

**REPORT
ON THE
COST REPORT REVIEW**

**SUTTER TRACY COMMUNITY HOSPITAL
TRACY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1770726861**

**FISCAL PERIOD ENDED
DECEMBER 31, 2010**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Blanca Dacanay
Auditor: Betty Clark**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 2, 2014

Michael Bass
Reimbursement Manager
Sutter Health Reimbursement Department
PO Box 619092
Roseville, CA 95661

SUTTER TRACY COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1770726861
FISCAL PERIOD ENDED DECEMBER 31, 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 \$10,750 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) 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.

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

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

Lisa Alder, 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—Sacramento at (916) 650-6994.

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1770726861		
Reported	\$ (50,952)	
Net Change	\$ 40,973	
Audited Amount Due Provider (State)	\$ (9,979)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1770726861		
Reported		\$ 6,436,384
Net Change		\$ 676,679
Audited Cost		\$ 7,113,063
Audited Amount Due Provider (State)	\$ (771)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (10,750)	
9. Total Medi-Cal Cost		\$ 7,113,063

SUMMARY OF FINDINGS

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider NPI:		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
11. Rural Health Clinic (RHC SCH 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
Audited Amount Due Provider (State)		\$ 0	
15. Transitional Care (TC SCH 1)	Provider NPI:		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (10,750)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 70,661	\$ 66,373
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4. Other Adjustments	\$	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 70,661	\$ 66,373
6. Interim Payments (Adj 7)	\$ (121,613)	\$ (76,352)
7. Balance Due Provider (State)	\$ (50,952)	\$ (9,979)
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$ 0	\$ 0
10. \$	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ (50,952)	\$ (9,979)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SUTTER TRACY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2010Provider NPI:
1770726861

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 70,661	\$ 66,373
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj)	\$ 559,152	\$ 559,152
3. Inpatient Ancillary Service Charges (Adj 6)	\$ 180,507	\$ 130,445
4. Total Charges - Medi-Cal Inpatient Services	\$ 739,659	\$ 689,597
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 668,998	\$ 623,224
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:
SUTTER TRACY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2010Provider NPI:
1770726861

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 36,940	\$ 27,850
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 33,721	\$ 38,523
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)	\$ 70,661	\$ 66,373
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 70,661	\$ 66,373 (To Schedule 2)
9. Coinsurance (Adj)	\$ 0	\$ 0
10. Patient and Third Party Liability (Adj)	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 70,661	\$ 66,373 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SUTTER TRACY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2010Provider NPI:
1770726861

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	14,678	14,678
2. Inpatient Days (include private, exclude swing-bed)	14,678	14,678
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	14,678	14,678
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)	\$ 23,274,950	\$ 23,108,840
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)	\$ 23,274,950	\$ 23,108,840

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 62,331,223	\$ 62,331,223
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 62,331,223	\$ 62,331,223
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.373408	\$ 0.370743
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,246.57	\$ 4,246.57
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)	\$ 23,274,950	\$ 23,108,840

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,585.70	\$ 1,574.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 33,721	\$ 38,523
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 33,721	\$ 38,523

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SUTTER TRACY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2010Provider NPI:
1770726861

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 446,748	\$ 444,203
2. Total Inpatient Days (Adj)	1,425	1,425
3. Average Per Diem Cost	\$ 313.51	\$ 311.72
4. Medi-Cal Inpatient Days (Adj)		0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 5,620,647	\$ 5,579,572
7. Total Inpatient Days (Adj)	1,972	1,972
8. Average Per Diem Cost	\$ 2,850.23	\$ 2,829.40
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 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
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 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
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 4)	\$ 351.26	\$ 401.28
27. Medi-Cal Inpatient Days (Adj)	96	96
28. Cost Applicable to Medi-Cal	\$ 33,721	\$ 38,523
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	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)	\$ 33,721	\$ 38,523

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SUTTER TRACY COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2010Provider NPI:
1770726861

