

**REPORT
ON THE
COST REPORT REVIEW**

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
MORENO VALLEY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS: 1821159195 &
1225248644**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Stan Van Arsdale
Auditor: Nhung Tran**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: March 8, 2013

David Runke, CFO
Riverside County Regional Medical Center
26250 Cactus Avenue
Moreno Valley, CA 92555

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPIs) 1821159195 & 1225248644
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the state in the amount of \$60,585 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Contract Cost (DESIGNATED PUBLIC HOSPITAL CONTRACT Schedules)
3. Audit Adjustments Schedule

David Runke
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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:

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— Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1821159195		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
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: 1821159195		
Reported		\$ 101,019,736
Net Change		\$ (7,374,745)
Audited Cost		\$ 93,644,991
Audited Amount Due Provider (State)	\$ (60,585)	
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)	\$ (60,585)	
9. Total Medi-Cal Cost		\$ 93,644,991

SUMMARY OF FINDINGS

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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)		\$ (60,585)	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1821159195

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 101,019,736	\$ 93,644,991
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)	\$ 101,019,736	\$ 93,644,991
6.		\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 101,019,736	\$ 93,644,991
		(To Summary of Findings)	
9.	Interim Payments (Adjs 14, 20)	\$ (41,101,238)	\$ (58,829,840)
10.	Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
11.	Medi-Cal Credit Balances (Adj 21)	\$ 0	\$ (60,585)
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL OVERPAYMENT SETTLEMENT Due Provider (State)	\$ 0	\$ (60,585)
		(To Summary of Findings)	

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

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1821159195

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>101,249,269</u>	\$ <u>94,289,235</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adjs 12, 18)	\$ <u>141,878,450</u>	\$ <u>131,304,959</u>
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3. Inpatient Ancillary Service Charges (Adjs 12, 18)	\$ <u>281,475,430</u>	\$ <u>265,415,327</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>423,353,880</u>	\$ <u>396,720,286</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>322,104,611</u>	\$ <u>302,431,051</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1821159195

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 9)	94,636	94,643
2. Inpatient Days (include private, exclude swing-bed)	94,636	94,643
3. Private Room Days (exclude swing-bed private room) (Adj)	1	1
4. Semi-Private Room Days (exclude swing-bed) (Adj 9)	94,636	94,643
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) (Adjs 10, 16)	30,637	28,610

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)	\$ 98,606,095	\$ 97,423,880
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)	\$ 98,606,095	\$ 97,423,880

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 243,549,474	\$ 243,549,474
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.404871	\$ 0.400017
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 98,606,095	\$ 97,423,880

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,041.95	\$ 1,029.38
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 31,922,222	\$ 29,450,562
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 20,774,697	\$ 18,970,259
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 52,696,919	\$ 48,420,821

(To Contract Sch 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1821159195

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,190,615	\$ 1,991,836
2. Total Inpatient Days (Adj)	5,168	5,168
3. Average Per Diem Cost	\$ 423.88	\$ 385.42
4. Medi-Cal Inpatient Days (Adjs 10, 16)	3,624	3,347
5. Cost Applicable to Medi-Cal	\$ 1,536,141	\$ 1,290,001
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 25,743,846	\$ 25,773,016
7. Total Inpatient Days (Adj)	14,356	14,356
8. Average Per Diem Cost	\$ 1,793.25	\$ 1,795.28
9. Medi-Cal Inpatient Days (Adj 10)	4,821	4,648
10. Cost Applicable to Medi-Cal	\$ 8,645,258	\$ 8,344,461
PEDIATRIC INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 2,999,992	\$ 3,028,395
12. Total Inpatient Days (Adj)	961	961
13. Average Per Diem Cost	\$ 3,121.74	\$ 3,151.30
14. Medi-Cal Inpatient Days (Adjs 10, 16)	594	525
15. Cost Applicable to Medi-Cal	\$ 1,854,314	\$ 1,654,433
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 27)	\$ 9,785,609	\$ 9,882,040
17. Total Inpatient Days (Adj)	6,601	6,601
18. Average Per Diem Cost	\$ 1,482.44	\$ 1,497.05
19. Medi-Cal Inpatient Days (Adj 10)	5,895	5,131
20. Cost Applicable to Medi-Cal	\$ 8,738,984	\$ 7,681,364
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)	\$ 20,774,697	\$ 18,970,259

