00	Renal Dialysis	63,525	128,670	0.493707	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	1,797,140	4,662,598	0.385437	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	9,405,477	70,573,824	0.133271	0	0
62.00	Observation Beds	0	0	0.000000	0	0
63.50	Rural Health Clinic	1,015,346	1,037,742	0.978419	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
TOTAL		\$ 93,727,739	\$ 420,514,738		\$ 185,052	\$ 32,180

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

ANCILLARY CHARGES		AUDITED	REVISIONS (Rev 2)	REVISED
37.00	Operating Room	\$ 0	\$	\$ 0
38.00	Recovery Room	0		0
39.00	Delivery Room and Labor Room	0		0
40.00	Anesthesiology	0		0
41.00	Radiology - Diagnostic	2,262	6,028	8,290
41.01	CAT Scan	0		0
41.02		0		0
42.00	Radiology - Therapeutic	0		0
43.00	Radioisotope	0		0
44.00	Laboratory	96,685	13,302	109,987
44.01	Pathology Lab	0		0
46.00	Whole Blood	0		0
47.00	Blood Storing and Processing	0		0
48.00	Intravenous Therapy	0		0
49.00	Respiratory Therapy	0		0
50.00	Physical Therapy	0		0
51.00	Occupational Therapy	0		0
52.00	Speech Pathology	0		0
53.00	Electrocardiology	0		0
54.00	Electroencephalography	0		0
55.00	Medical Supplies Charged to Patients	0		0
56.00	Drugs Charged to Patients	20,804	45,971	66,775
57.00	Renal Dialysis	0		0
58.00	ASC (Non-Distinct Part)	0		0
59.00		0		0
59.01		0		0
59.02		0		0
59.03		0		0
60.00	Clinic	0		0
60.01	Other Clinic Services	0		0
61.00	Emergency	0		0
62.00	Observation Beds	0		0
63.50	Rural Health Clinic	0		0
82.00		0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 119,751	\$ 65,301	\$ 185,052

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 5,920,794	\$ 5,920,794
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.		\$ 0	\$ 0
5.	Subtotal (Sum of Lines 1 through 4)	\$ 5,920,794	\$ 5,920,794
6.	\$	\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 5,920,794	\$ 5,920,794
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Rev)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Rev)	\$ (31,936)	\$ (31,936)
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ (31,936)	\$ (31,936)
(To Summary of Findings)			

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

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

AUDITED	REVISED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>6,258,635</u>	\$ <u>6,258,635</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev)	\$ <u>6,030,521</u>	\$ <u>6,030,521</u>
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3. Inpatient Ancillary Service Charges (Rev)	\$ <u>14,718,630</u>	\$ <u>14,718,630</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>20,749,151</u>	\$ <u>20,749,151</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>14,490,516</u>	\$ <u>14,490,516</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	28,661	28,661
2. Inpatient Days (include private, exclude swing-bed)	28,661	28,661
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	28,661	28,661
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	2,757	2,757

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 21,776,369	\$ 21,776,369
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 21,776,369	\$ 21,776,369

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Rev)	\$ 44,956,095	\$ 44,956,095
29. Private Room Charges (excluding swing-bed charges)(Rev)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Rev)	\$ 44,956,095	\$ 44,956,095
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.484392	\$ 0.484392
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)	\$ 1,568.55	\$ 1,568.55
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)	\$ 21,776,369	\$ 21,776,369

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 759.79	\$ 759.79
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 2,094,741	\$ 2,094,741
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 948,909	\$ 948,909
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 3,043,650	\$ 3,043,650

(To Contract Sch 3)

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

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

SPECIAL CARE AND/OR NURSERY UNITS	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,042,670	\$ 3,042,670
2. Total Inpatient Days (Rev)	5,934	5,934
3. Average Per Diem Cost	\$ 512.75	\$ 512.75
4. Medi-Cal Inpatient Days (Rev)	730	730
5. Cost Applicable to Medi-Cal	\$ 374,308	\$ 374,308
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,430,296	\$ 4,430,296
7. Total Inpatient Days (Rev)	1,889	1,889
8. Average Per Diem Cost	\$ 2,345.31	\$ 2,345.31
9. Medi-Cal Inpatient Days (Rev)	245	245
10. Cost Applicable to Medi-Cal	\$ 574,601	\$ 574,601
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 948,909	\$ 948,909