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)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 10,019,870	\$ 44,838,961	0.223463	\$ 0	\$ 0
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room & Labor Room	716,196	867,038	0.826027	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	4,939,110	14,427,503	0.342340	5,183	1,774
41.01	Ultrasound	779,532	7,954,442	0.098000	2,915	286
41.02	CT Scan	1,031,259	43,872,078	0.023506	0	0
41.03	MRI	542,750	8,108,840	0.066933	0	0
43.00	Radioisotope	479,555	1,705,989	0.281101	0	0
44.00	Laboratory	4,831,393	38,351,176	0.125978	24,887	3,135
46.00	Whole Blood & Packed Red Blood Cells	415,116	2,730,582	0.152025	0	0
46.30	Blood Clotting Factors Admin Costs	0	0	0.000000	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	1,558,102	11,449,169	0.136089	0	0
50.00	Physical Therapy	2,493,582	5,991,747	0.416169	0	0
51.00	Occupational Therapy	404,776	1,517,063	0.266816	0	0
52.00	Speech Pathology	197,250	405,733	0.486157	0	0
53.00	Electrocardiology	517,227	4,187,450	0.123518	0	0
54.00	Electroencephalography	72,452	274,059	0.264365	0	0
55.00	Medical Supplies Charged to Patients	6,435,194	14,635,706	0.439691	0	0
55.30	IMPL. Dev. Charged to Patient	2,001,476	7,025,343	0.284894	0	0
56.00	Drugs Charged to Patients	7,448,240	32,042,381	0.232450	97,460	22,655
57.00	Renal Dialysis	767,134	2,034,913	0.376986	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	1,150,135	2,338,628	0.491799	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	8,806,231	64,479,058	0.136575	0	0
62.00	Observation Beds	0	5,504,291	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 55,606,579	\$ 314,742,150		\$ 130,445	\$ 27,850

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to			
1. Net Cost of Covered Services Rendered to		\$ 6,436,384	\$ 7,113,063
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)		\$ 6,436,384	\$ 7,113,063
6. Interim Payment		\$	\$ 0
7.	\$	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)		\$ 6,436,384	\$ 7,113,063
		(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 12)		\$ 0	\$ (121)
10. Medi-Cal Credit Balances (Adj 13)		\$ 0	\$ (650)
11.	\$	\$ 0	\$ 0
12.	\$	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (771)
		(To Summary of Findings)	

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

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>6,508,759</u>	\$ <u>7,197,673</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 10)	\$ <u>8,969,604</u>	\$ <u>9,624,588</u>
3. Inpatient Ancillary Service Charges (Adj 10)	\$ <u>14,007,434</u>	\$ <u>15,555,416</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>22,977,038</u>	\$ <u>25,180,004</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>16,468,279</u>	\$ <u>17,982,331</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

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

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	14,678	14,678
2. Inpatient Days (include private, exclude swing-bed)	14,678	14,678
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	14,678	14,678
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 8)	1,650	1,809

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)	\$ 23,274,950	\$ 23,108,840
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)	\$ 23,274,950	\$ 23,108,840

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 62,331,223	\$ 62,331,223
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 62,331,223	\$ 62,331,223
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.373408	\$ 0.370743
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,246.57	\$ 4,246.57
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)	\$ 23,274,950	\$ 23,108,840

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,585.70	\$ 1,574.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 2,616,405	\$ 2,848,072
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,043,180	\$ 1,107,041
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 3,659,585	\$ 3,955,113

(To Contract Sch 3)

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

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 446,748	\$ 444,203
2. Total Inpatient Days (Adj)	1,425	1,425
3. Average Per Diem Cost	\$ 313.51	\$ 311.72
4. Medi-Cal Inpatient Days (Adj 8)	300	311
5. Cost Applicable to Medi-Cal	\$ 94,053	\$ 96,945
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 5,620,647	\$ 5,579,572
7. Total Inpatient Days (Adj)	1,972	1,972
8. Average Per Diem Cost	\$ 2,850.23	\$ 2,829.40
9. Medi-Cal Inpatient Days (Adj 8)	333	357
10. Cost Applicable to Medi-Cal	\$ 949,127	\$ 1,010,096
CORONARY CARE UNIT		
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
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 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
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)	\$ 1,043,180	\$ 1,107,041