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1821159195

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)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1821159195

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adjs 11, 15, 17)	AUDITED
37.00	Operating Room	\$ 35,925,031	\$ (2,344,969)	\$ 33,580,062
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room	6,288,426	(1,045,043)	5,243,383
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	7,782,048	(2,179,790)	5,602,258
41.01	MRI	2,062,459	1,591,985	3,654,444
41.02	CAT SCAN	20,990,158	(2,017,777)	18,972,381
42.00	Radiology - Therapeutic			0
43.00	Radioisotope	346,200	54,417	400,617
44.00	Laboratory	38,137,595	2,421,441	40,559,036
44.01	Pathological Lab	3,761,977	(1,304,029)	2,457,948
46.00	Whole Blood	942,403	587,548	1,529,951
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	43,055,430	(5,795,183)	37,260,247
50.00	Physical Therapy	926,981	8,217	935,198
51.00	Occupational Therapy	353,932	(20,678)	333,254
52.00	Speech Pathology	387,198	(42,635)	344,563
53.00	Electrocardiology	6,429,008	(985,515)	5,443,493
54.00	Electroencephalography	399,064	(133,356)	265,708
55.00	Medical Supplies Charged to Patients	25,653,080	(1,679,530)	23,973,550
56.00	Drugs Charged to Patients	83,307,598	(2,340,363)	80,967,235
57.00	Renal Dialysis	22,552	69,185	91,737
58.00	ASC (Non-Distinct Part)			0
59.00	Other Ancillary Service Cost Centers	400,802	(244,489)	156,313
59.01				0
59.02				0
59.03				0
60.00	Clinic	8,697	(8,697)	0
60.01	Other Clinic Services			0
61.00	Emergency	4,294,791	(650,842)	3,643,949
62.00	Observation Beds			0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 281,475,430	\$ (16,060,103)	\$ 265,415,327

(To Contract Sch 5)

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CEN

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 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	0	0	0	0	0	0	0	0	0	15,556,310	3,240,102
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	7,295,126	1,519,445
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	0	0	7,578,841	1,578,538
41.01	MRI	0	0	0	0	0	0	0	0	0	0	548,357	114,213
41.02	CAT SCAN	0	0	0	0	0	0	0	0	0	0	1,291,557	269,008
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	615,233	128,142
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	9,423,103	1,962,665
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	1,062,673	221,336
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	2,729,650	568,538
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	0	0	0	0	0	0	0	0	0	7,075,493	1,473,699
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	2,108,395	439,141
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	1,247,699	259,874
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	216,178	45,026
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	1,171,750	244,055
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	409,725	85,338
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	17,686,933	3,683,873
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	14,215,744	2,960,886
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	1,093,512	227,759
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Other Ancillary Service Cost Centers	0	0	0	0	0	0	0	0	0	0	1,822,199	379,532
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	16,386,769	3,413,072
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	29,196,887	6,081,192
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	0	0	0	0	0	0	0	0	0	513,772	107,009
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	2,265	472
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	Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	0	0	1,469,361	306,042
100.01	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
100.02	Dental Clinic	0	0	0	0	0	0	0	0	0	0	220,250	45,874
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>0</u>	<u>0</u>	<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>359,602,751</u>	<u>61,987,877</u>

Provider Name:

RIVERSIDE COUNTY REGIONAL MEDICAL CEN

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
ANCILLARY COST CENTERS												
37.00 Operating Room	500,799	581,813	189,095	1,037,875	0	156,241	0	595,150	165,484	367	920,661	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	189,816	220,522	124,317	393,383	0	88,811	0	335,097	96,469	4,310	78,511	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	275,922	320,558	110,910	571,832	0	90,455	0	0	13,917	279	325,231	0
41.01 MRI	14,776	17,166	0	30,622	0	4,934	0	0	417	125	73,252	0
41.02 CAT SCAN	11,752	13,653	0	24,356	0	11,513	0	0	13,215	0	808,608	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	8,663	10,064	0	17,953	0	4,934	0	0	255	1,958	10,998	0
44.00 Laboratory	223,013	259,090	0	462,181	0	105,257	0	0	29,528	19,403	847,909	0
44.01 Pathological Lab	8,761	10,178	0	18,157	0	13,157	0	0	10	0	87,443	0
46.00 Whole Blood	8,467	9,836	0	17,547	0	3,289	0	0	10	9,522	12,769	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	100,179	116,385	199	207,616	0	108,547	0	0	36,744	6,954	515,125	0
50.00 Physical Therapy	45,472	52,828	13,639	94,238	0	29,604	0	0	21,676	1,628	25,930	0
51.00 Occupational Therapy	42,121	48,935	0	87,294	0	4,934	0	0	853	31,801	10,783	0
52.00 Speech Pathology	0	0	0	0	0	3,289	0	0	0	0	5,956	0
53.00 Electrocardiology	15,332	17,812	8,905	31,774	0	16,446	0	0	7,390	0	160,292	0
54.00 Electroencephalography	16,296	18,932	0	33,773	0	4,934	0	0	117	0	19,678	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,102,023	0	567,992	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	15,960,046	1,385,287	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	18,917	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Other Ancillary Service Cost Centers	2,533	2,943	0	5,251	0	9,868	0	0	0	0	9,236	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	871,817	1,012,850	23,355	1,806,789	0	261,498	0	991,397	60,943	120,173	194,765	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	280,009	325,305	300,661	580,301	409,003	302,615	0	1,444,552	290,695	36,783	341,831	0
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	14,482	16,825	0	30,013	0	1,645	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	200	0	0	0	0	0	226	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 Other Nonreimbursable Cost Centers	151,961	176,543	502	314,930	0	8,223	0	0	11,046	0	0	0
100.01 Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
100.02 Dental Clinic	37,545	43,618	0	77,809	0	8,223	0	32,974	200	919	217	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	6,230,165	6,895,121	2,015,492	11,767,364	5,821,251	2,914,309	0	8,461,146	4,486,750	16,280,540	8,573,491	5,024,638

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CEN

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 21.01	INT & RES PROGRAM 22.00	PARAMED EDUCAT 23.00	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	2,231,217	0	0	25,175,115		25,175,115
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	400,375	0	0	10,746,182		10,746,182
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
41.00 Radiology - Diagnostic	0	0	0	0	0	85,517	0	0	10,952,000		10,952,000
41.01 MRI	0	0	0	0	0	0	0	0	803,862		803,862
41.02 CAT SCAN	0	0	0	0	0	0	0	0	2,443,661		2,443,661
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	798,201		798,201
44.00 Laboratory	0	0	0	0	0	44,657	0	0	13,376,806		13,376,806
44.01 Pathological Lab	0	0	0	0	0	0	0	0	1,421,714		1,421,714
46.00 Whole Blood	0	0	0	0	0	0	0	0	3,359,628		3,359,628
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	20,882	0	0	9,661,823		9,661,823
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,832,552		2,832,552
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,734,295		1,734,295
52.00 Speech Pathology	0	0	0	0	0	0	0	0	270,450		270,450
53.00 Electrocardiology	0	0	0	0	0	80,636	0	0	1,754,391		1,754,391
54.00 Electroencephalography	0	0	0	0	0	0	0	0	588,794		588,794
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	25,040,821		25,040,821
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	34,521,963		34,521,963
57.00 Renal Dialysis	0	0	0	0	0	39,956	0	0	1,380,144		1,380,144
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00 Other Ancillary Service Cost Centers	0	0	0	0	0	60,974	0	0	2,292,535		2,292,535
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	2,201,973	0	0	27,345,402		27,345,402
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	1,820,265	0	0	41,410,098		41,410,098
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	683,745		683,745
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	3,163		3,163
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 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	2,438,607		2,438,607
100.01 Transitional Care Unit	0	0	0	0	0	0	0	0	0		0
100.02 Dental Clinic	0	0	0	0	0	0	0	0	467,630		467,630
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>9,534,833</u>	<u>0</u>	<u>0</u>	<u>359,602,750</u>	<u>0</u>	<u>359,602,750</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	STAT 6.01	STAT 6.02	STAT 6.03	STAT 6.04	STAT 6.05	STAT 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj 7)
ANCILLARY COST CENTERS											
37.00	Operating Room									15,556,310	30,639
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room									7,295,126	11,613
40.00	Anesthesiology									0	
41.00	Radiology - Diagnostic									7,578,841	16,881
41.01	MRI									548,357	904
41.02	CAT SCAN									1,291,557	719
42.00	Radiology - Therapeutic									0	
43.00	Radioisotope									615,233	530
44.00	Laboratory									9,423,103	13,644
44.01	Pathological Lab									1,062,673	536
46.00	Whole Blood									2,729,650	518
47.00	Blood Storing and Processing									0	
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy									7,075,493	6,129
50.00	Physical Therapy									2,108,395	2,782
51.00	Occupational Therapy									1,247,699	2,577
52.00	Speech Pathology									216,178	
53.00	Electrocardiology									1,171,750	938
54.00	Electroencephalography									409,725	997
55.00	Medical Supplies Charged to Patients									17,686,933	
56.00	Drugs Charged to Patients									14,215,744	
57.00	Renal Dialysis									1,093,512	
58.00	ASC (Non-Distinct Part)									0	
59.00	Other Ancillary Service Cost Centers									1,822,199	155
59.01										0	
59.02										0	
59.03										0	
60.00	Clinic									16,386,769	53,338
60.01	Other Clinic Services									0	
61.00	Emergency									29,196,887	17,131
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									513,772	886
97.00	Research									0	
98.00	Physicians' Private Office									2,265	
99.00	Nonpaid Workers									0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00	Other Nonreimbursable Cost Centers									1,469,361	9,297
100.01	Transitional Care Unit									0	
100.02	Dental Clinic									220,250	2,297
100.03										0	
100.04										0	
TOTAL	0	0	0	0	0	0	0	0	0	297,614,874	381,163
COST TO BE ALLOCATED	0	0	0	0	0	0	0	0	0	61,987,877	6,230,165
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.208282	16.345145