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

Provider NPI:
1316027709

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

(To Contract Sch 4)

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMIN- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	64,971	0	0	0	0	0	0	0	0	19,356,441	3,354,186
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	27,118	0	0	0	0	0	0	0	0	6,052,905	1,048,879
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	16,013	0	0	0	0	0	0	0	0	6,227,110	1,079,066
41.01	CAT Scan	0	2,301	0	0	0	0	0	0	0	0	1,177,919	204,116
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	1,064	0	0	0	0	0	0	0	0	295,621	51,227
44.00	Laboratory	0	9,394	0	0	0	0	0	0	0	0	3,846,756	666,586
44.01	Pathology Lab	0	0	0	0	0	0	0	0	0	0	624,431	108,205
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	565,188	97,939
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	7,966	0	0	0	0	0	0	0	0	1,793,434	310,776
50.00	Physical Therapy	0	6,097	0	0	0	0	0	0	0	0	1,337,670	231,798
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	6,292	0	0	0	0	0	0	0	0	2,001,662	346,859
54.00	Electroencephalography	0	33	0	0	0	0	0	0	0	0	12,936	2,242
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	13,557,959	2,349,394
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,648,209	632,181
57.00	Renal Dialysis	0	181	0	0	0	0	0	0	0	0	49,392	8,559
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	5,897	0	0	0	0	0	0	0	0	1,490,725	258,321
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	28,739	0	0	0	0	0	0	0	0	6,844,857	1,186,113
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50	Rural Health Clinic	0	2,617	0	0	0	0	0	0	0	0	843,471	146,161
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
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	15,039	2,606
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01	Non Allowable Meals	0	0	0	0	0	0	0	0	0	0	8,655	1,500
100.02	Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	0	0	4,760	825
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>0</u>	<u>338,146</u>	<u>0</u>	<u>123,624,682</u>	<u>18,258,418</u>							

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	628,407	298,689	147,657	464,650	0	393,402	0	559,680	128,185	214,943	249,388	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	160,915	76,485	51,836	118,982	0	119,231	0	213,799	23,456	702	41,759	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	290,469	138,063	43,734	214,776	0	113,269	0	15,265	6,398	40,872	78,121	0
41.01 CAT Scan	16,615	7,897	0	12,286	0	14,919	0	0	3,444	58,327	56,466	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	10,708	5,089	0	7,917	0	11,389	0	0	275	10,445	4,510	0
44.00 Laboratory	86,100	40,924	0	63,663	0	71,598	0	102,014	8,398	33,014	67,545	0
44.01 Pathology Lab	3,323	1,579	0	2,457	0	0	0	0	2	0	1,575	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	1,868	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	16,454	7,821	0	12,166	0	37,341	0	1,104	4,321	231	37,683	0
50.00 Physical Therapy	73,131	34,760	3,391	54,074	0	42,176	0	29,070	720	253	18,528	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	76,084	36,164	3,940	56,258	0	71,657	0	10,836	4,355	27,361	22,915	0
54.00 Electroencephalography	0	0	0	0	0	237	0	3	0	0	169	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,423,513	0	142,528	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	496	2,571,140	106,196	0
57.00 Renal Dialysis	0	0	395	0	0	1,157	0	2,478	1,237	0	308	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	32,847	4,021	0	11,227	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	160,315	76,200	88,366	118,539	0	176,414	0	289,063	30,112	1,116	169,928	264,455
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50 Rural Health Clinic	0	0	0	0	0	0	0	10,987	569	11,660	2,498	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
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	18,646	8,863	0	13,787	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Non Allowable Meals	10,731	5,100	0	7,934	162,197	386,965	0	0	0	0	0	0
100.02 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3,485,878	1,331,666	601,388	2,042,083	2,265,724	2,169,195	0	2,342,752	1,711,216	2,972,840	1,153,540	1,190,049

