

**REPORT  
ON THE  
COST REPORT REVIEW**

**TRI-CITY MEDICAL CENTER  
OCEANSIDE, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1801861190**

**FISCAL PERIOD ENDED  
JUNE 30, 2010**

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

**Section Chief: Patricia M. Fox  
Audit Supervisor: Woosung Lee  
Auditor: James Conklin**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

September 30, 2013

Administrator  
Tri-City Medical Center  
4002 Vista Way  
Oceanside, CA 92056

TRI-CITY MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1801861190  
FISCAL PERIOD ENDED JUNE 30, 2010

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 combined settlement for the fiscal period due the State in the amount of \$73,998, and the audited costs presented in the Summary of Findings represent 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 Medi-Cal Cost (CONTRACT 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)

Administrator  
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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.

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

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

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

**United States Postal Service (USPS)**

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

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

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

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

If you have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Originally signed by:

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**TRI-CITY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2010**

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1801861190</b>		
Reported	\$ 0	
Net Change	\$ 1,821	
Audited Amount Due Provider (State)	\$ 1,821	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI: 1801861190</b>		
Reported		\$ 29,849,232
Net Change		\$ (6,510,002)
Audited Cost		\$ 23,339,229
Audited Amount Due Provider (State)	\$ (75,819)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (73,998)	
<b>9. Total Medi-Cal Cost</b>		\$ 23,339,229

**SUMMARY OF FINDINGS**

**Provider Name:**  
**TRI-CITY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2010**

	SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>		
<b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>		
<b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>	\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>	\$ (73,998)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1801861190

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 323,362
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)		\$ 0	\$ 323,362
6. Interim Payments (Adj 4)		\$ 0	\$ (321,343)
7. Balance Due Provider (State)		\$ 0	\$ 2,019
8. Medi-Cal Late Billing Payment Reductions (Adj 5)		\$ 0	\$ (198)
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ 1,821
		(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
TRI-CITY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1801861190

	REPORTED	AUDITED
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Schedule 3)	\$ 0	\$ 328,428
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj 2)	\$ 0	\$ 888,313
3. Inpatient Ancillary Service Charges (Adj )	\$ 0	\$ 0
4. Total Charges - Medi-Cal Inpatient Services	\$ 0	\$ 888,313
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 0	\$ 559,885
6. 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:  
TRI-CITY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1801861190

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 328,428
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ 0	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$ 328,428
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 0	\$ 328,428 (To Schedule 2)
9. Medi-Cal Deductibles (Adj 3)	\$ 0	\$ (4,924)
10. Medi-Cal Coinsurance (Adj 3)	\$ 0	\$ (142)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 323,362 (To Schedule 1)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
TRI-CITY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1801861190

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed)	66,819	66,819
2. Inpatient Days (include private, exclude swing-bed)	66,819	66,819
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	66,819	66,819
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj )	0	0

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 69,370,293	\$ 69,370,205
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)	\$ 69,370,293	\$ 69,370,205

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 80,466,157	\$ 80,466,157
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 80,466,157	\$ 80,466,157
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.862105	\$ 0.862104
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)	\$ 1,204.24	\$ 1,204.24
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)	\$ 69,370,293	\$ 69,370,205

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,038.18	\$ 1,038.18
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 328,428
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 328,428

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
TRI-CITY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1801861190

SPECIAL CARE AND/OR NURSERY UNITS		REPORTED	AUDITED
<b>NURSERY</b>			
1.	Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2.	Total Inpatient Days	0	0
3.	Average Per Diem Cost	\$ 0.00	\$ 0.00
4.	Medi-Cal Inpatient Days (Adj )		0
5.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>			
6.	Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 12,846,012	\$ 12,846,015
7.	Total Inpatient Days (Adj )	6,613	6,613
8.	Average Per Diem Cost	\$ 1,942.54	\$ 1,942.54
9.	Medi-Cal Inpatient Days (Adj )		0
10.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>			
11.	Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12.	Total Inpatient Days (Adj )	0	0
13.	Average Per Diem Cost	\$ 0.00	\$ 0.00
14.	Medi-Cal Inpatient Days (Adj )	0	0
15.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>			
16.	Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 6,656,551	\$ 0
17.	Total Inpatient Days (Adj )	4,538	4,538
18.	Average Per Diem Cost	\$ 1,466.85	\$ 0.00
19.	Medi-Cal Inpatient Days (Adj )		0
20.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>			
21.	Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22.	Total Inpatient Days (Adj )	0	0
23.	Average Per Diem Cost	\$ 0.00	\$ 0.00
24.	Medi-Cal Inpatient Days (Adj )	0	0
25.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>			
26.	Per Diem Rate (Adj 1)	\$ 0.00	\$ 351.26
27.	Medi-Cal Inpatient Days (Adj 1)	0	935
28.	Cost Applicable to Medi-Cal	\$ 0	\$ 328,428
<b>ADMINISTRATIVE DAYS</b>			
29.	Per Diem Rate (Adj 17)	\$ 0.00	\$ 0.00
30.	Medi-Cal Inpatient Days (Adj 17)	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)	\$ 0	\$ 328,428

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
TRI-CITY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1801861190

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

(To Schedule 4)



ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1801861190

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
37.00	Operating Room	\$	\$	\$ 0
38.01	Outpatient PACU			0
38.02	Cardiac / Pulmonary Rehab			0
39.00	Delivery Room and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic			0
42.00	Radiology - Therapeutic			0
42.01	Ultra-Sound			0
42.02	CAT Scan			0
42.03	MRI			0
43.00	Radioisotope			0
44.00	Laboratory			0
44.01	Pathological Lab			0
46.00	Whole Blood			0
47.00	Blood Storing, Processing, and Transfusions			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
55.30	Implant Devices 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	Cardiac Catheterization Laboratory			0
59.01	Other Ancillary Services Cost Centers			0
0.00	0			0
60.01	Wound Care			0
60.02	High Risk Infant Follow-up			0
61.00	Emergency			0
61.01	Partial Hospitalization			0
61.02	Occupational Health			0
62.00	Observation Beds			0
71.00	Home Health Agency			0
93.00	Hospice			0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To Schedule 5)



## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1801861190

			REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		\$ 29,849,232	\$ 23,339,229
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)		\$ 29,849,232	\$ 23,339,229
6.		\$	\$ 0	\$ 0
7.		\$	\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)		\$ 29,849,232	\$ 23,339,229
			(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adjs 10, 11)		\$ 0	\$ (75,819)
10.		\$	\$ 0	\$ 0
11.		\$	\$ 0	\$ 0
12.		\$	\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (75,819)
			(To Summary of Findings)	

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

**Provider Name:**  
TRI-CITY MEDICAL CENTER

**Fiscal Period Ended:**  
JUNE 30, 2010

**Provider NPI:**  
1801861190

	REPORTED	AUDITED
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>29,849,232</u>	\$ <u>23,669,776</u>
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj 8)	\$ <u>22,018,541</u>	\$ <u>24,128,324</u>
3. Inpatient Ancillary Service Charges (Adj 8)	\$ <u>45,996,341</u>	\$ <u>56,559,169</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>68,014,882</u>	\$ <u>80,687,493</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>38,165,650</u>	\$ <u>57,017,717</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u><u>0</u></u>	\$ <u><u>0</u></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:**  
**TRI-CITY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2010**

**Provider NPI:**  
**1801861190**

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

	<b>REPORTED</b>	<b>AUDITED</b>
1. Total Inpatient Days (include private & swing-bed)	66,819	66,819
2. Inpatient Days (include private, exclude swing-bed)	66,819	66,819
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	66,819	66,819
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 6)	13,248	8,663

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 69,370,293	\$ 69,370,205
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)	\$ 69,370,293	\$ 69,370,205

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ 80,466,157	\$ 80,466,157
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ 80,466,157	\$ 80,466,157
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.862105	\$ 0.862104
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)	\$ 1,204.24	\$ 1,204.24
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)	\$ 69,370,293	\$ 69,370,205

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,038.18	\$ 1,038.18
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 13,753,809	\$ 8,993,753
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 4,830,988	\$ 1,489,928
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 18,584,797	\$ 10,483,681

(To Contract Sch 3)

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

**Provider Name:**  
**TRI-CITY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2010**

**Provider NPI:**  
**1801861190**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 12,846,012	\$ 12,846,015
7. Total Inpatient Days (Adj )	6,613	6,613
8. Average Per Diem Cost	\$ 1,942.54	\$ 1,942.54
9. Medi-Cal Inpatient Days (Adj 6)	504	767
10. Cost Applicable to Medi-Cal	\$ 979,040	\$ 1,489,928
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 6,656,551	\$ 0
17. Total Inpatient Days (Adj )	4,538	4,538
18. Average Per Diem Cost	\$ 1,466.85	\$ 0.00
19. Medi-Cal Inpatient Days (Adj 6)	2,626	2,677
20. Cost Applicable to Medi-Cal	\$ 3,851,948	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>0</b>		
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 4,830,988	\$ 1,489,928

(To Contract Sch 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1801861190

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

(To Contract Sch 4)













Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 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 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ACCUMULATE COST	ADMIN- TRATIVE & GENERAL 6.05
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	0	2,033,861	35,255	88,686	219,049	917,389	0	0	0	0	15,670,612	1,539,596
38.01	Outpatient PACU	0	82,459	3,881	256	903	38,947	0	0	0	0	594,720	58,430
38.02	Cardiac / Pulmonary Rehab	0	174,310	4,205	670	126	9,942	0	0	0	0	1,341,301	131,779
39.00	Delivery Room and Labor Room	0	1,143,380	5,498	11,407	18,240	54,211	0	0	0	0	6,536,713	642,215
40.00	Anesthesiology	0	56,569	2,911	7,329	21,783	99,485	0	0	0	0	645,133	63,383
41.00	Radiology - Diagnostic	0	1,090,754	29,433	18,280	30,633	376,375	0	0	0	0	11,339,428	1,114,069
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
42.01	Ultra-Sound	0	262,917	970	4,884	7,630	93,182	0	0	0	0	1,656,412	162,738
42.02	CAT Scan	0	675,448	3,558	180,298	108,586	802,079	0	0	0	0	7,556,576	742,414
42.03	MRI	0	163,896	5,175	13,345	13,829	133,527	0	0	0	0	1,568,324	154,084
43.00	Radioisotope	0	180,314	13,584	71,260	10,729	78,772	0	0	0	0	2,720,956	267,327
44.00	Laboratory	0	1,499,598	31,050	190,068	132,077	485,470	0	0	0	0	12,962,087	1,273,491
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing, Processing, and Transf	0	0	1,294	248,383	7,156	33,788	0	0	0	0	3,742,201	367,661
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	737,779	7,439	8,780	152,401	439,367	0	0	0	0	4,733,830	465,086
50.00	Physical Therapy	0	574,964	9,703	3,655	14,323	84,045	0	0	0	0	3,502,042	344,066
51.00	Occupational Therapy	0	210,677	4,852	759	6,038	27,019	0	0	0	0	1,247,704	122,584
52.00	Speech Pathology	0	130,950	970	158	5,237	22,193	0	0	0	0	694,730	68,255
53.00	Electrocardiology	0	124,236	9,056	2,943	21,256	95,593	0	0	0	0	1,096,914	107,769
54.00	Electroencephalography	0	24,962	1,617	90	911	2,697	0	0	0	0	156,101	15,337
55.00	Medical Supplies Charged to Patients	0	0	0	2,144,419	77,714	236,679	0	0	0	0	11,508,815	1,130,711
55.30	Implant Devices Charged to Patients	0	0	0	0	71,728	256,156	0	0	0	0	20,981,633	2,061,390
56.00	Drugs Charged to Patients	0	0	0	0	313,621	1,015,380	0	0	0	0	8,499,296	835,033
57.00	Renal Dialysis	0	0	0	6	1,716	5,008	0	0	0	0	641,489	63,025
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization Laboratory	0	275,545	3,234	34,912	71,150	277,893	0	0	0	0	2,589,738	254,435
59.01	Other Ancillary Services Cost Centers	0	0	647	0	183	13,999	0	0	0	0	104,641	10,281
		0	0	0	0	0	0	0	0	0	0	0	0
60.01	Wound Care	0	117,264	3,558	8,186	10	28,563	0	0	0	0	1,176,508	115,589
60.02	High Risk Infant Follow-up	0	6,357	0	30	0	914	0	0	0	0	34,267	3,367
61.00	Emergency	0	2,254,079	54,661	84,883	72,647	652,189	0	0	0	0	15,742,086	1,546,618
61.01	Partial Hospitalization	0	345,451	6,145	1,217	27	33,628	0	0	0	0	2,282,413	224,241
61.02	Occupational Health	0	121,927	3,234	2,084	3	8,989	0	0	0	0	915,003	89,897
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	0	812,269	17,789	4,031	0	35,018	0	0	0	0	4,489,215	441,053
93.00	Hospice	0	145,228	3,881	558	0	7,328	0	0	0	0	1,066,985	104,828
<b>NONREIMBURSABLE COST CENTER</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	970	0	0	0	0	0	0	0	50,748	4,986
100.00	TCHD Foundation	0	107,848	2,264	1,410	0	0	0	0	0	0	703,895	69,156
100.01	Physician Answering Service	0	0	0	0	0	0	0	0	0	0	5,362	527
100.02	Transportation Services	0	45,455	0	0	0	0	0	0	0	0	265,645	26,099
100.03	Marketing / Community Education	0	224,984	2,264	0	0	0	0	0	0	0	2,045,152	200,931
100.04	Outpatient Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.05	MOB	0	0	0	0	0	0	0	0	0	0	181,595	17,841
100.06	Doctors Lounge	0	0	0	0	0	0	0	0	0	0	20,083	1,973
100.07	Doctors Dining Room	0	0	0	0	0	0	0	0	0	0	20,943	2,058
100.09	Child Development Center	0	18,867	1,617	21	0	0	0	0	0	0	190,932	18,759
100.10	Wellness Center	0	14,320	0	98	0	0	0	0	0	0	5,763,888	566,287
100.11	Professional Billing	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	32,183,461	768,810	3,481,496	1,731,238	7,338,203	0	0	0	0	285,068,053	25,501,709



Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 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
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	1,258,236	0	13,849	467,365	0	179,239	0	451,137	30,138	104,145	548,423	192,256
38.01	Outpatient PACU	65,605	0	2,325	24,369	0	9,852	0	27,682	42	0	23,283	0
38.02	Cardiac / Pulmonary Rehab	177,654	0	183	65,988	0	16,188	0	23,678	145	113	5,944	0
39.00	Delivery Room and Labor Room	317,522	0	9,796	117,942	0	95,887	0	219,779	3,743	4,326	32,408	0
40.00	Anesthesiology	65,952	0	0	24,497	0	6,290	0	0	2,840	0	59,473	0
41.00	Radiology - Diagnostic	835,592	0	1,629	310,376	0	138,701	0	35,316	6,461	436	225,000	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
42.01	Ultra-Sound	46,636	0	4,250	17,323	0	22,185	0	2,414	2,603	234	55,705	0
42.02	CAT Scan	158,299	0	7,685	58,799	0	56,657	0	73,276	105,461	0	479,490	0
42.03	MRI	148,295	0	1,974	55,083	0	13,956	0	4,933	7,104	1,203	79,824	0
43.00	Radioisotope	262,652	0	1,006	97,561	0	14,565	0	13,026	42,572	132,438	47,091	0
44.00	Laboratory	327,103	0	6	121,501	0	175,113	0	7,203	110,384	226	290,218	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing, Processing, and Transf	37,632	0	0	13,978	0	0	0	0	151,095	0	20,199	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	108,893	0	0	40,448	0	75,754	0	27	4,694	1,254	262,658	0
50.00	Physical Therapy	180,386	0	1,714	67,003	0	64,616	0	29,066	654	54	50,243	0
51.00	Occupational Therapy	71,531	0	0	26,570	0	16,706	0	280	326	34	16,152	0
52.00	Speech Pathology	6,580	0	0	2,444	0	10,551	0	0	4	0	13,267	0
53.00	Electrocardiology	111,202	0	1,192	41,305	0	14,519	0	451	1,105	119	57,147	0
54.00	Electroencephalography	14,622	0	436	5,431	0	2,976	0	12	35	0	1,612	0
55.00	Medical Supplies Charged to Patients	109,047	0	0	40,505	0	0	0	0	383,914	1,425	141,489	0
55.30	Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	917,276	0	153,132	0
56.00	Drugs Charged to Patients	27,743	0	0	10,305	0	0	0	0	0	5,187,075	607,003	0
57.00	Renal Dialysis	23,664	0	0	8,790	0	0	0	0	0	0	2,994	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization Laboratory	56,217	0	357	20,881	0	16,774	0	25,147	19,575	0	166,127	0
59.01	Other Ancillary Services Cost Centers	0	0	0	0	0	0	0	0	0	0	8,369	0
		0	0	0	0	0	0	0	0	0	0	0	0
60.01	Wound Care	0	0	0	0	0	12,378	0	27,207	4,364	1,700	17,075	0
60.02	High Risk Infant Follow-up	1,154	0	0	429	0	451	0	568	0	0	547	0
61.00	Emergency	780,683	0	45,229	289,980	0	239,751	0	496,402	43,862	557	389,884	1,344,324
61.01	Partial Hospitalization	0	0	0	0	0	37,990	0	15,242	8	0	20,103	0
61.02	Occupational Health	61,565	0	37	22,868	0	18,961	0	10,251	428	14,967	5,374	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	161,070	0	0	59,828	0	73,477	0	140,038	1,420	12	20,934	0
93.00	Hospice	82,305	0	0	30,572	0	14,114	0	30,846	244	32,625	4,381	0
<b>NONREIMBURSABLE COST CENTER</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	37,863	0	0	14,064	0	0	0	0	0	0	0	0
100.00	TCHD Foundation	23,818	0	0	8,847	0	9,830	0	0	0	0	0	0
100.01	Physician Answering Service	4,079	0	0	1,515	0	0	0	0	0	0	0	0
100.02	Transportation Services	0	0	0	0	0	7,868	0	0	0	0	0	0
100.03	Marketing / Community Education	32,245	0	0	11,977	0	18,600	0	0	0	0	0	0
100.04	Outpatient Meals	0	0	0	0	177,383	0	0	0	0	0	0	0
100.05	MOB	0	0	0	0	0	0	0	0	0	0	0	0
100.06	Doctors Lounge	15,276	0	0	5,674	0	0	0	0	0	0	0	0
100.07	Doctors Dining Room	15,930	0	0	5,917	0	0	0	0	0	0	0	0
100.09	Child Development Center	0	0	0	0	0	2,187	0	0	0	0	0	0
100.10	Wellness Center	0	0	0	0	0	1,984	0	0	0	0	0	0
100.11	Professional Billing	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>11,526,017</u>	<u>0</u>	<u>203,375</u>	<u>4,213,599</u>	<u>3,238,852</u>	<u>2,614,607</u>	<u>0</u>	<u>4,419,369</u>	<u>1,929,332</u>	<u>5,482,987</u>	<u>4,386,843</u>	<u>6,318,765</u>



Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 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 STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
<b>ANCILLARY COST CENTERS</b>												
37.00	Operating Room	0	0	0	0	0	0	0	0	20,454,994		20,454,994
38.01	Outpatient PACU	0	0	0	0	0	0	0	0	806,308		806,308
38.02	Cardiac / Pulmonary Rehab	0	0	0	0	0	0	0	0	1,762,972		1,762,972
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,980,329		7,980,329
40.00	Anesthesiology	0	0	0	0	0	0	0	0	867,568		867,568
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	14,007,009		14,007,009
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
42.01	Ultra-Sound	0	0	0	0	0	0	0	0	1,970,499		1,970,499
42.02	CAT Scan	0	0	0	0	0	0	0	0	9,238,659		9,238,659
42.03	MRI	0	0	0	0	0	0	0	0	2,034,781		2,034,781
43.00	Radioisotope	0	0	0	0	0	0	0	0	3,599,193		3,599,193
44.00	Laboratory	0	0	0	0	0	0	0	0	15,267,331		15,267,331
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00	Blood Storing, Processing, and Transft	0	0	0	0	0	0	0	0	4,332,766		4,332,766
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	5,692,643		5,692,643
50.00	Physical Therapy	0	0	0	0	0	0	0	0	4,239,844		4,239,844
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	1,501,887		1,501,887
52.00	Speech Pathology	0	0	0	0	0	0	0	0	795,831		795,831
53.00	Electrocardiology	0	0	0	0	0	0	0	0	1,431,723		1,431,723
54.00	Electroencephalography	0	0	0	0	0	0	0	0	196,562		196,562
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	13,315,906		13,315,906
55.30	Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	24,113,432		24,113,432
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	15,166,455		15,166,455
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	739,961		739,961
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00	Cardiac Catheterization Laboratory	0	0	0	0	0	0	0	0	3,149,251		3,149,251
59.01	Other Ancillary Services Cost Centers	0	0	0	0	0	0	0	0	123,290		123,290
		0	0	0	0	0	0	0	0	0		0
60.01	Wound Care	0	0	0	0	0	0	0	0	1,354,822		1,354,822
60.02	High Risk Infant Follow-up	0	0	0	0	0	0	0	0	40,782		40,782
61.00	Emergency	0	0	0	0	0	0	65,896	0	20,985,274		20,985,274
61.01	Partial Hospitalization	0	0	0	0	0	0	0	0	2,579,997		2,579,997
61.02	Occupational Health	0	0	0	0	0	0	0	0	1,139,349		1,139,349
62.00	Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00	Home Health Agency	0	0	0	0	0	0	0	0	5,387,047		5,387,047
93.00	Hospice	0	0	0	0	0	0	0	0	1,366,899		1,366,899
<b>NONREIMBURSABLE COST CENTER</b>												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	107,660		107,660
100.00	TCHD Foundation	0	0	0	0	0	0	0	0	815,545		815,545
100.01	Physician Answering Service	0	0	0	0	0	0	0	0	11,483		11,483
100.02	Transportation Services	0	0	0	0	0	0	0	0	299,612		299,612
100.03	Marketing / Community Education	0	0	0	0	0	0	0	0	2,308,905		2,308,905
100.04	Outpatient Meals	0	0	0	0	0	0	0	0	177,383		177,383
100.05	MOB	0	0	0	0	0	0	0	0	199,436		199,436
100.06	Doctors Lounge	0	0	0	0	0	0	0	0	43,006		43,006
100.07	Doctors Dining Room	0	0	0	0	0	0	0	0	44,848		44,848
100.09	Child Development Center	0	0	0	0	0	0	0	0	211,877		211,877
100.10	Wellness Center	0	0	0	0	0	0	0	0	6,332,159		6,332,159
100.11	Professional Billing	0	0	0	0	0	0	0	0	0		0
		0	0	0	0	0	0	0	0	0		0
		0	0	0	0	0	0	0	0	0		0
	<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>65,896</b>	<b>0</b>	<b>285,068,053</b>	<b>0</b>	<b>285,068,053</b>





Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	Communication (Non-Pat Phones) 6.01	Purchasing (Purchase Requisitions) 6.02	Admitting (Inpatient Revenue) 6.03	Cashing (Gross Revenue) 6.04	STAT 0.00	STAT 0.00	STAT 0.00	STAT 0.00	ADM & GEN (ACCUM COST) 6.05	MAINT & REPAIRS (SQ FT) 7.00
<b>GENERAL SERVICE COST CENTERS</b>											
1.00	Old Cap Rel Costs-Bldg and Fixtures										
2.00	Old Cap Rel Costs-Movable Equipment										
3.00	New Cap Rel Costs-Bldg and Fixtures										
4.00	New Cap Rel Costs-Movable Equipment										
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00	Employee Benefits										
6.01	Communications	515,824									
6.02	Purchasing, Receiving, and Stores	250,512	41								
6.03	Admitting	1,252,798	43	60,405							
6.04	Cashiering / Accounts Receivable	3,241,303	123	153,948							
0.00											
0.00											
0.00											
6.05	Other Administrative and General	7,561,140	277	759,055							
7.00	Maintenance and Repairs	2,328,859	81	205,339					10,494,919		
8.00	Operation of Plant								0		
9.00	Laundry and Linen Service		2	39,687					127,582		1,644
10.00	Housekeeping	2,113,464	20	463,040					3,722,611		3,091
11.00	Dietary	1,725,050	24	98,618					2,808,227		2,932
12.00	Cafeteria	923,673	7	204,629					1,953,016		8,901
13.00	Maintenance of Personnel								0		
14.00	Nursing Administration	2,581,647	55	54,577					3,727,733		5,096
15.00	Central Services and Supply	925,339	20	208,243					1,394,682		6,704
16.00	Pharmacy	3,614,413	61	60,710					4,747,395		3,660
17.00	Medical Records and Library	2,055,201	69	39,560					3,697,526		4,599
18.00	Social Service	3,156,633	78	30,071					5,358,053		4,366
19.00									0		
19.02									0		
19.03									0		
20.00									0		
21.00	Nursing School								0		
22.00	Intern & Res Service-Salary & Fringes-Apprvd								0		
23.00	Intern & Res Other Program - Apprvd								60,001		
24.00	Paramedical Ed Program								0		
<b>INPATIENT ROUTINE COST CENTERS</b>											
25.00	Adults & Pediatrics (Gen Routine)	31,805,402	527	1,644,010	87,497,756	87,497,756			49,821,887		100,104
26.00	Intensive Care Unit	5,834,605	48	552,762	30,301,350	30,301,350			9,983,219		8,722
27.00	Coronary Care Unit								0		
28.00									0		
29.00	Surgical Intensive Care								0		
30.00	Neonatal Intensive Care Unit	3,087,280	64	197,256	16,228,922	16,228,922			4,623,377		3,488
31.00	Subprovider II								0		
32.00									0		
33.00	Nursery								0		
34.00	Medicare Certified Nursing Facility								0		
35.00	Distinct Part Nursing Facility								0		
36.00	Adult Subacute Care Unit								0		
36.01	Subacute Care Unit II								0		
36.02	Transitional Care Unit								0		