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

Provider NPI:
1770726861

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:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 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	503,062	0	0	0	0	0	0	0	0	5,588,496	2,165,742
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room & Labor Room	0	30,009	0	0	0	0	0	0	0	0	349,141	135,305
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	268,328	0	0	0	0	0	0	0	0	2,987,906	1,157,920
41.01	Ultrasound	0	48,093	0	0	0	0	0	0	0	0	482,064	186,817
41.02	CT Scan	0	34,718	0	0	0	0	0	0	0	0	467,408	181,137
41.03	MRI	0	20,059	0	0	0	0	0	0	0	0	285,988	110,830
43.00	Radioisotope	0	26,027	0	0	0	0	0	0	0	0	304,373	117,956
44.00	Laboratory	0	237,590	0	0	0	0	0	0	0	0	3,023,565	1,171,740
46.00	Whole Blood & Packed Red Blood Cells	0	22,968	0	0	0	0	0	0	0	0	268,981	104,240
46.30	Blood Clotting Factors Admin Costs	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	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	105,991	0	0	0	0	0	0	0	0	999,543	387,359
50.00	Physical Therapy	0	134,767	0	0	0	0	0	0	0	0	1,381,604	535,421
51.00	Occupational Therapy	0	29,965	0	0	0	0	0	0	0	0	268,508	104,056
52.00	Speech Pathology	0	13,575	0	0	0	0	0	0	0	0	135,115	52,362
53.00	Electrocardiology	0	23,258	0	0	0	0	0	0	0	0	271,306	105,141
54.00	Electroencephalography	0	5,706	0	0	0	0	0	0	0	0	50,879	19,717
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,177,265	1,618,840
55.30	IMPL. Dev. Charged to Patient	0	0	0	0	0	0	0	0	0	0	1,288,172	499,213
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,246,176	870,474
57.00	Renal Dialysis	0	106	0	0	0	0	0	0	0	0	542,944	210,410
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	78,330	0	0	0	0	0	0	0	0	735,038	284,853
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	514,889	0	0	0	0	0	0	0	0	5,029,108	1,948,960
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	7,628	0	0	0	0	0	0	0	0	215,039	83,335
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	Foundation	0	32,447	0	0	0	0	0	0	0	0	289,030	112,009
100.01	NRCC-MOB	0	0	0	0	0	0	0	0	0	0	720,747	279,315
100.02	NRCC-STIC-MRI	0	6,703	0	0	0	0	0	0	0	0	59,769	23,163
100.03	NRCC-Community Benefit	0	52,352	0	0	0	0	0	0	0	0	775,387	300,490
100.04	NRCC- Massage Therapy	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	5,118,602	0	87,790,829	24,519,793							