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL
										STEP-DOWN ADJUSTMENT 26.00	COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	25,795,628		25,795,628
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,908,950		7,908,950
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	8,247,144		8,247,144
41.01 CAT Scan	0	0	0	0	0	0	0	0	1,551,990		1,551,990
41.02	0	0	0	0	0	0	0	0	0		0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	397,181		397,181
44.00 Laboratory	0	0	0	0	0	0	0	0	4,986,598		4,986,598
44.01 Pathology Lab	0	0	0	0	0	0	0	0	741,572		741,572
46.00 Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	664,994		664,994
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	2,221,330		2,221,330
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,825,570		1,825,570
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	2,658,090		2,658,090
54.00 Electroencephalography	0	0	0	0	0	0	0	0	15,587		15,587
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	17,473,394		17,473,394
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	6,958,222		6,958,222
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	63,525		63,525
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00	0	0	0	0	0	0	0	0	0		0
59.01	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	1,797,140		1,797,140
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	9,405,477		9,405,477
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
63.50 Rural Health Clinic	0	0	0	0	0	0	0	0	1,015,346		1,015,346
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
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	58,941		58,941
97.00 Research	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	0	0	0	0	0	0	0	0	0		0
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
99.05	0	0	0	0	0	0	0	0	0		0
100.00	0	0	0	0	0	0	0	0	0		0
100.01 Non Allowable Meals	0	0	0	0	0	0	0	0	583,083		583,083
100.02 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	5,585		5,585
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>123,624,682</u>	<u>0</u>	<u>123,624,682</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	EMP BENE (GROSS SALARIES)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
ANCILLARY COST CENTERS											
37.00	Operating Room	10,642,048								19,356,441	27,231
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room	4,441,736								6,052,905	6,973
40.00	Anesthesiology									0	
41.00	Radiology - Diagnostic	2,622,892								6,227,110	12,587
41.01	CAT Scan	376,974								1,177,919	720
41.02										0	
42.00	Radiology - Therapeutic									0	
43.00	Radioisotope	174,291								295,621	464
44.00	Laboratory	1,538,729								3,846,756	3,731
44.01	Pathology Lab									624,431	144
46.00	Whole Blood									0	
47.00	Blood Storing and Processing									565,188	
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy	1,304,722								1,793,434	713
50.00	Physical Therapy	998,716								1,337,670	3,169
51.00	Occupational Therapy									0	
52.00	Speech Pathology									0	
53.00	Electrocardiology	1,030,534								2,001,662	3,297
54.00	Electroencephalography	5,420								12,936	
55.00	Medical Supplies Charged to Patients									13,557,959	
56.00	Drugs Charged to Patients									3,648,209	
57.00	Renal Dialysis	29,575								49,392	
58.00	ASC (Non-Distinct Part)									0	
59.00										0	
59.01										0	
59.02										0	
59.03										0	
60.00	Clinic	965,978								1,490,725	
60.01	Other Clinic Services									0	
61.00	Emergency	4,707,363								6,844,857	6,947
62.00	Observation Beds									0	
63.50	Rural Health Clinic	428,721								843,471	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteen									15,039	808
97.00	Research									0	
98.00	Physicians' Private Office									0	
99.00	Nonpaid Workers									0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00										0	
100.01	Non Allowable Meals									8,655	465
100.02	Other Nonreimbursable Cost Centers									4,760	
100.03										0	
100.04										0	
TOTAL		55,386,883	0	0	0	0	0	0	0	105,366,264	151,055
COST TO BE ALLOCATED		338,146	0	0	0	0	0	0	0	18,258,418	3,485,878
UNIT COST MULTIPLIER - SCH 8		0.006105	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.173285	23.076880