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00 (Adj 7)	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00 (Adj 7)	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PRODUCTIVE HOURS) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00	SOC SERV (PATIENT DAYS) 18.00 (Adj 8)	STAT 19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	30,639	193,835	30,639			95		198,087	959,225	371	151,197,606	
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	11,613	127,433	11,613			54		111,532	559,182	4,358	12,893,599	
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	16,881	113,690	16,881			55		80,671	282	53,411,710		
41.01	MRI	904		904			3		2,420	126	12,029,978		
41.02	CAT SCAN	719		719			7		76,598		132,795,402		
42.00	Radiology - Therapeutic												
43.00	Radioisotope	530		530			3		1,476	1,980	1,806,252		
44.00	Laboratory	13,644		13,644			64		171,160	19,618	139,249,789		
44.01	Pathological Lab	536		536			8		56		14,360,487		
46.00	Whole Blood	518		518			2		58	9,628	2,097,017		
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	6,129	204	6,129			66		212,985	7,031	84,597,536		
50.00	Physical Therapy	2,782	13,981	2,782			18		125,643	1,646	4,258,438		
51.00	Occupational Therapy	2,577		2,577			3		4,945	32,154	1,770,915		
52.00	Speech Pathology						2				978,211		
53.00	Electrocardiology	938	9,128	938			10		42,837		26,324,237		
54.00	Electroencephalography	997		997			3		680		3,231,724		
55.00	Medical Supplies Charged to Patients								17,980,796		93,279,686		
56.00	Drugs Charged to Patients									16,137,257	227,501,826		
57.00	Renal Dialysis										3,106,705		
58.00	ASC (Non-Distinct Part)												
59.00	Other Ancillary Service Cost Centers	155		155			6				1,516,782		
59.01													
59.02													
59.03													
60.00	Clinic	53,338	23,940	53,338			159		329,972	353,256	121,507	31,985,738	
60.01	Other Clinic Services												
61.00	Emergency	17,131	308,198	17,131	23,441		184		480,798	1,685,007	37,191	56,137,979	
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	886		886			1						
97.00	Research												
98.00	Physicians' Private Office		205						1,312				
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Other Nonreimbursable Cost Centers	9,297	515	9,297			5		64,026				
100.01	Transitional Care Unit												
100.02	Dental Clinic	2,297		2,297			5		10,975	1,160	929	35,608	
100.03													
100.04													
	TOTAL	363,106	2,066,015	347,383	333,631	1,772	0	2,816,169	26,007,329	16,461,309	#####	116,554	0
	COST TO BE ALLOCATED	6,895,121	2,015,492	11,767,364	5,821,251	2,914,309	0	8,461,146	4,486,750	16,280,540	8,573,492	5,024,638	0
	UNIT COST MULTIPLIER - SCH 8	18.989279	0.975546	33.874324	17.448172	1644.644138	0.000000	3.004488	0.172519	0.989019	0.006089	43.109957	0.000000