Provider Name:  
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	Communication (Non-Pat Phones) 6.01	Purchasing (Purchase Requisitions) 6.02	Admitting (Inpatient Revenue) 6.03	Cashing (Gross Revenue) 6.04	STAT 0.00	STAT 0.00	STAT 0.00	STAT 0.00	ADM & GEN (ACCUM COST) 6.05	MAINT & REPAIRS (SQ FT) 7.00
<b>ANCILLARY COST CENTERS</b>											
37.00	Operating Room	8,010,951	109	1,214,733	83,516,307					15,670,612	32,700
38.01	Outpatient PACU	324,790	12	3,502	344,137					594,720	1,705
38.02	Cardiac / Pulmonary Rehab	686,570	13	9,179	47,945					1,341,301	4,617
39.00	Delivery Room and Labor Room	4,503,534	17	156,247	6,954,183					6,536,713	8,252
40.00	Anesthesiology	222,815	9	100,383	8,305,080					645,133	1,714
41.00	Radiology - Diagnostic	4,296,250	91	250,388	11,679,175					11,339,428	21,716
42.00	Radiology - Therapeutic									0	
42.01	Ultra-Sound	1,035,575	3	66,897	2,909,045					1,656,412	1,212
42.02	CAT Scan	2,660,449	11	2,469,551	41,400,314					7,556,576	4,114
42.03	MRI	645,552	16	182,791	5,272,546					1,568,324	3,854
43.00	Radioisotope	710,220	42	976,053	4,090,592					2,720,956	6,826
44.00	Laboratory	5,906,602	96	2,603,373	50,356,571					12,962,087	8,501
44.01	Pathological Lab									0	
46.00	Whole Blood									0	
47.00	Blood Storing, Processing, and Transfusions		4	3,402,107	2,728,281					3,742,201	978
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy	2,905,955	23	120,264	58,105,427					4,733,830	2,830
50.00	Physical Therapy	2,264,662	30	50,066	5,460,777					3,502,042	4,688
51.00	Occupational Therapy	829,814	15	10,399	2,301,970					1,247,704	1,859
52.00	Speech Pathology	515,784	3	2,158	1,996,505					694,730	171
53.00	Electrocardiology	489,340	28	40,307	8,104,078					1,096,914	2,890
54.00	Electroencephalography	98,322	5	1,228	347,306					371,729	380
55.00	Medical Supplies Charged to Patients			29,372,180	29,629,686					32,622,827	2,834
55.30	Implant Devices Charged to Patients				27,347,502					35,307,499	
56.00	Drugs Charged to Patients				119,573,448					139,955,765	721
57.00	Renal Dialysis			88	654,223					690,346	615
58.00	ASC (Non-Distinct Part)									641,489	
59.00	Cardiac Catheterization Laboratory	1,085,315	10	478,188	27,127,127					38,303,611	1,461
59.01	Other Ancillary Services Cost Centers		2		69,744					1,929,584	
0.00										104,641	
60.01	Wound Care	461,878	11	112,128	4,000					3,937,046	
60.02	High Risk Infant Follow-up	25,037		406						126,022	30
61.00	Emergency	8,878,343	169	1,162,642	27,697,908					89,895,007	20,289
61.01	Partial Hospitalization	1,360,658	19	16,667	10,426					4,635,109	
61.02	Occupational Health	480,246	10	28,540	1,281					1,238,973	1,600
62.00	Observation Beds									0	
71.00	Home Health Agency	3,199,357	55	55,206						4,826,701	4,186
93.00	Hospice	572,022	12	7,646						1,010,071	2,139
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00	Gift, Flower, Coffee Shop & Canteen		3							50,748	984
100.00	TCHD Foundation	424,791	7	19,316						703,895	619
100.01	Physician Answering Service									5,362	106
100.02	Transportation Services	179,038								265,645	
100.03	Marketing / Community Education	886,163	7							2,045,152	838
100.04	Outpatient Meals									0	
100.05	MOB									181,595	
100.06	Doctors Lounge									20,083	397
100.07	Doctors Dining Room									20,943	414
100.09	Child Development Center	74,312	5	293						190,932	
100.10	Wellness Center	56,403		1,342						5,763,888	
100.11	Professional Billing									0	
										0	
										0	
										0	
	TOTAL	126,763,891	2,377	47,686,178	660,063,612	1,011,467,135	0	0	0	259,566,344	299,547
	COST TO BE ALLOCATED	32,183,461	768,810	3,481,496	1,731,238	7,338,203	0	0	0	25,501,709	11,526,017
	UNIT COST MULTIPLIER - SCH 8	0.253885	323.437003	0.073008	0.002622835	0.007255	0.000000	0.000000	0.000000	0.098247	38.478159

Provider Name:  
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CSR REQ) 15.00	PHARMACY (PHARM REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00	SOC SERV (FTF CONTACTS) 18.00	STAT 19.00
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	Old Cap Rel Costs-Bldg and Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	New Cap Rel Costs-Bldg and Fixtures											
4.00	New Cap Rel Costs-Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Communications											
6.02	Purchasing, Receiving, and Stores											
6.03	Admitting											
6.04	Cashiering / Accounts Receivable											
0.00												
0.00												
0.00												
0.00												
6.05	Other Administrative and General											
7.00	Maintenance and Repairs											
8.00	Operation of Plant											
9.00	Laundry and Linen Service											
10.00	Housekeeping											
11.00		57,772		2,932								
12.00				8,901								
13.00												
14.00					2,505							
15.00					1,858							
16.00		17,946		6,704				31,656				
17.00				3,660				3,310				
18.00				4,599				36				
19.00				4,366				424				
19.02							35,141					
19.03												
20.00												
21.00	Nursing School											
22.00	Intern & Res Service-Salary & Fringes-Apprvd											
23.00	Intern & Res Other Program - Apprvd											
24.00	Paramedical Ed Program											
<b>INPATIENT ROUTINE COST CENTERS</b>												
25.00	Adults & Pediatrics (Gen Routine)											
26.00		850,912	100,104	198,062	33,580		555,217	1,328,408	16	87,497,756	20,923	
27.00		75,353	8,722	14,449	4,676		83,346	486,906		30,301,350	4,244	
28.00												
29.00	Surgical Intensive Care											
30.00		19,902	3,488		2,677		42,824	152,835	44	16,228,922	7,418	
31.00	Subprovider II											
32.00												
33.00	Nursery											
34.00	Medicare Certified Nursing Facility											
35.00	Distinct Part Nursing Facility											
36.00	Adult Subacute Care Unit											
36.01	Subacute Care Unit II											
36.02	Transitional Care Unit											

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CSR REQ) 15.00	PHARMACY (PHARM REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00	SOC SERV (FTF CONTACTS) 18.00	STAT 19.00	
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	126,690	32,700		7,950		116,053	678,588	143,921	126,449,013	1,310		
38.01	Outpatient PACU	21,270	1,705		437		7,121	947		5,368,359			
38.02	Cardiac / Pulmonary Rehab	1,670	4,617		718		6,091	3,260	156	1,370,408			
39.00	Delivery Room and Labor Room	89,613	8,252		4,253		56,537	84,290	5,978	7,472,192			
40.00	Anesthesiology		1,714		279			63,944		13,712,657			
41.00	Radiology - Diagnostic	14,901	21,716		6,152		9,085	145,488	603	51,877,937			
42.00	Radiology - Therapeutic												
42.01	Ultra-Sound	38,878	1,212		984		621	58,610	324	12,843,829			
42.02	CAT Scan	70,305	4,114		2,513		18,850	2,374,612		110,555,176			
42.03	MRI	18,060	3,854		619		1,269	159,963	1,663	18,404,854			
43.00	Radioisotope	9,206	6,826		646		3,351	958,564	183,021	10,857,585			
44.00	Laboratory	58	8,501		7,767		1,853	2,485,445	312	66,915,137			
44.01	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing, Processing, and Transfusions		978					3,402,107		4,657,211			
48.00	Intravenous Therapy												
49.00	Respiratory Therapy		2,830		3,360		7	105,683	1,733	60,560,538			
50.00	Physical Therapy	15,678	4,688		2,866		7,477	14,716	75	11,584,475			
51.00	Occupational Therapy		1,859		741		72	7,345	47	3,724,245			
52.00	Speech Pathology		171		468			89		3,058,999			
53.00	Electrocardiology	10,906	2,890		644		116	24,873	165	13,176,202			
54.00	Electroencephalography	3,989	380		132		3	790		371,729			
55.00	Medical Supplies Charged to Patients		2,834					8,644,363	1,969	32,622,827			
55.30	Implant Devices Charged to Patients							20,653,749	0	35,307,499			
56.00	Drugs Charged to Patients		721						7,168,201	139,955,765			
57.00	Renal Dialysis		615							690,346			
58.00	ASC (Non-Distinct Part)												
59.00	Cardiac Catheterization Laboratory	3,267	1,461		744		6,469	440,758		38,303,611			
59.01	Other Ancillary Services Cost Centers									1,929,584			
0.00													
60.01	Wound Care				549		6,999	98,261	2,349	3,937,046			
60.02	High Risk Infant Follow-up		30		20		146			126,022			
61.00	Emergency	413,759	20,289		10,634		127,697	987,608	770	89,895,007	9,160		
61.01	Partial Hospitalization				1,685		3,921	173		4,635,109			
61.02	Occupational Health	337	1,600		841		2,637	9,627	20,683	1,238,973			
62.00	Observation Beds												
71.00	Home Health Agency		4,186		3,259		36,024	31,981	17	4,826,701			
93.00	Hospice		2,139		626		7,935	5,486	45,086	1,010,071			
<b>NONREIMBURSABLE COST CENTERS</b>													
96.00	Gift, Flower, Coffee Shop & Canteen		984										
100.00	TCHD Foundation		619		436								
100.01	Physician Answering Service		106										
100.02	Transportation Services				349								
100.03	Marketing / Community Education		838		825								
100.04	Outpatient Meals				12,313								
100.05	MOB												
100.06	Doctors Lounge		397										
100.07	Doctors Dining Room		414										
100.09	Child Development Center				97								
100.10	Wellness Center				88								
100.11	Professional Billing												
			0										
			0										
	TOTAL	0	1,860,472	294,812	224,824	115,969	0	1,136,862	43,441,585	7,577,133	1,011,467,135	43,055	0
	COST TO BE ALLOCATED	0	203,375	4,213,599	3,238,852	2,614,607	0	4,419,369	1,929,332	5,482,987	4,386,843	6,318,765	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.109314	14.292496	14.406166	22.545739	0.000000	3.887340	0.044412	0.723623	0.004337	146.760309	0.000000