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTE'S)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (TIME SPENT)	STAT	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	
ANCILLARY COST CENTERS													
37.00	Operating Room	27,231	223,285	27,231		13,264	169,829	1,287,785	225,581	104,044,053			
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	6,973	78,386	6,973	4,020		64,875	235,642	737	17,421,918			
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	12,587	66,134	12,587	3,819		4,632	64,277	42,895	32,592,104			
41.01	CAT Scan	720		720	503			34,597	61,214	23,557,525			
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope	464		464	384			2,761	10,962	1,881,465			
44.00	Laboratory	3,731		3,731	2,414		30,955	84,371	34,648	28,179,556			
44.01	Pathology Lab	144		144				16		657,231			
46.00	Whole Blood												
47.00	Blood Storing and Processing									779,198			
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	713		713	1,259		335	43,407	242	15,721,138			
50.00	Physical Therapy	3,169	5,128	3,169	1,422		8,821	7,231	266	7,729,908			
51.00	Occupational Therapy												
52.00	Speech Pathology												
53.00	Electrocardiology	3,297	5,958	3,297	2,416		3,288	43,755	28,715	9,559,905			
54.00	Electroencephalography				8		1			70,566			
55.00	Medical Supplies Charged to Patients							14,300,994		59,462,379			
56.00	Drugs Charged to Patients							4,982	2,698,392	44,304,705			
57.00	Renal Dialysis		597		39		752	12,424		128,682			
58.00	ASC (Non-Distinct Part)												
59.00													
59.01													
59.02													
59.03													
60.00	Clinic						9,967	40,394		4,683,897			
60.01	Other Clinic Services												
61.00	Emergency	6,947	133,625	6,947	5,948		87,713	302,512	1,171	70,893,740	20		
62.00	Observation Beds												
63.50	Rural Health Clinic						3,334	5,717	12,237	1,042,207			
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	808		808									
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00													
100.01	Non Allowable Meals	465		465	42,023	13,047							
100.02	Other Nonreimbursable Cost Centers												
100.03													
100.04													
TOTAL													
		121,406	909,408	119,677	587,017	73,137	0	710,883	17,191,336	3,119,973	481,254,318	90	0
COST TO BE ALLOCATED													
		1,331,666	601,388	2,042,083	2,265,724	2,169,195	0	2,342,752	1,711,216	2,972,840	1,153,539	1,190,049	0
UNIT COST MULTIPLIER - SCH 8													
		10.968703	0.661296	17.063290	3.859725	29.659344	0.000000	3.295553	0.099539	0.952842	0.002397	13222.76681939	0.000000

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
6.06							
6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	3,469,345	0	3,469,345
4.00	New Cap Rel Costs-Movable Equipment	2,465,225	0	2,465,225
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	338,146	0	338,146
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	17,894,717	0	17,894,717
7.00	Maintenance and Repairs	2,563,078	0	2,563,078
8.00	Operation of Plant	0	0	0
9.00	Laundry and Linen Service	502,851	0	502,851
10.00	Housekeeping	1,660,723	0	1,660,723
11.00	Dietary	1,841,540	0	1,841,540
12.00	Cafeteria	0	0	0
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,914,437	0	1,914,437
15.00	Central Services & Supply	1,224,736	0	1,224,736
16.00	Pharmacy	2,318,970	0	2,318,970
17.00	Medical Records and Library	847,034	0	847,034
18.00	Social Service	951,565	0	951,565
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	14,161,485	0	14,161,485
26.00	Intensive Care Unit	3,128,977	0	3,128,977
27.00	Coronary Care Unit	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0
29.00	Surgical Intensive Care	0	0	0
30.00	Subprovider I	0	0	0
31.00	Subprovider II	0	0	0
32.00		0	0	0
33.00	Nursery	2,173,438	0	2,173,438
34.00	Medicare Certified Nursing Facility	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 17,932,872	\$ 0	\$ 17,932,872
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	5,858,790	0	5,858,790
40.00	Anesthesiology	0	0	0
41.00	Radiology - Diagnostic	5,309,651	0	5,309,651
41.01	CAT Scan	926,355	0	926,355
41.02		0	0	0
42.00	Radiology - Therapeutic	0	0	0
43.00	Radioisotope	285,921	0	285,921
44.00	Laboratory	3,704,189	0	3,704,189
44.01	Pathology Lab	621,012	0	621,012
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	565,188	0	565,188
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	1,762,856	0	1,762,856
50.00	Physical Therapy	1,269,651	0	1,269,651
51.00	Occupational Therapy	0	0	0
52.00	Speech Pathology	0	0	0
53.00	Electrocardiology	1,724,339	0	1,724,339
54.00	Electroencephalography	10,026	0	10,026
55.00	Medical Supplies Charged to Patients	13,557,959	0	13,557,959
56.00	Drugs Charged to Patients	3,648,209	0	3,648,209
57.00	Renal Dialysis	49,211	0	49,211
58.00	ASC (Non-Distinct Part)	0	0	0
59.00		0	0	0
59.01		0	0	0
59.02		0	0	0
59.03		0	0	0
60.00	Clinic	1,460,115	0	1,460,115
60.01	Other Clinic Services	0	0	0
61.00	Emergency	6,648,414	0	6,648,414
62.00	Observation Beds	0	0	0
63.50	Rural Health Clinic	828,897	0	828,897
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	SUBTOTAL	\$ 123,619,922	\$ 0	\$ 123,619,922
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00		0	0	0
100.01	Non Allowable Meals	0	0	0
100.02	Other Nonreimbursable Cost Centers	4,760	0	4,760
100.03		0	0	0
100.04		0	0	0
100.99	SUBTOTAL	\$ 4,760	\$ 0	\$ 4,760
101	TOTAL	\$ 123,624,682	\$ 0	\$ 123,624,682