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SERVS MEDICAID (ASG TIME)	I&R-SERVS SAL & FRIN (ASG TIME)	I&R-SERVS OTHER PROG (ASG TIME)
19.02	19.03	20.00	21.00	21.01	22.00	23.00
GENERAL SERVICE COST CENTERS						
1.00	Old Cap Rel Costs-Bldg & Fixtures					
2.00	Old Cap Rel Costs-Movable Equipment					
3.00	New Cap Rel Costs-Bldg & 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	Non-Patient Telephones					
6.02	Data Processing					
6.03	Purchasing/Receiving					
6.04	Patient Admitting					
6.05	Patient Business Office					
6.06						
6.07						
6.08						
6.00	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 & 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					
21.01	Intern & Res Service Medicaid					
22.00	Intern & Res - Salary & Fringe Benefit					
23.00	Intern & Res - Other Program					
INPATIENT ROUTINE COST CENTERS						
25.00	Adults & Pediatrics (Gen Routine)					
				36,598	36,598	36,598
26.00	Intensive Care Unit					
				13,572	13,572	13,572
27.00	Coronary Care Unit					
28.00						
29.00	Surgical Intensive Care					
30.00	Pediatric Intensive Care Unit					
				1,942	1,942	1,942
31.01	Neonatal Intensive Care Unit					
				2,055	2,055	2,055
32.00						
33.00	Nursery					
				2,214	2,214	2,214
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:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SERVS MEDICAID (ASG TIME)	I&R-SERVS SAL & FRIN (ASG TIME)	I&R-SERVS OTHER PROG (ASG TIME)
	19.02	19.03	20.00	21.00	21.01	22.00	23.00
ANCILLARY COST CENTERS							
37.00					49,364	49,364	49,364
38.00							
39.00					8,858	8,858	8,858
40.00							
41.00					1,892	1,892	1,892
41.01							
41.02							
42.00							
43.00							
44.00					988	988	988
44.01							
46.00							
47.00							
48.00							
49.00					462	462	462
50.00							
51.00							
52.00							
53.00					1,784	1,784	1,784
54.00							
55.00							
56.00							
57.00					884	884	884
58.00							
59.00					1,349	1,349	1,349
59.01							
59.02							
59.03							
60.00					48,717	48,717	48,717
60.01							
61.00					40,272	40,272	40,272
62.00							
71.00							
82.00							
83.00							
84.00							
85.00							
86.00							
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
99.00							
99.01							
99.02							
99.03							
99.04							
99.05							
100.00							
100.01							
100.02							
100.03							
100.04							
TOTAL	0	0	0	0	210,951	210,951	210,951
COST TO BE ALLOCATED	0	0	0	0	9,534,833	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	45.199276	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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	16,948,751	360,001	17,308,752
4.00	New Cap Rel Costs-Movable Equipment	162,301	7,981	170,282
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		0	0
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 and General	59,870,189	82,593	59,952,782
7.00	Maintenance and Repairs	4,640,305	0	4,640,305
8.00	Operation of Plant	4,755,091	0	4,755,091
9.00	Laundry and Linen Service	1,494,308	0	1,494,308
10.00	Housekeeping	8,837,100	0	8,837,100
11.00	Dietary	6,340,151	(1,822,587)	4,517,564
12.00	Cafeteria	(326,105)	1,574,851	1,248,746
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	6,443,685	0	6,443,685
15.00	Central Services & Supply	2,521,374	0	2,521,374
16.00	Pharmacy	12,447,169	0	12,447,169
17.00	Medical Records and Library	6,076,013	0	6,076,013
18.00	Social Service	3,734,234	0	3,734,234
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
21.01	Intern & Res Service Medicaid	7,669,214	0	7,669,214
22.00	Intern & Res - Salary & Fringe Benefit		0	0
23.00	Intern & Res - Other Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	57,630,760	0	57,630,760
26.00	Intensive Care Unit	16,745,642	0	16,745,642
27.00	Coronary Care Unit		0	0
28.00			0	0
29.00	Surgical Intensive Care		0	0
30.00	Pediatric Intensive Care Unit	1,858,117	0	1,858,117
31.01	Neonatal Intensive Care Unit	6,580,837	0	6,580,837
32.00			0	0
33.00	Nursery	789,308	0	789,308
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:
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 14,356,355	\$ 0	\$ 14,356,355
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	6,840,311	0	6,840,311
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	6,917,708	0	6,917,708
41.01	MRI	512,952	0	512,952
41.02	CAT SCAN	1,263,398	0	1,263,398
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	594,476	0	594,476
44.00	Laboratory	8,888,745	0	8,888,745
44.01	Pathological Lab	1,041,681	0	1,041,681
46.00	Whole Blood	2,709,363	0	2,709,363
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	6,835,455	0	6,835,455
50.00	Physical Therapy	1,999,440	0	1,999,440
51.00	Occupational Therapy	1,146,773	0	1,146,773
52.00	Speech Pathology	216,178	0	216,178
53.00	Electrocardiology	1,135,014	0	1,135,014
54.00	Electroencephalography	370,678	0	370,678
55.00	Medical Supplies Charged to Patients	17,686,933	0	17,686,933
56.00	Drugs Charged to Patients	14,215,744	0	14,215,744
57.00	Renal Dialysis	1,093,512	0	1,093,512
58.00	ASC (Non-Distinct Part)		0	0
59.00	Other Ancillary Service Cost Centers	1,816,089	0	1,816,089
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic	14,297,823	0	14,297,823
60.01	Other Clinic Services		0	0
61.00	Emergency	28,525,963	0	28,525,963
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	\$ 357,683,035	\$ 202,839	\$ 357,885,874
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	231,336	247,736	479,072
97.00	Research		0	0
98.00	Physicians' Private Office	2,265	0	2,265
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	Other Nonreimbursable Cost Centers	1,105,250	0	1,105,250
100.01	Transitional Care Unit		0	0
100.02	Dental Clinic	130,290	0	130,290
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 1,469,141	\$ 247,736	\$ 1,716,877
101	TOTAL	\$ 359,152,176	\$ 450,575	\$ 359,602,751