Provider Name:  
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 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

**GENERAL SERVICE COST CENTERS**

- 1.00 Old Cap Rel Costs-Bldg and Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg and Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Communications
- 6.02 Purchasing, Receiving, and Stores
- 6.03 Admitting
- 6.04 Cashiering / Accounts Receivable
- 0.00
- 0.00
- 0.00
- 0.00
- 6.05 Other Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes-Apprvd
- 23.00 Intern & Res Other Program - Apprvd
- 24.00 Paramedical Ed Program
- INPATIENT ROUTINE COST CENTERS**
- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00
- 29.00 Surgical Intensive Care
- 30.00 Neonatal Intensive Care Unit
- 31.00 Subprovider II
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit









Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 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
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	1,258,236	0	13,849	467,365	0	179,239	0	451,137	30,138	104,145	548,423	192,256
38.01	Outpatient PACU	65,605	0	2,325	24,369	0	9,852	0	27,682	42	0	23,283	0
38.02	Cardiac / Pulmonary Rehab	177,654	0	183	65,988	0	16,188	0	23,678	145	113	5,944	0
39.00	Delivery Room and Labor Room	317,522	0	9,796	117,942	0	95,887	0	219,779	3,743	4,326	32,408	0
40.00	Anesthesiology	65,952	0	0	24,497	0	6,290	0	0	2,840	0	59,473	0
41.00	Radiology - Diagnostic	835,592	0	1,629	310,376	0	138,701	0	35,316	6,461	436	225,000	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
42.01	Ultra-Sound	46,636	0	4,250	17,323	0	22,185	0	2,414	2,603	234	55,705	0
42.02	CAT Scan	158,299	0	7,685	58,799	0	56,657	0	73,276	105,461	0	479,490	0
42.03	MRI	148,295	0	1,974	55,083	0	13,956	0	4,933	7,104	1,203	79,824	0
43.00	Radioisotope	262,652	0	1,006	97,561	0	14,565	0	13,026	42,572	132,438	47,091	0
44.00	Laboratory	327,103	0	6	121,501	0	175,113	0	7,203	110,384	226	290,218	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing, Processing, and Transf	37,632	0	0	13,978	0	0	0	0	151,095	0	20,199	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	108,893	0	0	40,448	0	75,754	0	27	4,694	1,254	262,658	0
50.00	Physical Therapy	180,386	0	1,714	67,003	0	64,616	0	29,066	654	54	50,243	0
51.00	Occupational Therapy	71,531	0	0	26,570	0	16,706	0	280	326	34	16,152	0
52.00	Speech Pathology	6,580	0	0	2,444	0	10,551	0	0	4	0	13,267	0
53.00	Electrocardiology	111,202	0	1,192	41,305	0	14,519	0	451	1,105	119	57,147	0
54.00	Electroencephalography	14,622	0	436	5,431	0	2,976	0	12	35	0	1,612	0
55.00	Medical Supplies Charged to Patients	109,047	0	0	40,505	0	0	0	0	383,914	1,425	141,489	0
55.30	Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	917,276	0	153,132	0
56.00	Drugs Charged to Patients	27,743	0	0	10,305	0	0	0	0	0	5,187,075	607,003	0
57.00	Renal Dialysis	23,664	0	0	8,790	0	0	0	0	0	0	2,994	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization Laboratory	56,217	0	357	20,881	0	16,774	0	25,147	19,575	0	166,127	0
59.01	Other Ancillary Services Cost Centers	0	0	0	0	0	0	0	0	0	0	8,369	0
		0	0	0	0	0	0	0	0	0	0	0	0
60.01	Wound Care	0	0	0	0	0	12,378	0	27,207	4,364	1,700	17,075	0
60.02	High Risk Infant Follow-up	1,154	0	0	429	0	451	0	568	0	0	547	0
61.00	Emergency	780,683	0	45,229	289,980	0	239,751	0	496,402	43,862	557	389,884	1,344,324
61.01	Partial Hospitalization	0	0	0	0	0	37,990	0	15,242	8	0	20,103	0
61.02	Occupational Health	61,565	0	37	22,868	0	18,961	0	10,251	428	14,967	5,374	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	161,070	0	0	59,828	0	73,477	0	140,038	1,420	12	20,934	0
93.00	Hospice	82,305	0	0	30,572	0	14,114	0	30,846	244	32,625	4,381	0
<b>NONREIMBURSABLE COST CENTER</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	37,863	0	0	14,064	0	0	0	0	0	0	0	0
100.00	TCHD Foundation	23,818	0	0	8,847	0	9,830	0	0	0	0	0	0
100.01	Physician Answering Service	4,079	0	0	1,515	0	0	0	0	0	0	0	0
100.02	Transportation Services	0	0	0	0	0	7,868	0	0	0	0	0	0
100.03	Marketing / Community Education	32,245	0	0	11,977	0	18,600	0	0	0	0	0	0
100.04	Outpatient Meals	0	0	0	0	177,383	0	0	0	0	0	0	0
100.05	MOB	0	0	0	0	0	0	0	0	0	0	0	0
100.06	Doctors Lounge	15,276	0	0	5,674	0	0	0	0	0	0	0	0
100.07	Doctors Dining Room	15,930	0	0	5,917	0	0	0	0	0	0	0	0
100.09	Child Development Center	0	0	0	0	0	2,187	0	0	0	0	0	0
100.10	Wellness Center	0	0	0	0	0	1,984	0	0	0	0	0	0
100.11	Professional Billing	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>11,526,017</u>	<u>0</u>	<u>203,375</u>	<u>4,213,599</u>	<u>3,238,852</u>	<u>2,614,607</u>	<u>0</u>	<u>4,419,369</u>	<u>1,929,332</u>	<u>5,482,987</u>	<u>4,386,843</u>	<u>6,318,765</u>



Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 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
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	20,454,994		20,454,994
38.01 Outpatient PACU	0	0	0	0	0	0	0	0	806,308		806,308
38.02 Cardiac / Pulmonary Rehab	0	0	0	0	0	0	0	0	1,762,972		1,762,972
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,980,329		7,980,329
40.00 Anesthesiology	0	0	0	0	0	0	0	0	867,568		867,568
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	14,007,009		14,007,009
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
42.01 Ultra-Sound	0	0	0	0	0	0	0	0	1,970,499		1,970,499
42.02 CAT Scan	0	0	0	0	0	0	0	0	9,238,659		9,238,659
42.03 MRI	0	0	0	0	0	0	0	0	2,034,781		2,034,781
43.00 Radioisotope	0	0	0	0	0	0	0	0	3,599,193		3,599,193
44.00 Laboratory	0	0	0	0	0	0	0	0	15,267,331		15,267,331
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00 Blood Storing, Processing, and Transft	0	0	0	0	0	0	0	0	4,332,766		4,332,766
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	5,692,643		5,692,643
50.00 Physical Therapy	0	0	0	0	0	0	0	0	4,239,844		4,239,844
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,501,887		1,501,887
52.00 Speech Pathology	0	0	0	0	0	0	0	0	795,831		795,831
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,431,723		1,431,723
54.00 Electroencephalography	0	0	0	0	0	0	0	0	196,562		196,562
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	13,315,906		13,315,906
55.30 Implant Devices Charged to Patients	0	0	0	0	0	0	0	0	24,113,432		24,113,432
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	15,166,455		15,166,455
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	739,961		739,961
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00 Cardiac Catheterization Laboratory	0	0	0	0	0	0	0	0	3,149,251		3,149,251
59.01 Other Ancillary Services Cost Centers	0	0	0	0	0	0	0	0	123,290		123,290
60.01 Wound Care	0	0	0	0	0	0	0	0	0		0
60.02 High Risk Infant Follow-up	0	0	0	0	0	0	0	0	1,354,822		1,354,822
61.00 Emergency	0	0	0	0	0	0	0	0	40,782		40,782
61.01 Partial Hospitalization	0	0	0	0	0	0	0	0	2,579,997	65,896	2,579,997
61.02 Occupational Health	0	0	0	0	0	0	0	0	1,139,349		1,139,349
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00 Home Health Agency	0	0	0	0	0	0	0	0	5,387,047		5,387,047
93.00 Hospice	0	0	0	0	0	0	0	0	1,366,899		1,366,899
<b>NONREIMBURSABLE COST CENTER</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	107,660		107,660
100.00 TCHD Foundation	0	0	0	0	0	0	0	0	815,545		815,545
100.01 Physician Answering Service	0	0	0	0	0	0	0	0	11,483		11,483
100.02 Transportation Services	0	0	0	0	0	0	0	0	299,612		299,612
100.03 Marketing / Community Education	0	0	0	0	0	0	0	0	2,308,905		2,308,905
100.04 Outpatient Meals	0	0	0	0	0	0	0	0	177,383		177,383
100.05 MOB	0	0	0	0	0	0	0	0	199,436		199,436
100.06 Doctors Lounge	0	0	0	0	0	0	0	0	43,006		43,006
100.07 Doctors Dining Room	0	0	0	0	0	0	0	0	44,848		44,848
100.09 Child Development Center	0	0	0	0	0	0	0	0	211,877		211,877
100.10 Wellness Center	0	0	0	0	0	0	0	0	6,332,159		6,332,159
100.11 Professional Billing	0	0	0	0	0	0	0	0	0		0
	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	0	65,896	0	285,068,053	0	285,068,053