(To Schedule 8)

Provider Name:
CLOVIS COMMUNITY HOSPITAL

Fiscal Period Ended:
AUGUST 31, 2010

	TOTAL REV (Page 1 & 2)	AUDIT REV											
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
38.00 Recovery Room	0												
39.00 Delivery Room and Labor Room	0												
40.00 Anesthesiology	0												
41.00 Radiology - Diagnostic	0												
41.01 CAT Scan	0												
41.02	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathology Lab	0												
46.00 Whole Blood	0												
47.00 Blood Storing and Processing	0												
48.00 Intravenous Therapy	0												
49.00 Respiratory Therapy	0												
50.00 Physical Therapy	0												
51.00 Occupational Therapy	0												
52.00 Speech Pathology	0												
53.00 Electrocardiology	0												
54.00 Electroencephalography	0												
55.00 Medical Supplies Charged to Patients	0												
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
58.00 ASC (Non-Distinct Part)	0												
59.00	0												
59.01	0												
59.02	0												
59.03	0												
60.00 Clinic	0												
60.01 Other Clinic Services	0												
61.00 Emergency	0												
62.00 Observation Beds	0												
63.50 Rural Health Clinic	0												
82.00	0												
83.00	0												
84.00	0												
85.00	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop & Canteen	0												
97.00 Research	0												
98.00 Physicians' Private Office	0												
99.00 Nonpaid Workers	0												
99.01	0												
99.02	0												
99.03	0												
99.04	0												
99.05	0												
100.00	0												
100.01 Non Allowable Meals	0												
100.02 Other Nonreimbursable Cost Centers	0												
100.03	0												
100.04	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name			Fiscal Period				Provider NPI		Revisions	
CLOVIS COMMUNITY HOSPITAL			JULY 31, 2009 THROUGH AUGUST 31, 2010				1316027709		4	
Report References										
Rev. No.	Audit Report	Cost Report					Explanation of Appeal Revisions	As Audited	Increase (Decrease)	As Revised
		Work Sheet	Part	Title	Line	Col.				
1	4A	DHCS 3092					Medi-Cal Administrative Per Diem Rate	\$351.26	\$18.00	\$369.26
	4A	DHCS 3092					Medi-Cal Administrative Days	92	50	142
							Informal Appeal Finding - Issue 1, Adjustment 5			
2	6	D-4		V	41.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	\$2,262	\$6,028	\$8,290
	6	D-4		V	44.00	2	Medi-Cal Ancillary Charges - Laboratory	96,685	13,302	109,987
	6	D-4		V	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	20,804	45,971	66,775
	6	D-4		V	101.00	2	Medi-Cal Ancillary Charges - Total	119,751	65,301	185,052
							Informal Appeal Finding - Issue 1, Adjustment 6			
3	2	E-3	III	V	10.00	1	Medi-Cal Routine Charges - Total	\$129,845	\$67,685	\$197,530
	2	E-3	III	V	11.00	1	Medi-Cal Ancillary Charges - Total	119,751	65,301	185,052
							Informal Appeal Finding - Issue 1, Adjustment 7			
4	1	E-3	III	V	57.00	1	Medi-Cal Interim Payments	\$78,168	\$46,239	\$124,407
							Informal Appeal Finding - Issue 1, Adjustment 8			