(To Schedule 8)

Provider Name:

Fiscal Period Ended:

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

JUNE 30, 2010

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ					
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
38.00 Recovery Room	0												
39.00 Delivery Room and Labor Room	0												
40.00 Anesthesiology	0												
41.00 Radiology - Diagnostic	0												
41.01 MRI	0												
41.02 CAT SCAN	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathological Lab	0												
46.00 Whole Blood	0												
47.00 Blood Storing and Processing	0												
48.00 Intravenous Therapy	0												
49.00 Respiratory Therapy	0												
50.00 Physical Therapy	0												
51.00 Occupational Therapy	0												
52.00 Speech Pathology	0												
53.00 Electrocardiology	0												
54.00 Electroencephalography	0												
55.00 Medical Supplies Charged to Patients	0												
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
58.00 ASC (Non-Distinct Part)	0												
59.00 Other Ancillary Service Cost Centers	0												
59.01	0												
59.02	0												
59.03	0												
60.00 Clinic	0												
60.01 Other Clinic Services	0												
61.00 Emergency	0												
62.00 Observation Beds	0												
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	247,736	247,736											
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 Other Nonreimbursable Cost Centers	0												
100.01 Transitional Care Unit	0												
100.02 Dental Clinic	0												
100.03	0												
100.04	0												
101.00 TOTAL	<u>\$450,575</u>	<u>0</u>	<u>85,787</u>	<u>283,147</u>	<u>46,096</u>	<u>38,739</u>	<u>(3,194)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period		Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1821159195 & 1225248644		21
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<u>RECLASSIFICATION OF REPORTED COSTS</u>											
1	10A	A			11.00	7	Dietary	\$6,340,151	(\$1,822,587)	\$4,517,564	
	10A	A			12.00	7	Cafeteria	(326,105)	1,574,851	1,248,746	
	10A	A			96.00	7	Gift, Flower, Coffee Shop and Canteen	231,336	247,736	479,072	
							To adjust the reported dietary reclassification to agree with the general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				