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 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	576,472	330,018	70,957	410,173	0	238,888	0	335,490	0	0	303,633	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room & Labor Room	80,048	45,826	1,173	56,956	0	14,052	0	27,824	0	0	5,871	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	203,457	116,475	48,080	144,764	0	182,679	0	131	0	0	97,698	0
41.01 Ultrasound	12,550	7,185	0	8,930	0	28,104	0	17	0	0	53,865	0
41.02 CT Scan	28,254	16,175	0	20,104	0	21,078	0	17	0	0	297,086	0
41.03 MRI	33,699	19,292	0	23,978	0	14,052	0	0	0	0	54,910	0
43.00 Radioisotope	13,845	7,926	0	9,851	0	14,052	0	0	0	0	11,552	0
44.00 Laboratory	90,872	52,022	211	64,657	0	168,627	0	0	0	0	259,700	0
46.00 Whole Blood & Packed Red Blood Cells	7,171	4,106	0	5,103	0	7,026	0	0	0	0	18,491	0
46.30 Blood Clotting Factors Admin Costs	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	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	5,976	3,421	2,733	4,252	0	77,287	0	0	0	0	77,530	0
50.00 Physical Therapy	159,067	91,062	20,007	113,180	0	98,366	0	54,302	0	0	40,574	0
51.00 Occupational Therapy	3,453	1,977	0	2,457	0	14,052	0	0	0	0	10,273	0
52.00 Speech Pathology	0	0	0	0	0	7,026	0	0	0	0	2,747	0
53.00 Electrocardiology	42,431	24,291	0	30,191	0	14,052	0	1,460	0	0	28,356	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	1,856	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	539,981	0	99,108	0
55.30 IMPL. Dev. Charged to Patient	0	0	0	0	0	0	0	0	166,518	0	47,573	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	4,114,611	216,980	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	13,780	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	8,579	0	0	49,183	0	53,287	5	0	15,836	3,354
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	226,797	129,837	104,280	161,371	0	266,992	0	491,627	89	0	436,629	10,540
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	28,719	16,441	0	20,434	0	7,026	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 Foundation	1,892	1,083	0	1,347	0	21,078	0	769	0	0	0	0
100.01 NRCC-MOB	0	0	0	0	0	0	0	1,967	0	0	0	0
100.02 NRCC-STIC-MRI	0	0	0	0	0	7,026	0	0	0	0	0	0
100.03 NRCC-Community Benefit	21,382	12,240	0	15,213	0	35,131	0	1,600	0	0	0	0
100.04 NRCC- Massage Therapy	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3,822,984	1,780,572	445,703	2,164,541	1,951,317	2,480,220	0	2,717,679	706,610	4,114,611	2,553,406	173,917

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 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	10,019,870		10,019,870
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room & Labor Room	0	0	0	0	0	0	0	0	716,196		716,196
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	4,939,110		4,939,110
41.01 Ultrasound	0	0	0	0	0	0	0	0	779,532		779,532
41.02 CT Scan	0	0	0	0	0	0	0	0	1,031,259		1,031,259
41.03 MRI	0	0	0	0	0	0	0	0	542,750		542,750
43.00 Radioisotope	0	0	0	0	0	0	0	0	479,555		479,555
44.00 Laboratory	0	0	0	0	0	0	0	0	4,831,393		4,831,393
46.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	415,116		415,116
46.30 Blood Clotting Factors Admin Costs	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
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	1,558,102		1,558,102
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,493,582		2,493,582
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	404,776		404,776
52.00 Speech Pathology	0	0	0	0	0	0	0	0	197,250		197,250
53.00 Electrocardiology	0	0	0	0	0	0	0	0	517,227		517,227
54.00 Electroencephalography	0	0	0	0	0	0	0	0	72,452		72,452
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	6,435,194		6,435,194
55.30 IMPL. Dev. Charged to Patient	0	0	0	0	0	0	0	0	2,001,476		2,001,476
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	7,448,240		7,448,240
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	767,134		767,134
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	1,150,135		1,150,135
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	8,806,231		8,806,231
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	370,995		370,995
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 Foundation	0	0	0	0	0	0	0	0	427,209		427,209
100.01 NRCC-MOB	0	0	0	0	0	0	0	0	1,002,030		1,002,030
100.02 NRCC-STIC-MRI	0	0	0	0	0	0	0	0	89,958		89,958
100.03 NRCC-Community Benefit	0	0	0	0	0	0	0	0	1,161,444		1,161,444
100.04 NRCC- Massage Therapy	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>87,790,829</u>	<u>0</u>	<u>87,790,829</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