Provider Name:  
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	Communication (Non-Pat Phones) 6.01	Purchasing (Purchase Requisitions) 6.02	Admitting (Inpatient Revenue) 6.03	Cashiering (Gross Revenue) 6.04	STAT 0.00	STAT 0.00	STAT 0.00	STAT 0.00	ADM & GEN (ACCUM COST) 6.05	MAINT & REPAIRS (SQ FT) 7.00
<b>GENERAL SERVICE COST CENTERS</b>											
1.00	Old Cap Rel Costs-Bldg and Fixtures										
2.00	Old Cap Rel Costs-Movable Equipment										
3.00	New Cap Rel Costs-Bldg and Fixtures										
4.00	New Cap Rel Costs-Movable Equipment										
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00	Employee Benefits										
6.01	Communications	515,824									
6.02	Purchasing, Receiving, and Stores	250,512	41								
6.03	Admitting	1,252,798	43	60,405							
6.04	Cashiering / Accounts Receivable	3,241,303	123	153,948							
0.00											
0.00											
0.00											
6.05	Other Administrative and General	7,561,140	277	759,055							
7.00	Maintenance and Repairs	2,328,859	81	205,339					10,494,919		
8.00	Operation of Plant								0		
9.00	Laundry and Linen Service		2	39,687					127,582		1,644
10.00	Housekeeping	2,113,464	20	463,040					3,722,611		3,091
11.00	Dietary	1,725,050	24	98,618					2,808,227		2,932
12.00	Cafeteria	923,673	7	204,629					1,953,016		8,901
13.00	Maintenance of Personnel								0		
14.00	Nursing Administration	2,581,647	55	54,577					3,727,733		5,096
15.00	Central Services and Supply	925,339	20	208,243					1,394,682		6,704
16.00	Pharmacy	3,614,413	61	60,710					4,747,395		3,660
17.00	Medical Records and Library	2,055,201	69	39,560					3,697,526		4,599
18.00	Social Service	3,156,633	78	30,071					5,358,053		4,366
19.00									0		
19.02									0		
19.03									0		
20.00									0		
21.00	Nursing School								0		
22.00	Intern & Res Service-Salary & Fringes-Apprvd								0		
23.00	Intern & Res Other Program - Apprvd								60,001		
24.00	Paramedical Ed Program								0		
<b>INPATIENT ROUTINE COST CENTERS</b>											
25.00	Adults & Pediatrics (Gen Routine)	31,805,402	527	1,644,010	87,497,756	87,497,756			49,821,887		100,104
26.00	Intensive Care Unit	5,834,605	48	552,762	30,301,350	30,301,350			9,983,219		8,722
27.00	Coronary Care Unit								0		
28.00									0		
29.00	Surgical Intensive Care								0		
30.00	Neonatal Intensive Care Unit	3,087,280	64	197,256	16,228,922	16,228,922			4,623,377		3,488
31.00	Subprovider II								0		
32.00									0		
33.00	Nursery								0		
34.00	Medicare Certified Nursing Facility								0		
35.00	Distinct Part Nursing Facility								0		
36.00	Adult Subacute Care Unit								0		
36.01	Subacute Care Unit II								0		
36.02	Transitional Care Unit								0		

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	Communication (Non-Pat Phones) 6.01	Purchasing (Purchase Requisitions) 6.02	Admitting (Inpatient Revenue) 6.03	Cashing (Gross Revenue) 6.04	STAT 0.00	STAT 0.00	STAT 0.00	STAT 0.00	ADM & GEN (ACCUM COST) 6.05	MAINT & REPAIRS (SQ FT) 7.00
<b>ANCILLARY COST CENTERS</b>											
37.00	Operating Room	8,010,951	109	1,214,733	83,516,307					15,670,612	32,700
38.01	Outpatient PACU	324,790	12	3,502	344,137					594,720	1,705
38.02	Cardiac / Pulmonary Rehab	686,570	13	9,179	47,945					1,341,301	4,617
39.00	Delivery Room and Labor Room	4,503,534	17	156,247	6,954,183					6,536,713	8,252
40.00	Anesthesiology	222,815	9	100,383	8,305,080					645,133	1,714
41.00	Radiology - Diagnostic	4,296,250	91	250,388	11,679,175					11,339,428	21,716
42.00	Radiology - Therapeutic									0	
42.01	Ultra-Sound	1,035,575	3	66,897	2,909,045					1,656,412	1,212
42.02	CAT Scan	2,660,449	11	2,469,551	41,400,314					7,556,576	4,114
42.03	MRI	645,552	16	182,791	5,272,546					1,568,324	3,854
43.00	Radioisotope	710,220	42	976,053	4,090,592					2,720,956	6,826
44.00	Laboratory	5,906,602	96	2,603,373	50,356,571					12,962,087	8,501
44.01	Pathological Lab									0	
46.00	Whole Blood									0	
47.00	Blood Storing, Processing, and Transfusions		4	3,402,107	2,728,281					3,742,201	978
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy	2,905,955	23	120,264	58,105,427					4,733,830	2,830
50.00	Physical Therapy	2,264,662	30	50,066	5,460,777					3,502,042	4,688
51.00	Occupational Therapy	829,814	15	10,399	2,301,970					1,247,704	1,859
52.00	Speech Pathology	515,784	3	2,158	1,996,505					694,730	171
53.00	Electrocardiology	489,340	28	40,307	8,104,078					1,096,914	2,890
54.00	Electroencephalography	98,322	5	1,228	347,306					371,729	380
55.00	Medical Supplies Charged to Patients			29,372,180	29,629,686					32,622,827	2,834
55.30	Implant Devices Charged to Patients				27,347,502					35,307,499	
56.00	Drugs Charged to Patients				119,573,448					139,955,765	721
57.00	Renal Dialysis			88	654,223					690,346	615
58.00	ASC (Non-Distinct Part)									641,489	
59.00	Cardiac Catheterization Laboratory	1,085,315	10	478,188	27,127,127					38,303,611	1,461
59.01	Other Ancillary Services Cost Centers		2		69,744					1,929,584	
0.00										104,641	
60.01	Wound Care	461,878	11	112,128	4,000					3,937,046	
60.02	High Risk Infant Follow-up	25,037		406						126,022	30
61.00	Emergency	8,878,343	169	1,162,642	27,697,908					89,895,007	20,289
61.01	Partial Hospitalization	1,360,658	19	16,667	10,426					4,635,109	
61.02	Occupational Health	480,246	10	28,540	1,281					1,238,973	1,600
62.00	Observation Beds									0	
71.00	Home Health Agency	3,199,357	55	55,206						4,826,701	4,186
93.00	Hospice	572,022	12	7,646						1,010,071	2,139
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00	Gift, Flower, Coffee Shop & Canteen		3							50,748	984
100.00	TCHD Foundation	424,791	7	19,316						703,895	619
100.01	Physician Answering Service									5,362	106
100.02	Transportation Services	179,038								265,645	
100.03	Marketing / Community Education	886,163	7							2,045,152	838
100.04	Outpatient Meals									0	
100.05	MOB									181,595	
100.06	Doctors Lounge									20,083	397
100.07	Doctors Dining Room									20,943	414
100.09	Child Development Center	74,312	5	293						190,932	
100.10	Wellness Center	56,403		1,342						5,763,888	
100.11	Professional Billing									0	
										0	
										0	
										0	
	TOTAL	126,763,891	2,377	47,686,178	660,063,612	1,011,467,135	0	0	0	259,566,344	299,547
	COST TO BE ALLOCATED	32,183,461	768,810	3,481,496	1,731,238	7,338,203	0	0	0	25,501,709	11,526,017
	UNIT COST MULTIPLIER - SCH 8	0.253885	323.437003	0.073008	0.002622835	0.007255	0.000000	0.000000	0.000000	0.098247	38.478159



Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CSR REQ) 15.00	PHARMACY (PHARM REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00	SOC SERV (FTF CONTACTS) 18.00	STAT 19.00	
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	126,690	32,700		7,950		116,053	678,588	143,921	126,449,013	1,310		
38.01	Outpatient PACU	21,270	1,705		437		7,121	947		5,368,359			
38.02	Cardiac / Pulmonary Rehab	1,670	4,617		718		6,091	3,260	156	1,370,408			
39.00	Delivery Room and Labor Room	89,613	8,252		4,253		56,537	84,290	5,978	7,472,192			
40.00	Anesthesiology		1,714		279			63,944		13,712,657			
41.00	Radiology - Diagnostic	14,901	21,716		6,152		9,085	145,488	603	51,877,937			
42.00	Radiology - Therapeutic												
42.01	Ultra-Sound	38,878	1,212		984		621	58,610	324	12,843,829			
42.02	CAT Scan	70,305	4,114		2,513		18,850	2,374,612		110,555,176			
42.03	MRI	18,060	3,854		619		1,269	159,963	1,663	18,404,854			
43.00	Radioisotope	9,206	6,826		646		3,351	958,564	183,021	10,857,585			
44.00	Laboratory	58	8,501		7,767		1,853	2,485,445	312	66,915,137			
44.01	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing, Processing, and Transfusions		978					3,402,107		4,657,211			
48.00	Intravenous Therapy												
49.00	Respiratory Therapy		2,830		3,360		7	105,683	1,733	60,560,538			
50.00	Physical Therapy	15,678	4,688		2,866		7,477	14,716	75	11,584,475			
51.00	Occupational Therapy		1,859		741		72	7,345	47	3,724,245			
52.00	Speech Pathology		171		468			89		3,058,999			
53.00	Electrocardiology	10,906	2,890		644		116	24,873	165	13,176,202			
54.00	Electroencephalography	3,989	380		132		3	790		371,729			
55.00	Medical Supplies Charged to Patients		2,834					8,644,363	1,969	32,622,827			
55.30	Implant Devices Charged to Patients							20,653,749	0	35,307,499			
56.00	Drugs Charged to Patients		721						7,168,201	139,955,765			
57.00	Renal Dialysis		615							690,346			
58.00	ASC (Non-Distinct Part)												
59.00	Cardiac Catheterization Laboratory	3,267	1,461		744		6,469	440,758		38,303,611			
59.01	Other Ancillary Services Cost Centers									1,929,584			
0.00													
60.01	Wound Care				549		6,999	98,261	2,349	3,937,046			
60.02	High Risk Infant Follow-up		30		20		146			126,022			
61.00	Emergency	413,759	20,289		10,634		127,697	987,608	770	89,895,007	9,160		
61.01	Partial Hospitalization				1,685		3,921	173		4,635,109			
61.02	Occupational Health	337	1,600		841		2,637	9,627	20,683	1,238,973			
62.00	Observation Beds												
71.00	Home Health Agency		4,186		3,259		36,024	31,981	17	4,826,701			
93.00	Hospice		2,139		626		7,935	5,486	45,086	1,010,071			
<b>NONREIMBURSABLE COST CENTERS</b>													
96.00	Gift, Flower, Coffee Shop & Canteen		984										
100.00	TCHD Foundation		619		436								
100.01	Physician Answering Service		106										
100.02	Transportation Services				349								
100.03	Marketing / Community Education		838		825								
100.04	Outpatient Meals				12,313								
100.05	MOB												
100.06	Doctors Lounge		397										
100.07	Doctors Dining Room		414										
100.09	Child Development Center				97								
100.10	Wellness Center				88								
100.11	Professional Billing												
			0										
			0										
	TOTAL	0	1,860,472	294,812	224,824	115,969	0	1,136,862	43,441,585	7,577,133	1,011,467,135	43,055	0
	COST TO BE ALLOCATED	0	203,375	4,213,599	3,238,852	2,614,607	0	4,419,369	1,929,332	5,482,987	4,386,843	6,318,765	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.109314	14.292496	14.406166	22.545739	0.000000	3.887340	0.044412	0.723623	0.004337	146.760309	0.000000

Provider Name:  
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 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

**GENERAL SERVICE COST CENTERS**

- 1.00 Old Cap Rel Costs-Bldg and Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg and Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Communications
- 6.02 Purchasing, Receiving, and Stores
- 6.03 Admitting
- 6.04 Cashiering / Accounts Receivable
- 0.00
- 0.00
- 0.00
- 0.00
- 6.05 Other Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes-Apprvd
- 23.00 Intern & Res Other Program - Apprvd
- 24.00 Paramedical Ed Program
- INPATIENT ROUTINE COST CENTERS**
- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00
- 29.00 Surgical Intensive Care
- 30.00 Neonatal Intensive Care Unit
- 31.00 Subprovider II
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

Provider Name:  
 TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 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

**ANCILLARY COST CENTERS**

- 37.00 Operating Room
- 38.01 Outpatient PACU
- 38.02 Cardiac / Pulmonary Rehab
- 39.00 Delivery Room and Labor Room
- 40.00 Anesthesiology
- 41.00 Radiology - Diagnostic
- 42.00 Radiology - Therapeutic
- 42.01 Ultra-Sound
- 42.02 CAT Scan
- 42.03 MRI
- 43.00 Radioisotope
- 44.00 Laboratory
- 44.01 Pathological Lab
- 46.00 Whole Blood
- 47.00 Blood Storing, Processing, and Transfusions
- 48.00 Intravenous Therapy
- 49.00 Respiratory Therapy
- 50.00 Physical Therapy
- 51.00 Occupational Therapy
- 52.00 Speech Pathology
- 53.00 Electrocardiology
- 54.00 Electroencephalography
- 55.00 Medical Supplies Charged to Patients
- 55.30 Implant Devices Charged to Patients
- 56.00 Drugs Charged to Patients
- 57.00 Renal Dialysis
- 58.00 ASC (Non-Distinct Part)
- 59.00 Cardiac Catheterization Laboratory
- 59.01 Other Ancillary Services Cost Centers
- 0.00
- 60.01 Wound Care
- 60.02 High Risk Infant Follow-up
- 61.00 Emergency
- 61.01 Partial Hospitalization
- 61.02 Occupational Health
- 62.00 Observation Beds
- 71.00 Home Health Agency
- 93.00 Hospice

**NONREIMBURSABLE COST CENTERS**

- 96.00 Gift, Flower, Coffee Shop & Canteen
- 100.00 TCHD Foundation
- 100.01 Physician Answering Service
- 100.02 Transportation Services
- 100.03 Marketing / Community Education
- 100.04 Outpatient Meals
- 100.05 MOB
- 100.06 Doctors Lounge
- 100.07 Doctors Dining Room
- 100.09 Child Development Center
- 100.10 Wellness Center
- 100.11 Professional Billing