Provider Name							Fiscal Period	Provider NPI	Adjustments	
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010	1821159195 & 1225248644	21	
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			6.00	7	Administrative and General To reverse the provider's physician malpractice insurance due to a posting error. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$59,870,189	\$85,787	\$59,955,976 *
3	10A	A			3.00	7	New Cap Rel Costs / Building and Fixtures	\$16,948,751	\$275,166	\$17,223,917 *
	10A	A			4.00	7	New Cap Rel Costs / Equipments To adjust depreciation to agree with the provider's detailed depreciation schedules. 42 CFR 413.20, 413.24, 413.50, and 413.134 CMS Pub. 15-1, Sections 102, 2300, 2302.4, and 2304	162,301	7,981	170,282
4	10A	A			3.00	7	New Cap Rel Costs / Building and Fixtures To adjust reported bond interest expense to agree with the provider's bond amortization schedule. 42 CFR 413.20, 413.24 and 413.153 CMS Pub. 15-1, Sections 202.2, 2300 and 2304	* \$17,223,917	\$46,096	\$17,270,013 *
5	10A	A			3.00	7	New Cap Rel Costs / Building and Fixtures To adjust bond defeasance expense to agree with the provider's bond amortization schedule. 42 CFR 413.20, 413.24 and 413.153 CMS Pub. 15-1, Sections 202.2, 2300 and 2304	* \$17,270,013	\$38,739	\$17,308,752
6	10A	A			6.00	7	Administrative and General To eliminate contribution/donation costs not related to patient care. 42 CFR 413.5(c)(7) and 413.9 CMS Pub. 15-1, Sections 608, 610, and 2102.3	* \$59,955,976	(\$3,194)	\$59,952,782

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1821159195 & 1225248644		21
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 REPORTED COSTS</u>												
7	9	B-1			11.00	1-4,7,8,10	Dietary (Square Feet)	6,134	(3,021)	3,113		
	9	B-1			12.00	1-4,7,8,10	Cafeteria	9,040	3,021	12,061		
To reclassify dining room square footage to its proper cost center. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												
8	9	B-1			33.00	18	Nursery (Patient Days)	5,168	(5,168)	0		
	9	B-1			18.00	18	Total - Patient Days	121,722	(5,168)	116,554		
To eliminate nursery social services statistics due to it is not a requirement for this cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304												

Provider Name							Fiscal Period			Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1821159195 & 1225248644		21
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>												
9	Desig Pub Hosp Contract Sch 4	D-1			1.00	1	Total Days - Adults and Pediatrics To include observation days for proper cost finding. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304 CMS Pub. 15-II, Section 3622.4		94,636	7	94,643	

Provider Name							Fiscal Period			Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1821159195 & 1225248644		21
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												
10	Desig Pub Hosp Contract Sch 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	30,637	(2,222)	28,415 *		
	Desig Pub Hosp Contract Sch 4 A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	3,624	(278)	3,346 *		
	Desig Pub Hosp Contract Sch 4 A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care	4,821	(173)	4,648		
	Desig Pub Hosp Contract Sch 4 A	D-1	II	XIX	47.00	4	Medi-Cal Days - Pediatric Intensive Care	594	(71)	523 *		
	Desig Pub Hosp Contract Sch 4 A	D-1	II	XIX	47.01	4	Medi-Cal Days - Neonatal Intensive Care	5,895	(764)	5,131		
11	Desig Pub Hosp Contract Sch 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$35,925,031	\$2,072,952	\$37,997,983 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	6,288,426	(5,471,230)	817,196 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	7,782,048	(2,185,271)	5,596,777 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	2,062,459	1,589,661	3,652,120 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - CAT SCAN	20,990,158	(2,021,222)	18,968,936 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	346,200	54,417	400,617		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	38,137,595	2,357,051	40,494,646 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges - Laboratory - Pathological	3,761,977	(1,304,029)	2,457,948		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	942,403	587,548	1,529,951		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	43,055,430	(5,802,623)	37,252,807 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	926,981	(977)	926,004 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	353,932	(22,335)	331,597 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathogy	387,198	(47,480)	339,718 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	6,429,008	(985,515)	5,443,493		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	399,064	(133,356)	265,708		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	25,653,080	(1,690,661)	23,962,419 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	83,307,598	(2,458,664)	80,848,934 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	22,552	69,185	91,737		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Other Ancillary Services	400,802	(244,489)	156,313		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Clinic	8,697	(8,697)	0		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	4,294,791	(651,085)	3,643,706 *		
	Desig Pub Hosp Contract Sch 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	281,475,430	(16,296,820)	265,178,610 *		