	EMP BENE (GROSS SALARIES)	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)							
	5.00 (Adj) (Adj)	6.01 (Adj) (Adj)	6.02 (Adj) (Adj)	6.03 (Adj) (Adj)	6.04 (Adj) (Adj)	6.05 (Adj) (Adj)	6.06 (Adj) (Adj)	6.07 (Adj) (Adj)	6.08 (Adj) (Adj)			7.00 (Adj) (Adj)
ANCILLARY COST CENTERS												
37.00	Operating Room	3,596,399									5,588,496	17,363
38.00	Recovery Room										0	
39.00	Delivery Room & Labor Room	214,533									349,141	2,411
40.00	Anesthesiology										0	
41.00	Radiology - Diagnostic	1,918,286									2,987,906	6,128
41.01	Ultrasound	343,821									482,064	378
41.02	CT Scan	248,197									467,408	851
41.03	MRI	143,402									285,988	1,015
43.00	Radioisotope	186,065									304,373	417
44.00	Laboratory	1,698,537									3,023,565	2,737
46.00	Whole Blood & Packed Red Blood Cells	164,201									268,981	216
46.30	Blood Clotting Factors Admin Costs										0	
47.00	Blood Storing and Processing										0	
48.00	Intravenous Therapy										0	
49.00	Respiratory Therapy	757,730									999,543	180
50.00	Physical Therapy	963,454									1,381,604	4,791
51.00	Occupational Therapy	214,222									268,508	104
52.00	Speech Pathology	97,045									135,115	
53.00	Electrocardiology	166,275									271,306	1,278
54.00	Electroencephalography	40,789									50,879	
55.00	Medical Supplies Charged to Patients										4,177,265	
55.30	IMPL. Dev. Charged to Patient										1,288,172	
56.00	Drugs Charged to Patients										2,246,176	
57.00	Renal Dialysis	757									542,944	
59.00											0	
59.01											0	
59.02											0	
59.03											0	
60.00	Clinic	559,980									735,038	
60.01	Other Clinic Services										0	
61.00	Emergency	3,680,951									5,029,108	6,831
62.00	Observation Beds										0	
71.00											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	54,535									215,039	865
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	Foundation	231,965									289,030	57
100.01	NRCC-MOB										720,747	
100.02	NRCC-STIC-MRI	47,922									59,769	
100.03	NRCC-Community Benefit	374,265									775,387	644
100.04	NRCC- Massage Therapy										0	
TOTAL		36,592,997	0	0	0	0	0	0	0	0	63,271,036	115,146
COST TO BE ALLOCATED		5,118,602	0	0	0	0	0	0	0	0	24,519,793	3,822,984
UNIT COST MULTIPLIER - SCH 8		0.139879	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.387536	33.201184

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE- KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	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	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS													
37.00	Operating Room	17,363	53,540	17,363			38,367			44,838,961			
38.00	Recovery Room				34								
39.00	Delivery Room & Labor Room	2,411	885	2,411			3,182			867,038			
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	6,128	36,278	6,128	26		15			14,427,503			
41.01	Ultrasound	378		378	4		2			7,954,442			
41.02	CT Scan	851		851	3		2			43,872,078			
41.03	MRI	1,015		1,015	2					8,108,840			
43.00	Radioisotope	417		417	2					1,705,989			
44.00	Laboratory	2,737	159	2,737	24					38,351,176			
46.00	Whole Blood & Packed Red Blood Cells	216		216	1					2,730,582			
46.30	Blood Clotting Factors Admin Costs												
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	180	2,062	180	11					11,449,169			
50.00	Physical Therapy	4,791	15,096	4,791	14		6,210			5,991,747			
51.00	Occupational Therapy	104		104	2					1,517,063			
52.00	Speech Pathology				1					405,733			
53.00	Electrocardiology	1,278		1,278	2		167			4,187,450			
54.00	Electroencephalography									274,059			
55.00	Medical Supplies Charged to Patients							4,177,265		14,635,706			
55.30	IMPL. Dev. Charged to Patient							1,288,172		7,025,343			
56.00	Drugs Charged to Patients								2,246,176	32,042,381			
57.00	Renal Dialysis									2,034,913			
59.00													
59.01													
59.02													
59.03													
60.00	Clinic		6,473		7		6,094	35		2,338,628	7		
60.01	Other Clinic Services												
61.00	Emergency	6,831	78,683	6,831	38		56,223	690		64,479,058	22		
62.00	Observation Beds												
71.00													
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	865		865	1								
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Foundation	57		57	3		88						
100.01	NRCC-MOB						225						
100.02	NRCC-STIC-MRI				1								
100.03	NRCC-Community Benefit	644		644	5		183						
100.04	NRCC- Massage Therapy												
TOTAL		93,680	336,299	91,627	211,944	353	0	310,797	5,466,297	2,246,176	377,073,373	363	0
COST TO BE ALLOCATED		1,780,572	445,703	2,164,541	1,951,317	2,480,220	0	2,717,679	706,610	4,114,611	2,553,406	173,917	0
UNIT COST MULTIPLIER - SCH 8		19.006960	1.325317	23.623402	9.206759	7026.117817	0.000000	8.744225	0.129267	1.831829	0.006772	479.109401	0.000000