TOTAL	0	0	0	0	100	100	0
COST TO BE ALLOCATED	0	0	0	0	0	65,896	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	658.959400	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg and Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg and Fixtures	15,647,542	0	15,647,542
4.00	New Cap Rel Costs-Movable Equipment	9,641,854	0	9,641,854
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	32,002,310	0	32,002,310
6.01	Communications	579,422	0	579,422
6.02	Purchasing, Receiving, and Stores	2,537,880	0	2,537,880
6.03	Admitting	1,323,931	0	1,323,931
6.04	Cashiering / Accounts Receivable	6,149,663	0	6,149,663
			0	0
			0	0
			0	0
6.05	Other Administrative and General	21,448,118	0	21,448,118
7.00	Maintenance and Repairs	6,930,507	0	6,930,507
8.00	Operation of Plant		0	0
9.00	Laundry and Linen Service	40,873	0	40,873
10.00	Housekeeping	2,989,396	0	2,989,396
11.00	Dietary	2,206,980	0	2,206,980
12.00	Cafeteria	1,251,033	0	1,251,033
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	2,792,727	0	2,792,727
15.00	Central Services and Supply	798,946	0	798,946
16.00	Pharmacy	3,620,440	0	3,620,440
17.00	Medical Records and Library	2,917,887	0	2,917,887
18.00	Social Service	4,308,346	0	4,308,346
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes-Apprvd		0	0
23.00	Intern & Res Other Program - Apprvd	60,001	0	60,001
24.00	Paramedical Ed Program		0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics (Gen Routine)	35,528,263	0	35,528,263
26.00	Intensive Care Unit	7,705,489	0	7,705,489
27.00	Coronary Care Unit		0	0
28.00			0	0
29.00	Surgical Intensive Care		0	0
30.00	Neonatal Intensive Care Unit	3,467,708	0	3,467,708
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	0	0	0
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 10,722,184	\$ 0	\$ 10,722,184
38.01	Outpatient PACU	382,023	0	382,023
38.02	Cardiac / Pulmonary Rehab	775,531	0	775,531
39.00	Delivery Room and Labor Room	4,886,534	0	4,886,534
40.00	Anesthesiology	370,350	0	370,350
41.00	Radiology - Diagnostic	8,695,411	0	8,695,411
42.00	Radiology - Therapeutic		0	0
42.01	Ultra-Sound	1,225,517	0	1,225,517
42.02	CAT Scan	5,578,493	0	5,578,493
42.03	MRI	1,043,590	0	1,043,590
43.00	Radioisotope	2,020,991	0	2,020,991
44.00	Laboratory	10,193,785	0	10,193,785
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing, Processing, and Transfusions	3,402,107	0	3,402,107
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	3,244,903	0	3,244,903
50.00	Physical Therapy	2,352,230	0	2,352,230
51.00	Occupational Therapy	849,583	0	849,583
52.00	Speech Pathology	518,731	0	518,731
53.00	Electrocardiology	697,634	0	697,634
54.00	Electroencephalography	106,601	0	106,601
55.00	Medical Supplies Charged to Patients	8,906,641	0	8,906,641
55.30	Implant Devices Charged to Patients	20,653,749	0	20,653,749
56.00	Drugs Charged to Patients	7,133,821	0	7,133,821
57.00	Renal Dialysis	603,647	0	603,647
58.00	ASC (Non-Distinct Part)		0	0
59.00	Cardiac Catheterization Laboratory	1,853,096	0	1,853,096
59.01	Other Ancillary Services Cost Centers	89,812	0	89,812
			0	0
60.01	Wound Care	902,577	0	902,577
60.02	High Risk Infant Follow-up	25,449	0	25,449
61.00	Emergency	11,597,272	0	11,597,272
61.01	Partial Hospitalization	1,579,778	0	1,579,778
61.02	Occupational Health	591,594	0	591,594
62.00	Observation Beds		0	0
71.00	Home Health Agency	3,408,352	0	3,408,352
93.00	Hospice	801,784	0	801,784
	<b>SUBTOTAL</b>	<b>\$ 279,163,086</b>	<b>\$ 0</b>	<b>\$ 279,163,086</b>
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
100.00	TCHD Foundation	561,059	0	561,059
100.01	Physician Answering Service		0	0
100.02	Transportation Services	220,190	0	220,190
100.03	Marketing / Community Education	1,775,513	0	1,775,513
100.04	Outpatient Meals		0	0
100.05	MOB	181,595	0	181,595
100.06	Doctors Lounge		0	0
100.07	Doctors Dining Room		0	0
100.09	Child Development Center	83,316	0	83,316
100.10	Wellness Center	3,083,294	0	3,083,294
100.11	Professional Billing	0	0	0
			0	0
			0	0
100.99	<b>SUBTOTAL</b>	<b>\$ 5,904,967</b>	<b>\$ 0</b>	<b>\$ 5,904,967</b>
101	<b>TOTAL</b>	<b>\$ 285,068,053</b>	<b>\$ 0</b>	<b>\$ 285,068,053</b>

(To Schedule 8)



Provider Name:  
TRI-CITY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2010

TOTAL ADJ (Page 1 & 2)    AUDIT ADJ    AUDIT ADJ

**ANCILLARY COST CENTERS**

37.00	Operating Room	0											
38.01	Outpatient PACU	0											
38.02	Cardiac / Pulmonary Rehab	0											
39.00	Delivery Room and Labor Room	0											
40.00	Anesthesiology	0											
41.00	Radiology - Diagnostic	0											
42.00	Radiology - Therapeutic	0											
42.01	Ultra-Sound	0											
42.02	CAT Scan	0											
42.03	MRI	0											
43.00	Radioisotope	0											
44.00	Laboratory	0											
44.01	Pathological Lab	0											
46.00	Whole Blood	0											
47.00	Blood Storing, Processing, and Transfusions	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											
55.30	Implant Devices 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	Cardiac Catheterization Laboratory	0											
59.01	Other Ancillary Services Cost Centers	0											
0.00		0											
60.01	Wound Care	0											
60.02	High Risk Infant Follow-up	0											
61.00	Emergency	0											
61.01	Partial Hospitalization	0											
61.02	Occupational Health	0											
62.00	Observation Beds	0											
71.00	Home Health Agency	0											
93.00	Hospice	0											

**NONREIMBURSABLE COST CENTERS**

96.00	Gift, Flower, Coffee Shop & Canteen	0											
100.00	TCHD Foundation	0											
100.01	Physician Answering Service	0											
100.02	Transportation Services	0											
100.03	Marketing / Community Education	0											
100.04	Outpatient Meals	0											
100.05	MOB	0											
100.06	Doctors Lounge	0											
100.07	Doctors Dining Room	0											
100.09	Child Development Center	0											
100.10	Wellness Center	0											
100.11	Professional Billing	0											
		0											
		0											

101.00 TOTAL    \$0    0    0    0    0    0    0    0    0    0    0    0    0

(To Sch 10)







Provider Name							Fiscal Period	NPI	Adjustments	
TRI-CITY MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1801861190	11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT</b>										
1	4A	Not Reported					Medi-Cal Administrative Day Rate (July 2009 to June 2010)	\$0.00	\$351.26	\$351.26
	4A	Not Reported					Medi-Cal Administrative Days	0	935	935
2	2	Not Reported					Medi-Cal Routine Service Charges	\$0	\$888,313	\$888,313
3	3	Not Reported					Medi-Cal Deductibles	\$0	\$4,924	\$4,924
	3	Not Reported					Medi-Cal Coinsurance	0	142	142
4	1	Not Reported					Medi-Cal Interim Payments	\$0	\$321,343	\$321,343
5	1	Not Reported					Medi-Cal Late Billing Payment Reductions	\$0	\$198	\$198
							To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: NPI 1801861190 Service Period: July 1, 2009 through June 30, 2010 Payment Period: July 1, 2009 through June 30, 2012 Reports Dated: July 16, 2012 42 CFR 413.20, 413.24, 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			

Provider Name							Fiscal Period	NPI	Adjustments	
TRI-CITY MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1801861190	11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT</b>										
6	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	13,248	(4,585)	8,663
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	504	263	767
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days—Neonatal Intensive Care Unit	2,626	51	2,677
7	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges—Operating Room	\$3,408,726	\$2,905,064	\$6,313,790
	Contract 6	D-4		XIX	38.01	2	Medi-Cal Ancillary Charges—Outpatient PACU	25,199	(25,199)	0
	Contract 6	D-4		XIX	38.02	2	Medi-Cal Ancillary Charges—Cardiac/Pulmonary Rehab	1,769	138,530	140,299
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges—Delivery Room and Labor Room	3,389,357	(1,422,188)	1,967,169
	Contract 6	D-4		XIX	40.00	2	Medi-Cal Ancillary Charges—Anesthesiology	418,481	237,461	655,942
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	900,204	1,305,585	2,205,789
	Contract 6	D-4		XIX	42.01	2	Medi-Cal Ancillary Charges—Ultra-Sound	447,356	77,610	524,966
	Contract 6	D-4		XIX	42.02	2	Medi-Cal Ancillary Charges—CAT Scan	2,972,806	(925,746)	2,047,060
	Contract 6	D-4		XIX	42.03	2	Medi-Cal Ancillary Charges—MRI	456,151	126,492	582,643
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges—Radioisotope	303,056	(91,875)	211,181
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges—Laboratory	5,889,313	1,454,523	7,343,836
	Contract 6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges—Blood Storing, Processing and Transfusion	224,896	149,115	374,011
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges—Respiratory Therapy	5,294,553	(2,020,484)	3,274,069
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	434,208	356,263	790,471
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges—Occupational Therapy	463,003	(319,464)	143,539
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges—Speech Pathology	169,190	(123,722)	45,468
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges—Electrocardiology	422,324	63,801	486,125
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges—Electroencephalography	29,385	7,644	37,029
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients	3,057,255	4,637,037	7,694,292
	Contract 6	D-4		XIX	55.30	2	Medi-Cal Ancillary Charges—Implant Devices Charged to Patients	604,017	(245,192)	358,825
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	14,038,325	4,254,242	18,292,567
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges—Renal Dialysis	49,874	24,866	74,740
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges—Cardiac Catheterization Lab	574,574	(245,106)	329,468
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges—Emergency	2,422,208	243,682	2,665,890
	Contract 6	D-4		XIX	61.02	2	Medi-Cal Ancillary Charges—Occupational Health	111	(111)	0
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges—Total	45,996,341	10,562,828	56,559,169

-Continued on next page-

Provider Name							Fiscal Period		NPI		Adjustments	
TRI-CITY MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1801861190		11	
Report References												
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT</b>												
-Continued from previous page-												
8	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges		\$22,018,541	\$2,109,783	\$24,128,324	
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges		45,996,341	10,562,828	56,559,169	
9	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles		\$0	\$59,241	\$59,241	
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance		0	271,306	271,306	
							To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data:  NPI 1801861190 Service Period: July 1, 2009 through June 30, 2010 Payment Period: July 1, 2009 through July 16, 2012 Reports Dated: July 16, 2012 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51541					

Provider Name							Fiscal Period	NPI		Adjustments
TRI-CITY MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1801861190		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>										
10	Contract 1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Section 51458.1	\$0	\$46,508	\$46,508 *
11	Contract 1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayments relating to Medi-Cal Credit Balances that were not remitted to the State. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Section 51458.1	\$46,508	\$29,311	\$75,819

\*Balance carried forward from prior/to subsequent adjustments