-Continued on next page-

Provider Name							Fiscal Period		Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1821159195 & 1225248644		21
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											
-Continued from previous page-											
12	Desig Pub Hosp Contract Sch 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$141,878,450	(\$10,573,491)	\$131,304,959	*
	Desig Pub Hosp Contract Sch 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	281,475,430	(16,296,820)	265,178,610	*
13	Desig Pub Hosp Contract Sch 3	E-3	III	XIX	33.00	1	Medi-Cal Deductible	\$0	\$439,634	\$439,634	
	Desig Pub Hosp Contract Sch 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	229,533	(25,548)	203,985	*
14	Desig Pub Hosp Contract Sch 1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$41,101,238	\$17,601,440	\$58,702,678	*
							To adjust Medi-Cal Settlement Data to agree with the following Paid Claims Summary: Report Date: March 19, 2012 Payment Period: July 1, 2008 through February 29, 2012 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-I, Sections 2304 and 2408.3				
15	Desig Pub Hosp Contract Sch 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	* \$37,997,983	(\$4,426,187)	\$33,571,796	*
	Desig Pub Hosp Contract Sch 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	* 817,196	4,426,187	5,243,383	
							To reclassify birthing center charges to agree with expense and revenue groupings. 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2300, 2304 and 2408				

Provider Name							Fiscal Period			Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1821159195 & 1225248644		21
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
16	Desig Pub Hosp Contract Sch 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	28,415	195	28,610	
	Desig Pub Hosp Contract Sch 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	*	3,346	1	3,347	
	Desig Pub Hosp Contract Sch 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Pediatric Intensive Care	*	523	2	525	
17	Desig Pub Hosp Contract Sch 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	*	\$33,571,796	\$8,266	\$33,580,062	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	*	5,596,777	5,481	5,602,258	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	*	3,652,120	2,324	3,654,444	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - CAT SCAN	*	18,968,936	3,445	18,972,381	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	*	40,494,646	64,390	40,559,036	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	*	37,252,807	7,440	37,260,247	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	*	926,004	9,194	935,198	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	*	331,597	1,657	333,254	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	*	339,718	4,845	344,563	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	*	23,962,419	11,131	23,973,550	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	*	80,848,934	118,301	80,967,235	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	*	3,643,706	243	3,643,949	
	Desig Pub Hosp Contract Sch 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	*	265,178,610	236,717	265,415,327	
18	Desig Pub Hosp Contract Sch 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	*	\$131,304,959	\$499,474	\$131,804,433	
	Desig Pub Hosp Contract Sch 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	*	265,178,610	236,717	265,415,327	

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Provider Name							Fiscal Period			Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1821159195 & 1225248644		21
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
-Continued from previous page-												
19	Desig Pub Hosp Contract Sch 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	*	\$203,985	\$625	\$204,610	
20	Desig Pub Hosp Contract Sch 1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	*	\$58,702,678	\$127,162	\$58,829,840	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Paid Claims Summary: Report Date: November 1, 2012 Payment Period: July 1, 2008 through September 30, 2012 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-I, Sections 2304 and 2408.3</p>												

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1821159195 & 1225248644		21
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.	<u>ADJUSTMENT TO OTHER MATTER</u>					
21	Desig Pub Hosp Contract Sch 1	Not Reported					Medi-Cal Overpayments 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	\$60,585	\$60,585