Provider Name:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 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 (Adj) (Adj)	19.03 (Adj) (Adj)	20.00 (Adj) (Adj)	21.00 (Adj) (Adj)	22.00 (Adj) (Adj)	23.00 (Adj) (Adj)	24.00 (Adj) (Adj)
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							
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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:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	2,591,360	(181,733)	2,409,627
4.00	New Cap Rel Costs-Movable Equipment	2,687,952	(263,486)	2,424,466
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	5,095,871	0	5,095,871
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative & General	23,760,352	89,738	23,850,090
7.00	Maintenance & Repairs	2,309,053	(3,977)	2,305,076
8.00	Operation of Plant		0	0
9.00	Laundry & Linen Service	321,219	0	321,219
10.00	Housekeeping	1,274,757	0	1,274,757
11.00	Dietary	762,854	0	762,854
12.00	Cafeteria	889,926	0	889,926
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,543,914	247	1,544,161
15.00	Central Services & Supply	270,786	83	270,869
16.00	Pharmacy	2,558,228	76,100	2,634,328
17.00	Medical Records & Library	1,121,234	0	1,121,234
18.00	Social Service	72,846	0	72,846
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		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	10,632,539	0	10,632,539
26.00	Intensive Care Unit	2,888,354	(13,012)	2,875,342
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	217,419	0	217,419
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:
SUTTER TRACY COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 4,416,319	\$ 46,600	\$ 4,462,919
38.00	Recovery Room		0	0
39.00	Delivery Room & Labor Room	232,691	0	232,691
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	2,420,611	79,259	2,499,870
41.01	Ultrasound	420,418	0	420,418
41.02	CT Scan	402,179	0	402,179
41.03	MRI	127,898	101,640	229,538
43.00	Radioisotope	263,396	0	263,396
44.00	Laboratory	2,683,367	4,478	2,687,845
46.00	Whole Blood & Packed Red Blood Cells	238,268	0	238,268
46.30	Blood Clotting Factors Admin Costs		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	884,554	2,545	887,099
50.00	Physical Therapy	1,075,043	22	1,075,065
51.00	Occupational Therapy	234,814	0	234,814
52.00	Speech Pathology	108,281	13,259	121,540
53.00	Electrocardiology	202,227	0	202,227
54.00	Electroencephalography	45,131	42	45,173
55.00	Medical Supplies Charged to Patients	4,177,265	0	4,177,265
55.30	IMPL. Dev. Charged to Patient	1,288,172	0	1,288,172
56.00	Drugs Charged to Patients	2,246,176	0	2,246,176
57.00	Renal Dialysis	542,838	0	542,838
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic	634,939	21,769	656,708
60.01	Other Clinic Services		0	0
61.00	Emergency	4,269,308	0	4,269,308
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 85,912,559	\$ (26,426)	\$ 85,886,133
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	176,398	0	176,398
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Foundation	254,539	0	254,539
100.01	NRCC-MOB	720,747	0	720,747
100.02	NRCC-STIC-MRI	53,066	0	53,066
100.03	NRCC-Community Benefit	699,946	0	699,946
100.04	NRCC- Massage Therapy		0	0
100.99	SUBTOTAL	\$ 1,904,696	\$ 0	\$ 1,904,696
101	TOTAL	\$ 87,817,255	\$ (26,426)	\$ 87,790,829

(To Schedule 8)

Provider Name							Fiscal Period	Provider NPI		Adjustments
SUTTER TRACY COMMUNITY HOSPITAL							JANUARY 01, 2010 THROUGH DECEMBER 31, 2010	1770726861		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>RECLASSIFICATION OF REPORTED COSTS</u>										
1	10A	A		3.00	7	New Cap Rel Costs-Bldg & Fixtures	\$2,591,360	(\$181,073)	\$2,410,287	*
	10A	A		4.00	7	New Cap Rel Costs-Movable Equipment	2,687,952	(262,820)	2,425,132	*
	10A	A		6.00	7	Administrative & General	23,760,352	97,849	23,858,201	*
	10A	A		14.00	7	Nursing Administration	1,543,914	247	1,544,161	
	10A	A		15.00	7	Central Services & Supply	270,786	83	270,869	
	10A	A		16.00	7	Pharmacy	2,558,228	76,100	2,634,328	
	10A	A		37.00	7	Operating Room	4,416,319	46,600	4,462,919	
	10A	A		41.00	7	Radiology - Diagnostic	2,420,611	79,259	2,499,870	
	10A	A		41.03	7	MRI	127,898	101,640	229,538	
	10A	A		44.00	7	Laboratory	2,683,367	4,478	2,687,845	
	10A	A		49.00	7	Respiratory Therapy	884,554	2,545	887,099	
	10A	A		50.00	7	Physical Therapy	1,075,043	22	1,075,065	
	10A	A		52.00	7	Speech Pathology	108,281	13,259	121,540	
	10A	A		54.00	7	Electroencephalography	45,131	42	45,173	
	10A	A		60.00	7	Clinic	634,939	21,769	656,708	
To reverse the provider's reclassification of departmental equipment rental expense in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
SUTTER TRACY COMMUNITY HOSPITAL							JANUARY 01, 2010 THROUGH DECEMBER 31, 2010		1770726861		13
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED COSTS											
2	10A	A			3.00	7	New Cap Rel Costs-Bldg & Fixtures	*	\$2,410,287	(\$660)	\$2,409,627
	10A	A			4.00	7	New Cap Rel Costs-Movable Equipment	*	2,425,132	(666)	2,424,466
	10A	A			6.00	7	Administrative & General	*	23,858,201	(8,111)	23,850,090
	10A	A			7.00	7	Maintenance and Repairs		2,309,053	(3,977)	2,305,076
							To adjust reported home office costs to agree with the Sutter Health Home Office Audit Report for fiscal period ended December 31, 2010. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				
3	10A	A			26.00	7	Intensive Care Unit		\$2,888,354	(\$13,012)	\$2,875,342
							To adjust reported home office costs to agree with the Sutter Health Sacramento Sutter Region Home Office Audit Report for fiscal period ended December 31, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
SUTTER TRACY COMMUNITY HOSPITAL							JANUARY 01, 2010 THROUGH DECEMBER 31, 2010			1770726861		13
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
4	4A	Supp Sch 7					Medi-Cal Administrative Day Rate	\$351.26	\$50.02	\$401.28		
5	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$16,982	(\$16,982)	\$0		
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	5,515	(332)	5,183		
	6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Ultrasound	5,197	(2,282)	2,915		
	6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges - MRI	10,063	(10,063)	0		
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	29,216	(4,329)	24,887		
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	4,342	(4,342)	0		
	6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	301	(301)	0		
	6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	1,360	(1,360)	0		
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	5,114	(5,114)	0		
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	100,959	(3,499)	97,460		
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	1,458	(1,458)	0		
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	180,507	(50,062)	130,445		
6	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	\$180,507	(\$50,062)	\$130,445		
7	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$121,613	(\$45,261)	\$76,352		
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 01, 2010 through December 31, 2010 Payment Period: January 01, 2010 through August 01, 2013 Report Date: August 20, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>												

Provider Name							Fiscal Period		Provider NPI		Adjustments
SUTTER TRACY COMMUNITY HOSPITAL							JANUARY 01, 2010 THROUGH DECEMBER 31, 2010		1770726861		13
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
8	Contract 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults & Pediatrics	1,650	159	1,809	
	Contract 4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	300	11	311	
	Contract 4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care	333	24	357	
9	Contract 6	D-4		V	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,408,371	\$327,519	\$2,735,890	
	Contract 6	D-4		V	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	17,291	(4,220)	13,071	
	Contract 6	D-4		V	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	265,752	26,926	292,678	
	Contract 6	D-4		V	41.01	2	Medi-Cal Ancillary Charges - Ultrasound	142,016	25,498	167,514	
	Contract 6	D-4		V	41.02	2	Medi-Cal Ancillary Charges - CT Scan	1,061,526	96,151	1,157,677	
	Contract 6	D-4		V	41.03	2	Medi-Cal Ancillary Charges - MRI	143,952	22,811	166,763	
	Contract 6	D-4		V	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	38,543	9,572	48,115	
	Contract 6	D-4		V	44.00	2	Medi-Cal Ancillary Charges - Laboratory	2,198,533	274,551	2,473,084	
	Contract 6	D-4		V	46.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	57,424	8,815	66,239	
	Contract 6	D-4		V	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,821,538	84,220	1,905,758	
	Contract 6	D-4		V	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	12,904	233,232	246,136	
	Contract 6	D-4		V	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	8,122	5,354	13,476	
	Contract 6	D-4		V	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	363,248	62,618	425,866	
	Contract 6	D-4		V	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	23,120	4,080	27,200	
	Contract 6	D-4		V	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged To Patients	1,669,766	186,392	1,856,158	
	Contract 6	D-4		V	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,696,062	270,121	2,966,183	
	Contract 6	D-4		V	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	217,560	35,348	252,908	
	Contract 6	D-4		V	61.00	2	Medi-Cal Ancillary Charges - Emergency	861,706	(121,006)	740,700	
	Contract 6	D-4		V	101.00	2	Medi-Cal Ancillary Charges - Total	14,007,434	1,547,982	15,555,416	
10	Contract 2	E-3	III	V	10.00	1	Medi-Cal Routine Service Charges	\$8,969,604	\$654,984	\$9,624,588	
	Contract 2	E-3	III	V	11.00	1	Medi-Cal Ancillary Service Charges	14,007,434	1,547,982	15,555,416	

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Provider Name							Fiscal Period		Provider NPI		Adjustments
SUTTER TRACY COMMUNITY HOSPITAL							JANUARY 01, 2010 THROUGH DECEMBER 31, 2010		1770726861		13
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
-Continued from previous page-											
11	Contract 3	E-3	III	V	33.00	1	Medi-Cal Deductibles	\$0	\$6,885	\$6,885	
	Contract 3	E-3	III	V	36.00	1	Medi-Cal Coinsurance	72,375	5,350	77,725	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 01, 2010 through December 31, 2010 Payment Period: January 01, 2010 through August 01, 2013 Report Date: August 20, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>											

Provider Name							Fiscal Period			Provider NPI		Adjustments
SUTTER TRACY COMMUNITY HOSPITAL							JANUARY 01, 2010 THROUGH DECEMBER 31, 2010			1770726861		13
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
12	1	N/A	Medi-Cal Overpayments To recover Medi-Cal overpayment because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1					\$0	\$121	\$121		
13	1	N/A	Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1					\$0	\$650	\$650		